



**Onsite Septic System Program  
LAND USE COMPATIBILITY STATEMENT (LUCS)  
for Onsite Wastewater Treatment System Permits**

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**WHAT IS A LUCS?** The Land Use Compatibility Statement is the process used by the Onsite Septic System to determine whether Onsite Septic permits and other approvals affecting land use are consistent with local government comprehensive plans. The LUCS form is included in the onsite permit application approval packet.

**WHY IS A LUCS REQUIRED?** requires activities that impact land use be consistent with local comprehensive plans and land use regulations. Oregon Administrative Rules (OAR) Chapter 340, Division 18 identifies agency activities or programs that significantly affect land use and the process for ensuring consistency.

**WHEN IS A LUCS REQUIRED?** A LUCS is required for nearly all Onsite Septic permits, registrations under general permits, and certain other approvals and certifications that affect land use. **This form only applies to onsite wastewater treatment system permits and activities.**

**HOW TO COMPLETE A LUCS:**

<u>Step</u>	<u>Who Does It</u>	<u>What Happens</u>
1	Applicant	Completes Section 1 of the LUCS and submits it to the appropriate city or county planning office.
2	City or County Planning Office	Completes Section 2 of the LUCS by determining if the activity or use meets all local planning requirements, and returns to the applicant the signed and dated LUCS <b><u>form with applicable findings of fact for any local reviews or necessary planning approvals.</u></b>
3	Applicant	Includes the completed LUCS with <b><u>findings of fact</u></b> with the Onsite Septic permit or approval submittal application and fee of \$125.00 to the County.

A permit cannot be issued if the proposed facility does not comply with all applicable local land use requirements. The applicant is responsible for working with the local planning office to comply with land use requirements.

**WHERE TO GET HELP:** Questions about the LUCS process can be directed to the region staff responsible for processing the onsite permits. Josephine County Onsite Septic System Program 700 NW Dimmick Street, Suite B, Grants Pass, OR 97526. 541-474-5444 or [onsitesepctic@josephinecounty.gov](mailto:onsitesepctic@josephinecounty.gov)

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***CULTURAL RESOURCES PROTECTION LAWS:*** Applicants involved in ground-disturbing activities should be aware of federal and state cultural resources protection laws. *ORS 358.920 prohibits the excavation, injury, destruction, or alteration of an archeological site or object, or removal of archeological objects from public and private lands without an archeological permit issued by the State Historic Preservation Office. 16 USC 470, Section 106, National Historic Preservation Act of 1966 requires a federal agency, prior to any undertaking, to take into account the effect of the undertaking that is included on or eligible for inclusion in the National Register. For further information, contact the State Historic Preservation Office at 503-378-4168, extension 232.*

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**SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by tabbing to each field)**

1. Applicant Name/Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Property Information:

County: \_\_\_\_\_ Tax Lot No.: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_

3. This proposed facility is for:

An individual, single-family dwelling.

Other. Describe the type of development, business, or facility and the provided services or products: \_\_\_\_\_

4. Permit or approval being requested:

Construction-Installation permit for:  New Construction  Repair  Alteration

Non-water –carried facility requests (for example, pit privy/vault toilet for campgrounds).

Authorization Notice for:  Replacement of dwelling  Bedroom addition

Other changes in land use involving potential sewage flow increases

**SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL**

5. Property Zoning: \_\_\_\_\_ Zoning Minimum Parcel Size: \_\_\_\_\_

6. The facility is located:  inside city limits  inside UGB  outside UGB

If inside UGB, the proposed facility is subject to:

City jurisdiction  County jurisdiction  Shared City/County jurisdiction

7. Does the proposed facility comply with all applicable local land use requirements:  Yes  No

If you answered "Yes" above, was this compliance based on:

Outright compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)

Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)

Measure 49 waiver (provide Department of Land Conservation and Development approval number)

Either provide reasons for affirmative compliance decision or attach findings of fact: \_\_\_\_\_

\_\_\_\_\_

8. Planning Official Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_