

**INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT  
(Board of Health Review Cases)  
Instructions and Application Forms**

**USE THIS PACKET TO APPLY FOR THE FOLLOWING NEW\* OR EXPANDED, INDIVIDUAL SEWAGE DISPOSAL SYSTEMS THAT REQUIRE REVIEW AND APPROVAL BY THE BOARD OF HEALTH, INCLUDING SYSTEMS THAT:**

- *serve nonresidential or commercial properties*
- *serve multi-family dwelling or multiple dwellings*
- *include vaults or mechanical components (except for pumping units)*
- *will be installed on slopes exceeding 40%*
- *are located in the Indian Hills / Parmalee Gulch area*

\*Repair permits for the above generally do not require Board approval and you may use FORM 100 instead.

Use **FORM 100** for standard applications and **FORM 200** for sites that do not meet the minimum lot size criteria (generally, 1 acre).

**NOTE: ALL APPLICANTS MUST VERIFY** that there is a LEGAL ADDRESS for their property through the Jefferson County Planning and Zoning Department (303 271-8700) before applying for your permit. Applications cannot be accepted unless a property has a legal address.

**TO APPLY FOR YOUR PERMIT:**

1. **COMPLETE PGS 1 - 3** of this application packet,
2. **ATTACH TWO COPIES of ENGINEERING REPORT**, including soil tests and engineered design, less than six (6) months old, a geological report (if necessary) and site plan. If you have a well permit, you may also include a copy (not required),
3. **SUBMIT CASH, CHECK or MONEY ORDER** payable to Jefferson County Treasurer for **\$125.00**. Do NOT mail CASH. This is the initial hearing fee for Board of Health Cases. The appropriate permit fee is collected only if the case is approved.
4. **ATTACH ANY ADDITIONAL SUPPORTING DOCUMENTATION** as shown below:

**FOR SYSTEMS UTILIZING COMPLETELY SEALED VAULTS or HOLDING TANKS**

Attach FORM 112

**FOR SYSTEMS TO BE INSTALLED ON STEEP SLOPES (exceeding 50%)**

1. Attach a site characterization of the lot or parcel showing the following features within 200 feet of the proposed absorption bed: topography (5 foot contours), drainages and swales, surface water, natural or man-made cuts or any other feature that would impact or be impacted by the installation of the proposed individual sewage disposal system.
2. Attach a cross section of the bed site, drawn to a common horizontal and vertical scale, showing the final post-construction slope contours.
3. Attach an erosion control and re-vegetation plan for all areas to be disturbed during construction of the individual sewage disposal system.

4. Show the location of a replacement absorption bed site should the proposed system fail.

**FOR COMMERCIAL OR NONRESIDENTIAL SYSTEMS**

1. Attach an A.L.T.A. (American Land Title Association) survey and any drainage reports; parking, paving, landscaping or improvement designs if those documents are required to be submitted by the Planning Department as part of the planning or zoning case,
2. Attach a copy of the current warranty deed, and a calculation of the lot size of the property based upon the legal description shown on that warranty deed to the nearest 1/100<sup>th</sup> of an acre, performed by a licensed professional land surveyor, signed, stamped and dated by the surveyor (unless already included in the A.L.T.A. survey),
3. Attach a copy of the well permit and / or approval of the local water district providing service to the proposed development,
4. Provide information regarding the specific type of tenants expected to occupy the structure(s) and a detailed analysis of their anticipated water use, including provision for any “high strength waste,” and
5. Provide any other information that would impact the design, construction, operation or maintenance of the proposed individual sewage disposal system.
6. Show location of a replacement absorption bed site should the proposed system fail.

**PARCEL LEGALITY VERIFICATION**

After applying for your individual sewage disposal system permit you will need to take the certain documents to the Planning and Zoning Department so they may verify the legality of your parcel (see page 4 of this packet).

**PROCESSING TIME**

Board of Health Hearings are held on the third Tuesday of the month and to be scheduled you must submit a completed application on the first working day of the month PRIOR to the hearing, e.g. MAY 1 is the deadline for the JUNE 17 hearing, etc. You will be notified of the date and time for the hearing.

Depending on your proposal, you may be required to sign additional documents relating to the operation and maintenance of the individual sewage disposal system. If your application is approved, it generally takes five (5) working days to issue a permit after receipt of these documents.

**SITE POSTING**

Prior to the hearing, staff will post a sign on your property detailing the date and location of the hearing and other pertinent information. Please do not remove the sign until after the hearing has taken place.

**DEPARTMENT CONTACTS:**

LINDA JONES                      303 271-5756  
[ljones@jeffco.us](mailto:ljones@jeffco.us)

CRAIG SANDERS                      303 271-5759  
[csanders@jeffco.us](mailto:csanders@jeffco.us)

**APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT**

<b>Property Address</b>				City	ZIP
<b>Legal Description*</b>	Lot(s)	Block	Unit/Filing	Subdivision Name	

**(\*For metes and bounds descriptions, please attach separate page with complete legal)**

**WORK PROPOSED AND FEES**

INITIAL BOARD OF HEALTH HEARING FEE: \$125.00

(Also check the type of work proposed below – these permitting fees are payable only if the case is approved by the Board of Health – do NOT submit them with your application.)

- o NEW CONSTRUCTION: **\$1000.00**                      o ADDITION to existing system:                      **\$1000.00**
- o REPAIR or replacement of an existing individual sewage disposal system:                      **\$1000.00**
- o NEW VAULT            (show number of gallons \_\_\_\_\_)                      **\$ 500.00**

**A state wastewater fee of \$20.00 is also required. Please attach a separate check payable to "CDPHE-WOCD" for this amount. CASH cannot be accepted for this fee.**

**OWNER**            NAME \_\_\_\_\_

**APPLICANT**            NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ email \_\_\_\_\_

**ENGINEERING FIRM** \_\_\_\_\_

**LOT SIZE** \_\_\_\_\_ acres    **BEDROOMS** # \_\_\_\_\_ or 'NONE'

**STRUCTURAL TYPE (list continues on page 2)**

- |                                    |  |
|------------------------------------|--|
| ( ) Barn / Stable (commercial)     | ( ) Office with _____ workers          |
| ( ) Barn / stable – (personal use) | ( ) Recreational (public)              |
| ( ) Dwelling – Bed & Breakfast     | ( ) Recreational (commercial)          |
| ( ) Dwelling – multifamily         | ( ) Religious Institution              |
| ( ) Dwelling – multiple structures | ( ) Restaurant with _____ seats        |
| ( ) Dwelling – single family       | ( ) Retail Facility with _____ workers |

- |  |   |
|--|---|
| <input type="checkbox"/> Fire station          | <input type="checkbox"/> Studio / shop (commercial) |
| <input type="checkbox"/> Garage (commercial)   | <input type="checkbox"/> Studio / shop (personal)   |
| <input type="checkbox"/> Garage (personal use) |   |
| <input type="checkbox"/> Other commercial use  | (specify) _____                                     |
| <input type="checkbox"/> Other personal use    | (specify) _____                                     |
| <input type="checkbox"/> Other public use      | (specify) _____                                     |

**WATER SOURCE (check one)**

- Cistern
- Public (*name of system*) \_\_\_\_\_
- Individual well (*permit number*) \_\_\_\_\_

**PARMALEE GULCH DRAINAGE**

Is this property located in the Parmalee Gulch (Indian Hills) drainage?     YES     NO

**FOR REPAIR PERMITS ONLY**

If this is a repair permit or tank replacement, was the problem with the system discovered as a result of an inspection for a Use Permit?     YES     NO

**SANITATION DISTRICT**

Is this property in a sanitation district and within 400 of a sewer line?     YES     NO

*(If 'yes', you must attach a letter from the sanitation district stating that they have no objection to the installation of the proposed system)*

**TERMS AND CONDITIONS OF APPLICATION**

In applying for this individual sewage disposal system permit, I hereby authorize the health officer and / or their representative to enter onto this property to determine compliance with the Individual Sewage Disposal System Regulations pursuant to the issuance of a permit. I further acknowledge that the above information is true and correct to the best of my knowledge and that any false statement made on this application may be cause to revoke the permit issued for this property.

\_\_\_\_\_  
**OWNER / APPLICANT / AGENT**

\_\_\_\_\_  
**DATE**

**PLEASE ATTACH:**

- **TWO COPIES of Engineering report and design (no larger than 8 ½ x 11) less than 6 months old**
- **Geological Report (if required)**
- **Well permit (if available)**
- **Other documents if required (see packet instructions for details)**

WHEN ISSUED,

- PERMIT SHOULD BE     Mailed to applicant
- Held for pickup (phone) \_\_\_\_\_

**NOTE: Permit packet contains a cardstock inspection form that cannot be FAXed**

**MAP TO PROPERTY**

INSTRUCTIONS: Please **DRAW** a driving map to the site for the field inspectors. DO NOT JUST WRITE DIRECTIONS!

If the property is in a security or gated area, please indicate the code below or provide other instructions for entry. Remember that you must have the address posted on the property prior to our site visit and the location of the proposed well and absorption / evaporation system must also be staked. Failure to do so may result in a significant delay in processing your application!

*SECURITY GATE CODE*  
*(if applicable)*

## NOTICE TO INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICANTS

After submitting this application, go to the Planning and Zoning Department at 100 Jefferson County Parkway (Courts and Administration Building) in Golden so they may can verify the legality of your parcel. Bring the following items with you:

1. This page and a copy of your receipt, and
2. Copy of the receipt that we print out for your proposed permit that shows your Permit # (this make it easier to access your records), and

Deed(s) of your property as follows:

- a) *for platted lots (such as "Lot 27, Unit 5, Mustang Ranch Subdivision") bring – the current deed for the property only.*
- b) *for metes and bounds parcels (such as described as "NW1/4 Section 5, T7S, R71W") or partial lots, bring the – the current deed for the property, the pre-1972 deed for the same property and a survey.*

Copies of deeds can be obtained through the Jefferson County Clerk and Recorder. There is a nominal fee for this service.

When Planning and Zoning determines that the parcel is legal they will provide us with an electronic approval. Please remember, **NO WORK WILL BE DONE TO PROCESS YOUR APPLICATION** until the parcel legality process has been completed, so don't delay this important step.

If the Planning and Zoning Department determines that the parcel is **NOT** legally subdivided, contact CRAIG SANDERS at the Department of Health and Environment (303 271-5759) for further information on how to proceed. Illegally subdivided parcels may require approval of the Board of Health prior to the issuance of an individual sewage disposal system permit.

### RECEIPT FOR PAYMENT (Your receipt number is the same the AMANDA number, above)

Check Number _____	Amount Received \$ _____	Date _____	By: _____
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