FORM
110

JEFFERSON COUNTY PUBLIC HEALTH
Environmental Health Services Division

645 Parfet Street, Lakewood CO 80215
(303) 232-6301 FAX (303) 271-5760
jeffco.us/public-health

FORM
110

ONSITE WASTEWATER TREATMENT SYSTEM PERMIT
(Board of Health Review Cases)
Instructions and Application Forms

USE THIS PACKET TO APPLY FOR THE FOLLOWING NEW* OR EXPANDED, ONSITE WASTEWATER TREATMENT SYSTEMS THAT REQUIRE REVIEW AND APPROVAL BY THE BOARD OF HEALTH:

- *Commercial, and multifamily dwellings*
- *Vaults, holding tanks, composting or incinerating toilets*
- *Systems located in the Indian Hills / Parmalee Gulch area*
- *Public domain higher level treatment systems*

*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, I acre).

NOTE: PLEASE VERIFY there is a LEGAL ADDRESS for the property through the Jefferson County Planning and Zoning Department (303 271-8700) before applying for your permit.

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. 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

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).

AUTOMATIC EMAIL NOTIFICATIONS
For better service, please include your email address so that we can provide you with electronic updates during the process of issuing your permit and performing construction inspections.

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 jonelj@jeffco.us
CRAIG SANDERS	303 271-5759 csanders@jeffco.us

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APPLICATION FOR ONSITE WASTEWATER TREATMENT SYSTEM PERMIT

Property Address				City	ZIP
Legal Description*	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: **$1023.00**
- o ADDITION to existing system**:** **$1023.00**
- o REPAIR or replacement of an existing individual sewage disposal system**:** **$1023.00**
- o NEW VAULT (**show number of gallons** _____) **$ 523.00**

OWNER NAME _____

APPLICANT

NAME _____

MAILING ADDRESS _____

CITY STATE ZIP _____

PHONE _____ email_____

Email:

NEW

ENGINEERING FIRM _____

LOT SIZE _____ acres **BEDROOMS** # _____ or 'NONE'

STRUCTURAL TYPE (list continues on page 2)

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

( ) Fire station
( ) Garage (commercial)
( ) Garage (personal use)
( ) Other commercial use
( ) Studio / shop (commercial)
( ) Studio / shop (personal)

( ) Other personal use (*specify*)_____

( ) 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 onsite wastewater treatment system permit, I hereby authorize the health officer and / or their representative to enter onto this property to determine compliance with the onsite wastewater treatment 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)

AMANDA FOLDER NUMBER

(Staff Use Only)

NOTICE TO ONSITE WASTEWATER TREATMENT 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 onsite wastewater treatment system permit.

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

Check Number_____ **Amount Received $** _____ **Date**_____ **By:** _____