

PO Box 157, 6683 County Rd 13, Conejos CO 81129 Phone #: 719-376-2014 Fax: 719-376-6769

Permit #
Start Date:
Expiration Date:

Application for On-Site Wastewater Treatment System Permit

EEEC. (Dormit Foos are nav	able to CONFIGS (OLINITY TREASURES	and are Non Ro	fundable)	
FEES: (Permit Fees are pay	·		=	•	
☐ Install New System \$325.0 POST CONSTRUCTION FEES: [•			
ADDRESS OF PROPERTY SEF	NVED BY PROPOSEI	O SYSTEM:			
Street Address:					
City:		State:	Zip:		
_ot Size (in Acres):	Assessor	's Parcel Number: _			
egal Description:	gal Description:Subdivision				
Property Owner: Nan	ne:				
Address:	Ci	ty:	State:	Zip Code:	
Phone 1:	Phone 2:		E-mail:		
Applicant: ☐ Same as P	roperty Owner				
Name:					
Address:	Ci	ty:	State:	Zip Code:	
Phone 1:	Phone 2:		E-mail:		
PROPOSED FACILITY:					
☐ Single Family Dwelling ☐ Multi-Family ☐ Commercial ☐ Other					
SINGLE FAMILY DWELLING	GENERAL INFORM	MATION:			
Number of Bedrooms: ☐ Garbage Disposal ☐ Hot	Additional Be	drooms Planned? 🗖	l Yes □ No Nun	nber of Bathrooms _	
WATER AND SEWER INFOR	MATION:				
		🗆 Hauled	□Public	Water System	
Supplier Name: (for Hauled or	· Public Water)				



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SYSTEM INFORMATION:

STSTEM IN ORMATION.	
Is property within boundaries of a sewer district? ☐ No ☐ Yes	s – name:
Is property within 40	00' of a sewer line? ☐ Yes ☐ No Waiver from
the sewer/sanitation district? ☐ Yes ☐ No CONTRACTOR/EN	NGINEER INFORMATION
Systems Installer:	License #:
Soil Evaluation Technician:	Job #:
Design Engineer (if applicable):	Job #:
Is this to be an Engineered System? ☐ Yes (Complete page 1 a	nd 2 only) ☐ No (Complete page 1 threw 5)
COMMERCIAL GENERAL INFORMATION (if applicable) ☐ Sec	ction is not applicable
Type of Business:	Number of Employees:
Must be designed by an Engineer – designed att	ached □ Yes □ No
Design Flow $> = 2,000$ Gallons/Day \square Yes \square No If yes, attache (Note: Permit cannot be issued until the site approval is given a Are floor drains existing or proposed? \square Yes \square No	• •
For all work done under this permit the applicant and/or land State of Colorado and County Regulations. Applicant's Signature:	downer accepts full responsibility for compliance with the
Permit Fee paid by: ☐ Property Owner ☐ Applicant	t Π Other:
Date Paid: Receipt #	
Inspected by:	Inspection Date:
☐ Approved ☐ Approved with Conditions	



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SOIL INVESTIGATION FORM

PROPERTY OWNER:	
PROPERTY ADDRESS:	
CONTRACTOR/ENGINEER	:
Indicate which soil investig	ation method you performed: (Check One)
	tile evaluation from two or more soil profile test pit. il Profile Test Pit Log for each profile test pit.
	st plus one or more soil profile test pit excavations. rcolation Test Summary and Result Form and Soil Profile Test Pit Log for each profile test pit.
	st plus one or more soil profile holes (Not allowed after 07/01/2016) il Percolation Test Summary and Results.
SOIL INVESTIGATION RES	SULTS:
Is there a limiting condition capability of the soil?	with low permeability, bedrock, ground water or other condition that restricts the treatmen
_ ·	No Yes If yes, design document must explain how the limiting condition is addressed.
Recommended Infiltrativ	re Surface Elevation or Depth:
Recommended Long Teri	n Acceptance Rate (LTAR):
	Table 10-1 of Regulation 43
Soil Type:	(Use this for the OWTS Design Worksheet)
Completed by:	Date:



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OWTS DESIGN WORKSHEET (COMPLETED FOR ALL CONVENTIONAL DESIGNS)

PROPERTY OWNER:				
PROPERTY ADDRESS:				
CONTRACTOR/ENGINEER:				
1. WATER FLOW:				
Number of bedrooms: Design Wastewater Flow (gallons/day):				
2. SEPTIC TANK: Septic Tank Size in Gallons:				
Maximum Tank Burial Depth from top of tank inches				
Is tank certified for proposed burial depth ☐ No ☐ Yes				
Will groundwater affect tank: ☐ No ☐ Yes				
Include buoyancy calculation				
Will an effluent screen be installed □ No □ Yes Type				
Manufacturer:				
Will a secondary safety device be installed in the risers ☐ No ☐ Yes				
3. METHOD OF SEPTIC TANK EFFLUENT APPLICATION:				
☐ Gravity ☐ Dosed with Pump ☐ Dosed with Siphon				
4. TYPE OF MEDIA:				
☐ Rock & Pipe ☐ Tire Chips ☐ Chambers ☐ Other:				
5. SOIL TYPE:				
6. SOIL TREATMENT AREA (STA)				
Long Term Acceptance Rate (Table 10-1 Regulation 43)				
Unadjusted STA Size – Show Calculation:				
Trench or Bed (circle one) Size Adjustment 10-2:				
Size Adjustment 10-3:				
Rock & Pipe:				
Chambers:				
Other:				
Repairs: ☐ Wide Bed ☐ Deep Gravel Trenches				
☐ Mounded ☐ Other:				



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CALCULATION SHEET – ADJUSTED STA SIZE (show calculation with adjustment factors utilized):

<u>Calculation</u>	n for Square Foo	ot needed for Drain Fi	ield (SQ/DF) SEE Table	6-1 Single Famil	y Residential Design Flows
_			m up to and including 3 e is adjusted to 75 (gpd)		sumed number of people is two (2) al bedroom.
# c	of Bedrooms =	(up to 3 bedroo	oms) x 150 <u>G</u> allons <u>P</u> er	<u>D</u> ay per bedroor	m (GPD/BR) = GPD
					GPD/BR) = GPD (extra)
		-	<u>G</u> allons <u>P</u> er <u>S</u> quare <u>F</u> oo		
					=
GP	PD/3bdrm	GPD/Extra	Total GPD	GPSF	= SQ FT for Drain Field (SQ/DF)
<u>Calculation</u>	n for the Adjust	ed Square Footage (A	SQFT) for the Drain Fi	eld Type (Trench	<u>& Bed)</u>
Pipe:					
Trench 1	.0 X	SQ/DF =	SQ FT (No Redu	ction Allowed) =	ASQFT
Bed 1.2	х	SQ/DF =	SQ FT (No Redu	ction Allowed) =	ASQFT
Chambers:	:				
			SQ FT X Reduct		
Bed 1.2	Х	_SQ/DF =	SQ FT X Reduct	tion .7 =	ASQFT
Pressure D	osed system				
Trench 0.8	x	SQ/DF =	SQ FT X Redu	uction .7 =	ASQFT
Bed 1.0	x	SQ/DF =	SQ FT X Redu	uction .7 =	ASQFT
Calculation	n for type of Dra	ain System (Chambers	s & Pipe)		
Chambers:	•	÷	12 =		
	ASQFT			BERS NEEDED	
Pipe:		÷	=		
•	ASQFT			NEEDED	
NOTE: A sc	cale drawing sha	all be provided with ea	ich design document, s	showing:	
	☐ Locatio	n of each OWTS Comp	onent and distances t	o all applicable P	hysical features
	☐ Layout	of Soil Treatment Are	a (STA) Dimension	s of trenches or k	peds
	☐ Depths	of each component (or elevations relative to	o a designated be	enchmark)
CERTIFICA ⁻	TION:				
		competencies needec	l in accordance with Re	egulation 43.	
Signature		Print Na	ame/Company Name	Date	