

JEFFERSON COUNTY PUBLIC HEALTH

Environmental Health Services Division

645 Parfet Street, Lakewood CO 80215

(303) 232-6301 FAX (303) 271-5760

www.jeffco.us/health

**ONSITE WASTEWATER TREATMENT SYSTEM
OPERATING PERMIT
Instructions and Application Forms**

USE THIS FORM TO APPLY FOR AN OPERATING PERMIT FOR AN ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) that includes a HIGHER LEVEL TREATMENT UNIT.

An Operating Permit is required for all OWTS that incorporate so-called “Higher Level Treatment Units” that provide additional wastewater treatment. This permit will allow the Department to ensure that the proper routine maintenance is performed so that the unit will function properly.

- **FOR NEW INSTALLATIONS** the Department will provide an initial two-year Operating Permit at no charge to correspond with the warranty period. Upon expiration, the permit must be renewed.
- **FOR EXISTING SYSTEMS** that do not currently have an Operating Permit, such a permit must be obtained by December 31, 2015. There is no fee for this initial permit.

Operating Permits must be renewed when the Operation and Maintenance (O&M) contract expires; the longer the O&M contract, the longer the time between Operating Permit renewals. The minimum length of O&M contracts is 1 year; there is no maximum contract length.

INSTRUCTIONS

1. **COMPLETE** Pages 1 and 2
2. **ATTACH** a copy of current O&M contract with an approved Service Provider.

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.

AUTOMATIC EMAIL NOTIFICATIONS

Please include your email address so that we can provide you with electronic updates during the process of issuing your permit and providing maintenance reports as they are completed.

PROCESSING TIME

Allow approximately ten (10) working days to process your application and issue the permit.

STAFF CONTACT: Craig Sanders

303 271-5759

csanders@jeffco.us

**APPLICATION FOR ONSITE WASTEWATER TREATMENT SYSTEM
 (OWTS) OPERATING PERMIT**

Property Address	
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APPLICANT INFORMATION	
Name	
Mailing Address	City State Zip
Phone	Email

SERVICE PROVIDER	
Name	
Mailing Address	City State Zip
Phone	Email
CONTRACT START DATE	CONTRACT EXPIRATION DATE

PERMIT FEES (check one)	Cash or Check	Credit Card*
<input type="checkbox"/> New Operating Permit	(no fee)	(no fee)
<input type="checkbox"/> Renewal of a Current or Previous Operating Permit # _____	\$50.00	\$50.75

** includes 1.75% convenience fee – also complete credit card authorization below.*

CREDIT CARD AUTHORIZATION

(for VISA® and MasterCard® only)

Dept Use			

By signing below I authorize the charge for the payment of fees and (1.75%) service charges shown:			
Name on Card		Cardholder Signature	Date signed
3 Digit Security Code (back of card)	Billing address ZIP code	Enter fee from CREDIT CARD amounts, above	\$
FEE			\$ 50.75

16 – DIGIT CREDIT CARD NUMBER															

Exp. Date (MM/YYYY)				

Please complete the following:

TERMS AND CONDITIONS OF APPLICATION

In applying for this Operating Permit I hereby 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 acknowledge that although the Service Provider I have selected will perform the required work, this permit is issued to me and that I am ultimately responsible for complying with the terms and conditions of this Operating Permit,

OWNER / APPLICANT / AGENT

DATE

- Once approved, the Operating Permit will always be emailed to the applicant and the selected Service Provider. To make arrangements for additional distribution please contact Linda Jones (303 271-5756 or jonelj@jeffco.us for assistance.

*	*	*	*	*	FOR DEPARTMENT USE	*	*	*	*	*
<input type="checkbox"/>	Advantex AX10			TL2N	<input type="checkbox"/>	RetroFast 0.375			TL2N	
<input type="checkbox"/>	Advantex AX20			TL3N	<input type="checkbox"/>	MicroFast 0.5			TL2N	
<input type="checkbox"/>	Advantex AX20+10			TL3N	<input type="checkbox"/>	MicroFast 0.75			TL2N	
<input type="checkbox"/>	Advantex AX100			TL3N	<input type="checkbox"/>	MicroFast 1.0			TL2N	
<input type="checkbox"/>	Aeration (generic)			TL2	<input type="checkbox"/>	NORWECO			TL2N	
<input type="checkbox"/>	CT 86			TL2	<input type="checkbox"/>	NUTT SHELL			TL2	
<input type="checkbox"/>	HOOT H-500			TL2N	<input type="checkbox"/>	Recirc Sand Filter			TL3N	
<input type="checkbox"/>	HOOT H-600			TL2N	<input type="checkbox"/>	Other _____				
<input type="checkbox"/>	JET (any type)			TL2						

Original Permit No. _____

Install date _____

Operating Permit No. _____

Expires: _____

NOTES _____
