



# ONSITE WASTEWATER TREATMENT SYSTEM APPLICATION

400 Gasper St. • P.O. Box 130 • San Luis, CO 81152  
 Phone: (719) 937-7668 • Fax: 1-800-934-0342

Application No: \_\_\_\_\_  
 Parcel No: \_\_\_\_\_

OWTS Permit (New) \$400.00  
 OWTS Repair/Expand \$225.00  
 OWTS State Certified \$400.00

**NOTE:** *If applicant is not the owner of the property, then a copy of a contract for sale or lease between applicant and owner, or a notarized letter from the owner consenting to this application must be submitted. No Refunds on Development Permits.*

Applicant: \_\_\_\_\_ Owner:   Y  N  
 Address of Proposed Development: \_\_\_\_\_  
 Sub-division or Area: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

### PERMIT REQUIREMENT

Type of Installation:    New    State Certified    Repair    Other \_\_\_\_\_  
 Contractor's Name: \_\_\_\_\_ Lic.#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Estimated Cost of Project: \_\_\_\_\_ Size (Gals.): \_\_\_\_\_  
**Article VI (A): "OWTS will not be allowed in subdivisions or platted lots with lots smaller than one (1) acre." (Per Colorado Regulation 43 [43.4(J)])**  
 Service Data:    Private Residence    Seasonal Use    Other: Describe    Commercial  
   Institutional Is system designed for less than or equal to 2,000 gallons per day?   Y  N  
 Number of Bedrooms: \_\_\_\_\_ Number of persons: \_\_\_\_\_  
   Bath    Kitchen    Garbage grinder    Washer    Dishwasher  
 Source and Type of Water Supply:    Well    Spring    Cistern    Holding Tank  
 Well Permit No: \_\_\_\_\_ Well Depth \_\_\_\_\_ ft.  
 If Supplied by Community Name of Supplier: \_\_\_\_\_

### Office Use Only

Type of soil or soil classification: \_\_\_\_\_  
 Depth of Bedrock: \_\_\_\_\_ ft. Depth of Ground Water Table: \_\_\_\_\_ ft.  
 Percent Ground Slope: \_\_\_\_\_ % Distance to nearest Community Sewer System: \_\_\_\_\_  
**Type of Onsite Wastewater Treatment System Proposed:**    Septic    Aeration    Vault  
   Silt Trench    Sand Filter Trenches    Subsurface Sand Filter  
**Proposed Design of System:** \_\_\_\_\_  
 Is effluent to be discharged into water of the State?   Y  N  
 Was system designed by a Registered Professional Engineer?   Y  N  
 If yes, Attach copy of Engineer's Design Report. Attach Site Plan Sheet.

If this permit is granted. I understand that I will be responsible for the operation, maintenance and Performance of the system. **APPLICATION SIGNATURE CONSTITUTES CONSENT TO ENTER. (SECTION 8.30-E, CCLUC)**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Date: \_\_\_\_\_