



Land Use Office,
 PO Box 197, 6683 County Road 13, Conejos CO 81129
 Phone #: 719-376-2014 Fax: 719-376-6769

Permit # _____

Application for On-Site Wastewater Treatment System Permit

Application to:

Install New System \$250.00 Repair to Tank or Leach Field \$125.00 Inspect Existing system \$125.00
 (Permit Fees are payable to **CONEJOS COUNTY TREASURER** fees are Non-Refundable)

ADDRESS OF PROPERTY SERVED BY PROPOSED SYSTEM:

Street Address: _____

City: _____ State: _____ Zip: _____

Lot Size (in Acres): _____ Assessor's Parcel Number: _____

Legal Description: _____

Subdivision & Filing # _____

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: _____ Are additional Bedrooms Planned? Yes No
 # of Bathrooms _____ Garbage Disposal Yes No

WATER AND SEWER INFORMATION:

Water Supply: Well Permit # _____ Hauled Public Water System

Supplier Name: (for Hauled or Public Water) _____



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SEWER SYSTEM INFORMATION:

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

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

If yes, has waiver been received 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 No

COMMERCIAL GENERAL INFORMATION (if applicable) Section is not applicable

Type of Business: _____ Number of Employees: _____

Design Flow > = 2,000 Gallons/Day Yes No

If yes, has site approval been given from the Colo. Dept. of Public Health & Environment? 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 _____		



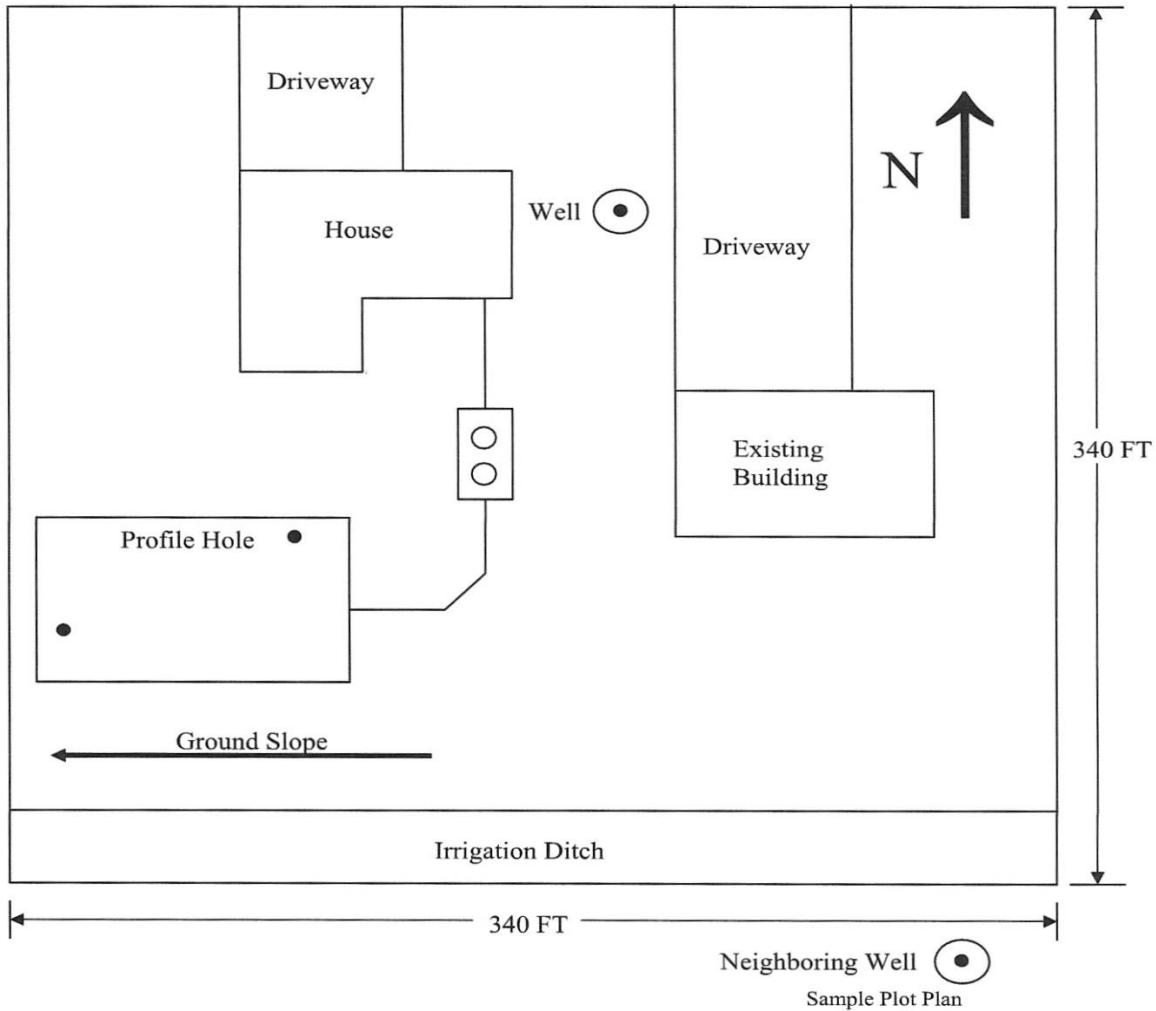
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SAMPLE PLOT PLAN - Needs to be to scale on 8 ½" x 11" paper and have the following Items:

- Street Name and Address
 - Arrow Pointing North
 - Driveway marked
 - House Marked
 - Property Boundaries
 - Existing and proposed Structures (Barns/Sheds/Garages)
 - Ditches, Streams, Lakes, Trees (significant onsite features)
 - Profile Pit at each end of the drain field but not in the drain field.
 - Well and/or neighbors well if within 100' feet of the property line
 - Signed and Dated by the Owner/Applicant
- Indicate Scale (each square = 10')





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Setback or Separation Distance Table

ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS – previously known as ISDS or SEPTIC SYSTEM)

Septic Tank, Higher Level Treatment Unit, Dosing Tank, Vault

- 50' tank to Lakes, Water Course, Irrigation Ditches, Streams, Wetlands, Springs, Wells, and Suction Lines
- 25' tank to Potable Water Supply Cistern
- 10' tank to Potable Water Supply Line
- 10' tank to Property Lines, Lined Irrigation Ditch, Subsurface drains, Intermittent Irrigation Lateral, Drywell, or Storm Water Infiltration Structure, Dry Gulch, Cut Bank, Fill Area (from crest)
- 5' tank to any Dwelling/occupied building

Soil Treatment Area (STA), Soil Treatment Bed, Unlined Sand Filter, Sub-surface Disbursal System, Seepage Pit

- 100' Lakes, Water Course, Irrigation Ditches, Streams or Wetlands, Springs, Wells, or Suction Line.
- 25' Potable Water Supply line, Potable Water Supply Cistern, Dry Gulch, Cut Bank, Fill Area (from crest)
- 25' Subsurface Drain, Intermittent Irrigation Lateral, Drywell, or Storm Water Infiltration Structure
- 20' Dwelling/occupied building
- 10' Property lines, Piped or lined Irrigation Ditch
- 5' to Septic Tank

See CDPHE – Regulation Table 7-1 for Minimum Horizontal Distances in feet between components of an On-site Wastewater Treatment System installed after November 15, 1973 and water physical and health impact features.



CONSTRUCTION SETBACKS:

Any building/structure that is 120' square feet & larger must comply per zone district regulations.

Agricultural Zone District:	Front – 40'	Side – 40'	Rear – 40'	
Rural Zone District:	Front – 40'	Side – 40'	Rear – 40'	
Residential District:	Front – 25'	Side – 8'	Rear – 25'	Road/Street Corner – 25'
Community Town Site District	Front – 25'	Side – 8'	Rear – 25'	Road/Street Corner – 25'
Commercial District	Front – 25'	Side – 10'	Rear – 20'	Road/Street Corner – 25'
Industrial District	Front – 50'	Side – 10'	Rear – 20'	

- ★The front of a property is where the property is accessed from a public road.
- ★Measurements are taken from property lines. Know your property lines. Fences may not be a property line.
- ★A corner lot is determined as the sides abutting the road/street.

PUBLIC UTILITY SETBACKS: You MAY be subject to public utility setbacks such as electricity, propane/natural gas cable and telephone lines. Contact your individual vendor for more information.

SPECIAL USES: Some Special Uses MAY be subject to larger setback requirement. For Example: Mining uses must be setback 100' from adjacent properties, irrigation ditches, and Road Right-of-Way and 1000' from Conservation, Federal and State areas. Cell Towers have required setbacks. See CCLU Code Article 5.



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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 (Note 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: _____



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

Calculation for Square Foot needed for Drain Field (SQ/DF)

of Bedrooms = _____ x 200 Gallons Per Day per bedroom (GPD/BR) = _____ GPD
 Soil Type _____ = _____ Gallons Per Square Foot (GPSF)
 _____ ÷ _____ = _____ **SQ FT needed for Drain Field (SQ/DF)**
 GPD GPSF

Calculation for the Adjusted Square Footage (ASQFT) for the Drain Field Type (Trench & Bed)

Pipe:
 Trench 1.0 X _____ SQ/DF = _____ SQ FT (No Reduction Allowed) = _____ ASQFT
 Bed 1.2 X _____ SQ/DF = _____ SQ FT (No Reduction Allowed) = _____ ASQFT

Chambers:
 Trench 1.0 X _____ SQ/DF = _____ SQ FT X Reduction .7 = _____ ASQFT
 Bed 1.2 X _____ SQ/DF = _____ SQ FT X Reduction .7 = _____ ASQFT

Pressure Dosed system
 Trench 0.8 x _____ SQ/DF = _____ SQ FT X Reduction .7 = _____ ASQFT
 Bed 1.0 x _____ SQ/DF = _____ SQ FT X Reduction .7 = _____ ASQFT

Calculation for type of Drain System (Chambers & Pipe)

Chambers: _____ ÷ 12 = _____
 ASQFT **CHAMBERS NEEDED**

Pipe: _____ ÷ 20 = _____
 ASQFT FOR 10' PIPE **PIPE NEEDED**

- NOTE: A scale drawing shall be provided with each design document, showing:
- Location of each OWTS Component and distances to all applicable Physical features
 - Layout of Soil Treatment Area (STA) Dimensions of trenches or beds
 - Depths of each component (or elevations relative to a designated benchmark)

CERTIFICATION:

I certify that I have all the competencies needed in accordance with Regulation 43.

 Signature Print Name Date

 Company Name Address Phone # Email