

ONSITE WASTEWATER TREATMENT SYSTEM PERMIT
Instructions and Application Forms

USE THIS FORM TO APPLY FOR ALL ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) PERMITS that involve the installation, repair or upgrade of an existing system. Exceptions are:

- For **NEW CONSTRUCTION** on lots that do not meet the minimum required lot size (typically, 1 acre with a well and 0.5 acre with public water) a variance hearing is required.
- Systems installed in certain areas of Indian Hills / Parmalee Gulch drainage; public domain higher level treatment units; experimental systems as defined in Section 9 of the Onsite Wastewater Treatment System Regulations; systems discharging into State waters on onto the ground surface; new technology device systems; and any other type of system for which the health officer is not specifically authorized to issue a permit.

If EITHER of the above conditions applies, submit FORM 100 (this form) with attachments and also FORM 100-B to schedule a hearing before the Jefferson County Board of Health. At time of submittal only the hearing fee is collected; if the application is approved, additional fees will be required after the hearing to issue the permit.

NOTE: Please 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.

INSTRUCTIONS

1. **COMPLETE** Pages 1 – 4.
2. **ATTACH 2** copies of the engineering design document (11” x 17” maximum dimensions) including soil tests, engineered design, a site plan and geological report (if necessary).
3. **ATTACH** any supplemental forms as specified on the bottom of Page 2.

FEES are shown on Page 1: Complete the bottom of that page to pay by credit card or include a check payable to the “Jefferson County Treasurer” for the appropriate fee. Do not send cash through the mail.

WELL PERMITS

We recommend that you attach a copy of your water well permit, but this is not required.

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

Allow approximately ten (10) working days to process your application and issue the permit. Lack of documents, required engineering changes and other deficiencies may significantly increase processing time.

STAFF CONTACT: LINDA JONES

(303 271-5756)
jonelj@jeffco.us

PROPOSED STRUCTURE TYPE

- | | | |
|--|--|--|
| <input type="checkbox"/> Accessory (Other Use) | <input type="checkbox"/> Commercial Use | <input type="checkbox"/> Noncommercial Use |
| <input type="checkbox"/> Accessory Dwelling Unit | <input type="checkbox"/> DWELLING UNIT* | <input type="checkbox"/> Public Use |

* For single family dwellings, please show the number of bedrooms

* For multi-family structures show number of units & total bedrooms in the structure(s).

PROPOSED SYSTEM TYPE

(check one System Type then select the corresponding Subtypes below)

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Septic Tank and STA | <input type="checkbox"/> Higher Level Treatment + STA | <input type="checkbox"/> Alternate |
|--|---|------------------------------------|

SOIL TREATMENT AREA (STA) SUBTYPE

- | | | |
|--|---|---|
| <input type="checkbox"/> Bed (gravel and pipe) | <input type="checkbox"/> Gray water bed or trench | <input type="checkbox"/> Seepage pit |
| <input type="checkbox"/> Drip irrigation | <input type="checkbox"/> Low pressure pipe | <input type="checkbox"/> Serial distribution |
| <input type="checkbox"/> Evaporation | <input type="checkbox"/> Mounded sand filter | <input type="checkbox"/> Trench (gravel and pipe) |
| <input type="checkbox"/> Gravelless (and chambers) | <input type="checkbox"/> Sand filter bed | <input type="checkbox"/> OTHER _____ |

HIGHER LEVEL TREATMENT SUBTYPE

- | | | |
|---|--|--|
| <input type="checkbox"/> Advantex® model _____ | <input type="checkbox"/> HOOT® model _____ | <input type="checkbox"/> Recirculating sand filter |
| <input type="checkbox"/> MicroFAST® model _____ | <input type="checkbox"/> OTHER _____ | |

ALTERNATE SUBTYPE

- | | | |
|--|--|--|
| <input type="checkbox"/> Composting toilet | <input type="checkbox"/> Incinerating toilet | <input type="checkbox"/> Vault (sealed)* |
| <input type="checkbox"/> Chemical toilet | <input type="checkbox"/> Terralift® | <input type="checkbox"/> Vault (privy) |

**attach letter from systems cleaner stating that tank can be accessed for pumping year-round.*

WATER SUPPLIED BY: Well Cistern Public system (name) _____

ACREAGE OF PROPERTY: _____

- **Is the property located in the Parmalee Gulch drainage?** YES NO
- **If a repair, is this due to a failed use permit inspection?** YES NO
- **Is a property easement required for this installation?** YES* NO
**attach copy of the easement agreement and survey.*
- **Is this property in a sanitation district?** YES* NO

**attach letter from the district stating that they have determined that connection to public sewer is not feasible, or otherwise have no objection to the installation of this system.*

REQUIRED SUPPLEMENTAL FORMS

Please complete and attach the following forms, as appropriate (check as appropriate):

- FORM 100-B** For new OWTS construction on properties that do not meet minimum lot sizes and require a Board of Health hearing prior to permit issuance, or for other conditions as shown on Page 3 of that form. This form is also used for properties in the Indian Hills / Parmalee Gulch area.
- FORM 100-R** For repairs or upgrades to an existing OWTS in which the minimum setbacks in Appendix A of the OWTS regulation CANNOT be met. If all setbacks are met this form is not required.
- FORM 100-H** For OWTS designs that include higher level treatment units producing wastewater that conforms to Treatment Level 2 or better.

TERMS AND CONDITIONS OF APPLICATION

In applying for this onsite wastewater treatment system permit I acknowledge that the above information is true and correct to the best of my knowledge and that any false material statement made on this application may be cause to revoke the permit issued for this property. 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. Once approved, I agree to install the permitted system in accordance with permit conditions and the requirements of the Jefferson County Onsite Wastewater Treatment System Regulation.

OWNER / APPLICANT / AGENT

DATE

WHEN ISSUED, THE PERMIT (WITH APPROVED ENGINEERING AND A FIELD INSPECTION CARD) WILL BE MAILED TO THE APPLICANT; SHOULD YOU WISH ANYONE ELSE TO RECEIVE AN E-COPY OF THE PERMIT ITSELF, PLEASE PROVIDE THEIR EMAIL HERE:

MAP TO PROPERTY

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

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FORM 100

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 in accordance with the Regulations. Failure to do so may result in a significant delay in processing your application!

SECURITY GATE CODE
(if applicable)