



Land Use Office 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

FEES: (Permit Fees are payable to CONEJOS COUNTY TREASURER and are Non-Refundable.)

Install New System \$325.00-Pre-construction Repair Tank STA/Leach/Drain Field \$200.00
POST CONSTRUCTION FEES: Install New System \$650.00 Repair Tank or STA/Leach/Drain Field \$400.00

ADDRESS OF PROPERTY SERVED BY PROPOSED SYSTEM:

Street Address: _____
 City: _____ State: _____ Zip: _____
 Lot Size (in Acres): _____ Assessor's Parcel Number: _____
 Legal Description: _____ Subdivision _____

Property Owner: Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone 1: _____ Phone 2: _____ E-mail: _____

Applicant: Same as Property Owner
 Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone 1: _____ Phone 2: _____ E-mail: _____

PROPOSED FACILITY:

Single Family Dwelling Multi-Family Commercial Other _____

SINGLE FAMILY DWELLING GENERAL INFORMATION:

Number of Bedrooms: _____ Additional Bedrooms Planned? Yes No Number of Bathrooms _____
 Garbage Disposal Hot Tub Water Softener

WATER AND SEWER INFORMATION:

Water Supply: Well Permit # _____ Hauled Public Water System

Supplier Name: (for Hauled or Public Water) _____



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SYSTEM INFORMATION:

Is property within boundaries of a sewer district? No Yes – name:

_____ Is property within 400' of a sewer line? Yes No Waiver from

the sewer/sanitation district? Yes No **CONTRACTOR/ENGINEER INFORMATION**

Systems Installer: _____ License #: _____

Soil Evaluation Technician: _____ Job #: _____

Design Engineer (if applicable): _____ Job #: _____

Is this to be an Engineered System? Yes (Complete page 1 and 2 only) No (Complete page 1 threw 5)

COMMERCIAL GENERAL INFORMATION (if applicable) Section is not applicable

Type of Business: _____ Number of Employees:

_____ Must be designed by an Engineer – designed attached Yes No

Design Flow > = 2,000 Gallons/Day Yes No If yes, attached CDPHE approval. Yes No

(Note: Permit cannot be issued until the site approval is given from CDPHE)

Are floor drains existing or proposed? Yes No

For all work done under this permit the applicant and/or landowner accepts full responsibility for compliance with the State of Colorado and County Regulations.

Applicant's Signature: _____ **Date:** _____

Permit Fee paid by: <input type="checkbox"/> Property Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Other: _____
Date Paid: _____ Receipt # _____ Type of Payment: _____
Inspected by: _____ Inspection Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions _____



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SOIL INVESTIGATION FORM

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____

CONTRACTOR/ENGINEER: _____

Indicate which soil investigation method you performed: (Check One)

- 1. Visual and tactile evaluation from two or more soil profile test pit.
Attach a Soil Profile Test Pit Log for each profile test pit.
- 2. Percolation test plus one or more soil profile test pit excavations.
Attach a Percolation Test Summary and Result Form and Soil Profile Test Pit Log for each profile test pit.
- 3. Percolation test plus one or more soil profile holes (Not allowed after 07/01/2016)
Attach a Soil Percolation Test Summary and Results.

SOIL INVESTIGATION RESULTS:

Is there a limiting condition with low permeability, bedrock, ground water or other condition that restricts the treatment capability of the soil?

- No
- Yes -- If yes, design document must explain how the limiting condition is addressed.

Recommended Infiltrative Surface Elevation or Depth: _____

Recommended Long Term 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: _____

