



DELTA COUNTY HEALTH DEPARTMENT

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:

- Is this property located in a floodplain? ☐ Yes ☐ No
- Water supply: _____ Well Permit Number, if applicable? _____
- Indicate distance from proposed OWTS of all wells located within 100 horizontal feet. _____
- Are you located in or immediately adjacent to a municipality?: ☐ Yes ☐ No
 - 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 | 8. Well location and setbacks |
| 2. Elevations and Contours indicating slope | 9. Cisterns |
| 3. Proposed/ existing buildings & access | 10. Springs/ Ponds/ Lakes |
| 4. Label all County Roads. | 11. Ditches |
| 5. Distance between access & nearest neighbors | 12. Utility lines (electrical, water, gas) |
| 6. Site/Soil evaluation & depth to water table | 13. All Easements (attach documentation) |
| 7. Proposed/ existing septic and leach field location | 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

Standard Fees:

- New or Replacement- Residential System \$600 *
- New or Replacement- Commercial System \$800 *
- Alteration or Improvement- Residential or Commercial \$300*
- Special OWTS Inspections - Vault \$200*
- Other services, or re-inspections an OWTS , will be invoiced separately on an hourly basis (\$80/hr)