



On-site Wastewater Treatment System (OWTS) Site Permit Application

Submission of this application and payment of the application fee is necessary for initial review of the proposed system design. This is **NOT a permit** to begin construction.

Property Owner: _____ Primary Phone #: _____
 Email Address: _____ Secondary/Cell #: _____
 Legal Address of OWTS site: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Parcel Identification # _____

Name of Engineer:

PLEASE CHECK THE FOLLOWING THAT APPLY:

a. Is this property located in a floodplain? _____
 b. Indicate depth of all wells within 100 feet. _____
 c. Exact distance (in feet) to the nearest community sewer system: _____
 d. Was an effort made to connect the community sewer system? *Yes: _____ No: _____
 *If yes, provide documentation of municipality refusal to connect.

SYSTEM <input type="checkbox"/> New <input type="checkbox"/> Replace old unpermitted system <input type="checkbox"/> Replace old permitted system <input type="checkbox"/> Repair (Permit #: _____) <input type="checkbox"/> Alteration <input type="checkbox"/> Vault <input type="checkbox"/> Other (Please Explain): _____	USE <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal (Indicate # days/year) <input type="checkbox"/> Non-Domestic	WATER SUPPLY <input type="checkbox"/> Cistern <input type="checkbox"/> Well (Give Depth: _____) <input type="checkbox"/> Spring <input type="checkbox"/> Surface <input type="checkbox"/> Public (give name of water supply): _____
---	--	---

If applicant is not the property owner, please provide applicant/other information below:

Applicant: _____ Office Phone #: _____
 Applicant Email: _____ Cell #: _____
 Installer: _____ Phone #: _____
 Engineer/Firm: _____ Phone #: _____

Fee: _____ Received By: _____ Date: _____ Application #: _____

PROPOSED USE OF THE PROPERTY: Check the following that apply.

SINGLE FAMILY

- _____ Frame
- _____ Manufactured Home
- _____ # of Bedrooms
- _____ Clothes Washer
- _____ Garbage Disposal
- _____ Basement Plumbing
- _____ # of People
- _____ # of Bathrooms

MULTI-FAMILY

- _____ # of units
- _____ # of bedrooms/unit
- _____ # of units with clothes washer
- _____ # of units with garbage grinder
- _____ Basement plumbing
- _____ # of people
- _____ # of bathrooms

COMMERCIAL

- Type of business: _____
- Maximum sewage flow rates: _____
- # of employees: _____
- Building Occupancy: _____
- # of Bathrooms: _____
- Toilets #: _____ Sinks #: _____ Showers #: _____
- Urinals #: _____ Bath #: _____ Other #: _____
- Lavatories #: _____ Wash Racks #: _____

ATTACH ENGINEERED DESIGN: AN ACCURATE SITE DESIGN (WITH PLAT INFORMATION) IS REQUIRED FOR ALL PERMIT APPLICATIONS SUBMITTED

The engineered design should accompany this application. The features to be included in the design are listed below. Some of the features may not exist or be applicable to your development. Try to be as detailed as possible:

- | | |
|---|--|
| 1. Property boundaries, acres, length, width | 2. Elevations and Contours indicating slope |
| 3. Proposed/ existing buildings & access | 4. Label all County Roads. |
| 5. Distance between access & nearest neighbors | 6. Site/Soil evaluation & depth to water table |
| 7. Proposed/ existing septic and leach field location | 8. Well location and setbacks |
| 9. Cisterns | 10. Springs/ Ponds/ Lakes |
| 11. Ditches | 12. Utility lines (electrical, water, gas) |
| 13. All Easements (attach documentation | 14. Any garage space used as livable space |

Note: The minimum tank capacity of a 1-3 bedroom is 1000 gallons, and a 4 bedroom is 1250 gallons. Capacity adjustments of 250 gallons are required for each additional bedroom (est. 2 additional persons per room).

Owner's Initials: _____

FINAL APPROVAL: The Health Department will issue final approval and permit number when the system meets the requirements, septic permitting fees have been paid, and ALL regulations and installed certification from the engineer is received.

Montezuma County Health Department

106 W. North Street, Cortez

Ph: (970) 564-4763

bmcguire@co.montezuma.co.us

I hereby apply for a permit to construct an on-site wastewater treatment system on the above-described property and agree to construct such system in accordance with the above information, the attached plot plan and the regulations of the Montezuma County Health Department. The undersigned hereby certifies that the above information is true and correct to the best of my knowledge.

By: _____ Date: _____