

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 OR Tax/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 depth of all wells 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/Showers: _____

of Wash racks: _____

SECTION 3: OWTS INFORMATION

- New Residential System (Tank & Leachfield) Special OWTS Permit (Vault, Composting Toilet, Soils & Site Evaluation)
- New Commercial System (Tank & Leachfield) Alteration/Improvement (Residential or Commercial)
- Replacement System- Residential Replacement System- Commercial
- Minor Repair (*with EH Director approval) 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: _____ Installer Phone #: _____

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

Higher Level OWTS: Yes No

Anticipated Installation Start Date: ____ / ____ / ____

ATTACH ENGINEERED DESIGN: AN ACCURATE SITE DESIGN (WITH PLAT INFORMATION) IS REQUIRED.

The engineered design should accompany this application. The features to be included in the design are listed below. Some of the features may not exist or be applicable to your development. Be as detailed as possible:

- | | |
|---|--|
| 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 must be responsible for maintenance of an OWTS unless the responsibility 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. Any person denying responsibility for the proper operation and maintenance of an onsite wastewater treatment system must bear the burden of proof for such denial upon establishment of ownership or possessory rights for the property served by the system. **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, the attached plot plan and the regulations of the Delta County 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.

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, Percolation Test, Soils and Site Evaluation, Loan Approval Inspection (report included) \$200***
- **Minor Repair- \$20 with EH Director approval**
- **Other services will be invoiced separately on an hourly basis (\$75/hr)**