



On-site Wastewater Treatment System (OWTS)

Application Checklist - *New and Repaired Systems*

Each step must be completed in the order below for final approval. Please call 970-564-4763, or email lhill@co.montezuma.co.us at any time if you have questions. **OWTS Application and fee will NOT be accepted without a design from a Registered Professional Engineer (RPE).**

___ **Notify Planning Department** of intent for construction of a new residential structure for assessment of road impact fees. (970) 565-2801 Planning is located at 109 W. Main Street, Cortez, CO.

___ **Address** must be **verified** with the **Addressing Department**. (970) 564-4169

If your address is a **TBD**, you will need to apply for a driveway permit through the planning Department and have an address assigned.

___ Once road impact fees and driveway permit have been paid to Planning Department, the OWTS design process can begin.

___ **OBTAIN** an [OWTS Application](#) from the Health Department for a:

___ New System ___ Tank/Field Replacement ___ Alteration/Vault/Privy/Other
___ Repair of Permitted System (Must have original operating permit # _____)

___ **CONDUCT A SOIL/SITE EVALUATION:** Hire a Registered Professional Engineer (RPE) to evaluate the soil and the site. *(Notify Health Department immediately if modifications to permit application are needed.)*

___ **SUBMIT THE DESIGN:** Have the Engineer design the OWTS and submit the design/drawing to the Health Department.

___ **SUBMIT** and **PAY** Permit Application Fee (See Fee Schedule)

___ **BEGIN CONSTRUCTION:** Contact the Health Department and the RPE to inspect the installation **before backfill**. *(Estimated/Desired date for initial inspection _____)*

AS-BUILT CERTIFICATION: Have the hired RPE submit **to the Health Department** an "as-built" confirmation of the actual installation per the design along with a letter certifying the installation.

___ **FINAL APPROVAL:** The Health Department will issue final OPERATING PERMIT number when the system meets the requirements of the regulations and documentation from the engineer is received. The final record will then be complete and the permit will be sent through the mail.

If these steps are not followed, your septic system will not be compliant and fines could be assessed.

Montezuma County Health Department
106 W. North, Cortez
Ph: 970-564-4763
Email: [lhill](mailto:lhill@co.montezuma.co.us)

Montezuma County Planning
109 W. Main, Cortez
Phone: 970-565-2801
Email:
addressing@co.montezuma.co.us



Montezuma County Planning Department

109 W Main St. Room 270

Cortez, CO 81321

↓ Please return this form to: ↓

addressing@co.montezuma.co.us

County staff will respond to you within 2 days of receiving this form

PROPERTY CONTACT FORM

Montezuma County does not enforce residential building codes. The purpose of this form is to assist landowners in getting information about the land use code, subdivisions, building setbacks, obtaining a residential address, septic and driveway permit

SUBJECT Property Details and Proposed Land Use

Development Type (check all that apply):

- ☐ New Residence ☐ New Driveway Access ☐ Septic System ☐ New Address
- ☐ Subdivision of Parcel ☐ New Commercial/Industrial Use ☐ Change in Commercial/Industrial Use
- ☐ Zoning Change ☐ Parcel Boundary Line Adjustment
- ☐ Other: _____

SUBJECT Parcel ID #: _____

Project Description: _____

Please attach a basic pre-sketch plan or map which shows the general location of the development in relationship to parcel lot lines, county roads, driveways, buildings and fence lines.

It is acceptable to use the County GIS as the basemap for your site plan.

You can access the County GIS here: <http://montezumacounty.maps.arcgis.com/home/index.html>

Applicant Information

Property Owner(s): _____ Phone: _____

Email Address: _____

Mailing Address of Owner(s): _____

Agent* (If applicable): _____ Agent Phone: _____

Agent Email Address: _____

**If the Applicant is not the property owner then a notarized 'Agent Letter' will need to be submitted. This form is on the County Planning webpage.*

*There is **No Fee** associated with this contact form. Any application process will only commence with your consent.*

Signature of Owner/Agent: _____ Date Signed: _____



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: _____

Name of Installer: _____

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

- ____ New
____ Replace old unpermitted system
____ Repair (Permit #: _____)
____ Repair old permitted system
____ Alteration
____ Vault

USE

- ____ Year Round
____ Seasonal (Indicate # days/year)
____ Non-Domestic

WATER SUPPLY

- ____ Cistern
____ Well (Give Depth: _____)
____ Spring
____ Surface
____ Public (give name of water supply): _____

____ Other (Please Explain): _____

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 #: _____

Revised: 04/2022

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

lhill@co.montezuma.co

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: _____