

STATE OF OREGON
DEPARTMENT OF HUMAN SERVICES
DRINKING WATER PROGRAM
LAND USE COMPATIBILITY STATEMENT

Certain plan review approvals for drinking water projects have been identified by the Department of Land Conservation and Development as Class B permits affecting land use. The Department of Human Services is therefore required by ORS 197-180, OAR 660-30-065 to - 070, OAR 660-31-010-040, the Department of Human Service's state agency coordination program and OAR 333-61-062 to ensure that projects defined in OAR 333-61-062(1) are compatible with city and county comprehensive plans and land use regulations. This form or other acceptable documentation and necessary attachments must accompany each set of project plans to ensure that compatibility.

1. GENERAL INFORMATION

a. Project Title _____

b. Applicant _____
Name of Water System

c. Type of project _____
Treatment, Transmission, Storage, Distribution, Etc.

d. Project contact person _____
Engineer, owners, etc., including title

Street Address

City, State, Zip Code Phone

e. The local government entity* having comprehensive planning authority over the site of the proposed project is:

Agency Name _____ Phone _____

Address _____ Zip _____

(*If the proposed project is located within the jurisdiction of more than one planning authority, all entities must certify compatibility.)

f. If a statement of compatibility previously has been submitted to the Division to cover a master water system plan, of which this project is a segment, no further information is required. If such a statement has been filed, the date of the submittal was _____.

LAND USE COMPATIBILITY DETERMINATION (Complete either 2 or 3)

2. **PLANNING AUTHORITY STATEMENT: (To be completed by local planning authority)**

a. I certify that this project has been reviewed for compatibility with:

1. ~ The acknowledged comprehensive plan and land use regulations.

2. ~ Statewide planning goals. The goals apply because:

~ There is no acknowledged plan, or

~ Conditions described in OAR 660-31-025(3) apply.

b. I find that this project (**circle one**) IS or IS NOT, compatible.

Attach appropriate land use decision(s) written findings as required in ORS 215.416 (8) or (9) or 227.173 (1) OR (2), or OAR 660-31-025 (2) or (3).

Signed _____ Title _____ Date _____

3. **APPLICANT REQUEST FOR PLAN REVIEW APPROVAL**

I hereby certify that I have applied to the local governments cited in 1.e above for a determination of compatibility with the local acknowledged plan or the statewide planning goals as applicable. I hereby request that the Division issue the plan review approval with the understanding that issuance of said approval is not a finding of compliance with the statewide planning goals or compatibility with the applicable, acknowledged comprehensive plan and land use regulations, but will be conditional, pending the applicant receiving a land use approval from each unit of local government. When signed, such approval shall be forwarded to the Division. I understand that plan review approval for this project will not be effective until and unless the Health Division has received a copy of the land use approval and determined it to be complete and adequate.

Signed _____ Title _____ Date _____

Please Mail to:

D.H.S. - Drinking Water Program

Attn. Marsha Fox

800 NE Oregon St., Ste 611

Portland OR 97232-2162

Phone 503-731-4899

Fax: 503-791-4077