



## On-site Wastewater Treatment System (OWTS) Site Permit Application

*Submission of this application and payment of the application fee is necessary for initial review of the proposed system design.*

*This is **NOT** a permit to begin construction. Do not submit without ENGINEER'S documents.*

### SECTION 1: OWNER/APPLICANT INFORMATION:

Property Owner: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

If applicant is not the property owner, please provide applicant/other information below:

Applicant: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Applicant Email: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

### SECTION 2: PROPERTY INFORMATION:

Legal Address of OWTS site: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Property Acreage (in tenths): \_\_\_\_\_ Seasonal Use?  Yes  No

Please check the following that apply:

a. Is this property located in a floodplain?  Yes  No

b. Water supply? \_\_\_\_\_ Well Permit Number, if applicable? \_\_\_\_\_

c. Indicate distance from proposed OWTS of all wells located within 100 horizontal feet. \_\_\_\_\_

d. Are you located in or immediately adjacent to a municipality?:  Yes  No

e. If yes, attach documentation of municipality refusal to connect (if municipality has a community sewer).

Provide the information for the appropriate proposed used:

#### Single Family

Type of Home:

Frame  
 Manufactured Home  
# of Bedrooms: \_\_\_\_\_  
# of Bathrooms: \_\_\_\_\_  
# of People: \_\_\_\_\_  
 Garbage Disposal?  
 Dishwasher?  
 Clothes Washer?  
 Basement Plumbing?

#### Multi-Family

# of Units: \_\_\_\_\_

Bedrooms per unit: \_\_\_\_\_

Total # of Bathrooms: \_\_\_\_\_

Total # of People: \_\_\_\_\_

# Units with Clothes Washer: \_\_\_\_\_

# Units with Garbage Disposal: \_\_\_\_\_

Property Features:

Basement Plumbing

#### Commercial

Business Type: \_\_\_\_\_

Max Sewage Flow Rate: \_\_\_\_\_

# of Employees: \_\_\_\_\_

# of Bathrooms: \_\_\_\_\_

# of Toilets: \_\_\_\_\_

# of Urinals: \_\_\_\_\_

# of Sinks: \_\_\_\_\_

# of Bathtubs/Shower: \_\_\_\_\_

# of Wash racks: \_\_\_\_\_

### SECTION 3: OWTS INFORMATION

**New Residential System** (Tank & Leach field)\*  **Special OWTS Permit** (Vault, Composting Toilet, Soils & Site Evaluation)

**New Commercial System** (Tank & Leach field)\*  **Alteration/Improvement** (includes either tank or field replacement)\*

**Full Residential Replacement System\***  **Minor Repair** (*with EH Director approval*)

**Full Commercial Replacement System\***  **Emergency Permit** (consulted with Delta County EH)

Have you obtained/started a permit application for state plumbing inspection?  Yes  No

Is there an existing septic system on this property?  Yes  No \*Prior Permit Number (if applicable): \_\_\_\_\_ - \_\_\_\_\_

Engineer/Firm: \_\_\_\_\_

Installer Email: \_\_\_\_\_

Installer: \_\_\_\_\_ Installer Phone #: \_\_\_\_\_

Planned Septic Tank Size (gallons):  1000  1250  1500  >1500

Higher Level OWTS:  Yes  No

Anticipated Installation Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Note: An engineered design is required with this application\*.** The features to be included in the design are listed below. Please share this information to the engineer if it applies to your property.

1. Property boundaries, acres, length, width
2. Elevations and Contours indicating slope
3. Proposed/ existing buildings & access
4. Label all County Roads.
5. Distance between access & nearest neighbors
6. Site/Soil evaluation & depth to water table
7. Proposed/ existing septic and leach field location
8. Well location and setbacks
9. Cisterns
10. Springs/ Ponds/ Lakes
11. Ditches
12. Utility lines (electrical, water, gas)
13. All Easements (attach documentation)
14. Any garage space used as livable space

**Note:** The minimum tank capacity of a 1-3 bedroom is 1000 gallons. Each additional bedroom adds 250 gallons.

**Unfinished Basements/Additions:** DCHD WILL increase the number of bedrooms used for the OWTS design by one or more based on the assumption that 150 sq. feet of unfinished space can be converted to a bedroom. The additional occupancy shall be 2 people per bedroom. **Owner's Initials:** \_\_\_\_\_

**Higher Level Treatment Systems:** The owner will be responsible for the maintenance of the OWTS, unless it has been contractually assigned to a tenant or a third party or a public, quasi-public, or political subdivision. The owner or responsible party may be required, under terms described in the operating permit, to periodically submit maintenance or inspection reports to the Department.

**Installer: I understand that my installer will have a license with DCPH, unless they are the homeowner, and construction will not begin unless there is a permit issued by Delta County Public Health.**

**Owner's Initials:** \_\_\_\_\_

I hereby apply for a permit to construct an on-site wastewater treatment system on the above-described property and agree to construct such a system in accordance with the above information, and the regulations of Delta County Public Health Department and the State of Colorado. The undersigned hereby certifies that the above information is true and correct to the best of my knowledge.

By: \_\_\_\_\_ Date: \_\_\_\_\_

#### COUNTY USE ONLY

Fee Amount		Application approved by:
Received By:		
Date:		
Receipt Number:		

**FINAL APPROVAL:** The Health Department will issue final approval and permit number when the system meets the requirements of ALL regulations and installed certification from the engineer is received within 90 days

