

Department of Public Health and Environment

(970)400-6415 1555 N. 17th Ave. Greeley, CO 80632

RESIDENTIAL ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS) INSTALLATION PERMIT (New or Repair) Instructions and Application Form

Revised 1/7/2025

RESIDENTIAL ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS) INSTALLATION PERMIT (New or Repair) Instructions and Application Form

THIS PACKET PROVIDES THE FORMS AND INFORMATION NEEDED TO APPLY FOR A PERMIT TO INSTALL A NEW RESIDENTIAL OWTS OR REPAIR (REPLACE OR UPGRADE) AN EXISTING RESIDENTIAL OWTS. If the residence is a multi-family dwelling, a Commercial OWTS Permit is required. See Commercial On-Site Wastewater Treatment System Installation Permit Application.

NOTE: A Residential Repair Permit covers replacement or upgrade of an existing soil treatment area (septic field), and **may** include the septic tank, pump chamber or other components along with the soil treatment area. If only the tank or pump chamber needs to be repaired, replaced or added to the system, see Vault Installation Permit Application. If only a minor repair installation is required, such as sewer pipe replacement or tank lid replacement, see Minor Repair Permit Application.

ALL PERMIT APPLICATIONS MUST BE SIGNED BY THE OWNER OR AUTHORIZED AGENT. NO **PERMIT APPLICATIONS WILL BE ACCEPTED BY MAIL.** Submit in person or by email to: HE-OWTS-PERMITTING@WELD.GOV

TO APPLY FOR YOUR RESIDENTIAL OWTS PERMIT, THE FOLLOWING FORMS, FEES AND INFORMATION MUST BE SUBMITTED:

1. COMPLETE THE ATTACHED FORMS:

- a. RESIDENTIAL OWTS PERMIT APPLICATION FORM: with appropriate fee of \$1500.00 for Residential NEW OWTS Permit and \$1100.00 for Residential REPAIR OWTS Permit.
- b. DETAILED MAP and accurate directions to the property from the nearest highway.
- **2. AUTHORIZATION FORM:** An **AUTHORIZATION FORM** must be completed and submitted with application if applicant is not the property owner.
- **3. PARCEL NUMBER**: This can be obtained from the Assessor's Office at (970)400-3650, or on the county website under property information. Link to property information: <u>https://maps.weld.gov/propertyportal/</u>
- **4. SANITATION DISTRICT:** If the property is within the boundaries of a municipality or special district that provides public sewer service, the Residential OWTS Permit application must be accompanied by letter from the District stating they have no objection to the issuance of an OWTS permit for the property.
- **5. EXISTING SEPTIC PERMIT,** if replacing or upgrading an existing Residential OWTS. Existing septic permits are on record at the Division, or on the county website under property information. Link to property information:

https://maps.weld.gov/propertyportal/

5.1 SITE AND SOILS EVALUATION: Site and soils evaluation are required for new system installation and existing soil treatment area replacement or upgrade. The evaluation is conducted to determine suitability of the location to support an OWTS, and to provide the designer a sound basis to select the most appropriate OWTS design for the location. The site and soils evaluation must be performed by or under the direct supervision of a professional engineer, professional geologist, or competent technician or other similarly qualified professional approved by the Division (Certified Professional Soil Scientist/ Classifier). The soils evaluation must meet the current Weld County OWTS Regulations.

A minimum of 2 soil profile test pits, or 2 soil profile test pits and 3 percolation holes are required in the area of the proposed soil treatment system.

Refer to the Site and Soils Evaluation Requirements per the Weld County OWTS Regulations (Article V of Chapter 30 of the Weld County Code; Onsite Wastewater Treatment System regulations).

5.2 SITE PLAN: As part of your application for a residential new or repair OWTS permit, you must submit an accurate site plan, drawn to a standard engineering scale. The site plan must be submitted on an $8 \frac{1}{2}$ " x 11" or larger sheet of paper. See Site Plan Requirements Checklist per the Weld County OWTS Regulations.

5.3 DESIGN DOCUMENT: As part of your application for a residential new or repair OWTS Permit, you must submit a design document to include specifications and flow calculations for the proposed OWTS. See Design Document Requirements Checklist per the Weld County OWTS Regulations.

- **6. ENGINEER DESIGN:** There are some system types or site conditions that require an engineerdesigned residential OWTS. Examples are:
 - **a.** Systems designed with flood dosing or pressure distribution,
 - **b.** Sites with soil classifications Types 0, 3A, 4, 4A, and 5 as specified in Table 30-10-1 of the current Weld County OWTS Regulations (attached),
 - c. Sites with groundwater or other restrictive layer within 4 ft. of existing ground surface,
 - **d.** Ground slope is in excess of 30%.

If an engineer design is required, the design document must be signed and stamped by a Registered Professional Engineer. **ONE** original design must be submitted with the permit application. The engineer-design document must meet the minimum design requirements in the current Weld County OWTS Regulations.

7. LIFT STATION INFORMATION FORM. If installing a lift station as part of the OWTS, intended solely for the purpose of delivering sewage to the septic tank or septic tank effluent to a **non-engineered** soil treatment area where gravity flow is not possible, a completed Lift Station Information form must be provided.

SITE INSPECTION:

Prior to permit issuance, a site inspection will be performed by the Weld County Division of Environmental Health Services. Please be sure the SITE is marked as indicated below. Failure to do so may result in a significant delay in processing your application and a \$100 re-inspection fee will be assessed. **Dogs must be confined for the site inspection.**

- 1. OWNER'S NAME AND ADDRESS OF THE SITE must be posted at the site, on a sign large enough to be seen from the fronting road and in lettering legible to be easily read from the fronting road.
- 2. LOCATION OF THE SOILS EVALUATION must be staked or flagged, such that they can be easily located under all conditions on the site (such as tall grass).
- 3. LOCATION OF THE PROPOSED AND EXISTING OWTS (if applicable) must be staked or flagged, such that they can be easily located under all conditions on the site (such as tall grass).
- 4. LOCATION OF PROPOSED OR EXISTING DRINKING WATER SOURCE (well, water line, cistern) must be staked or flagged such that they can be easily located under all conditions at the site (such as tall grass).

PROCESSING TIME:

Allow approximately five (5) working days to process your application and issue the permit. Lack of documents, required engineer changes, and other deficiencies may significantly increase processing time.

RESIDENTIAL OWTS INSTALLATION INSPECTION REQUIREMENTS:

- 1. Inspection of Residential OWTS installations by Weld County Division of Environmental Health Services must be made prior to backfilling. When the installation of the OWTS has been completed, the System Contractor or owner shall notify the Division, and a representative of the Division will attempt to make a final inspection within three (3) business days.
- 2. Residential OWTS requiring an engineer design must also be inspected by the design engineer prior to backfilling to verify that the system was installed per the engineer's design specifications. A signed letter from the engineer approving the installation must be submitted to the Division.
- **3.** Verification of existing vault abandonment, if replacing an existing septic tank or pump tank as part of an existing OWTS repair: Installers shall provide a pump receipt from a Weld County licensed systems cleaner, and an inspection made by the Division or (photos if approved in advance by the division) provided for verification of the vault abandonment.
- 4. Record Drawing Submittal: Installers shall provide a drawing to a standard engineering scale, showing the Residential OWTS as installed, including its location from known and locatable points, sizes, manufacturers' names and models as available and other information relative to locating and maintaining the OWTS.

RESIDENTIAL ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS) INSTALLATION PERMIT (New or Repair)

| RESID | DENTIAL OWTS PERMIT F | EE: <u>\$1500.00</u> NE | W | \$ <u>11</u> | 00.00 | REPAIR/REPLA | ACE/ADDI | TION 🗖 |
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| | l payments are due at the ti | | • | | | | | |
| • In | complete applications will n | ot be accepted (Site | e and soils eva | luation, s | site plan | and design docu | iment mus | t be included) |
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| DETAI | LED DIRECTIONS TO SITE (| ATTACH MAP) | | | | | | |
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| | PHONE: () | | | | | | | |
| EMAIL | ADDRESS: | | | | | | | |
| APPLIC | CANT NAME: | | | | | | | |
| MAILI | NG ADDRESS: | | CITY | | ST | ZIP | | |
| HOME | PHONE: () | WORK PHONE (|) | | FAX (| _) | | |
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| PROPC | OSED USE: | | | | | | | |
| 0 | RESIDENTIAL NUMBER OF PERSONS: NUMBER OF BEDROOMS: TYPE OF STRUCTURE(S) (REASON FOR APPLICATIO | Ex. house, mobile hom | | | | | | |
| 0 | AUXILIARY BUILDING (Re TYPE AND NUMBER OF FI NUMBER OF PERSONS: TYPE OF STRUCTURE (Ex. | XTURES (shower, sin | . , | | | | | |
| WATE | R SOURCE: | | | | | | | |
| 0 | PUBLIC WATER DISTRICT | (NAME OF DISTRIC | CT) | | | | | |
| 0 | INDIVIDUAL WELL (PERM | IT #) | | | | | | |

*WARNING: Neither Weld County nor any of its affiliates shall be responsible for the use of any information submitted in relation to this OWTS installation permit. It is the responsibility of the user to determine under what circumstances the information is being applied, and ensure that the circumstances are suitable to the application of the information. Neither Weld County nor its employees are liable for the failure or inadequacy of the onsite waste water treatment system.

PLEASE DRAW A DETAILED MAP TO YOUR PROPERTY with directions from the

<u>nearest two county roads</u>. If the property is in a security or gated area, please indicate the code or other instructions for entry on the map.



- Label all roads
- Label subject property with address
- Indicate nearby landmarks, such as businesses, structures, natural features



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

(970) 400-6415 1555 N 17th Ave Greeley, CO 80631

Authorization Form

| I, (We), | , give permis | , give permission to (Authorized Agent/Applicant – please print) | | | | | | | | |
|---|---------------------|---|---------------------|---------------|--|--|--|--|--|--|
| (Owner – please print) | | | | | | | | | | |
| to apply for any Planning, Buildir (address or parcel number) below: | ng, Access, or OWTS | S permits on our beh | alf, for the proper | ty located at | | | | | | |
| Legal Description: | of Section | , Township | N, Range | W | | | | | | |
| Subdivision Name: | | | Lot B | lock | | | | | | |
| Property Owner Information | | | | | | | | | | |
| Address: | | | | | | | | | | |
| Phone: | Email: | | | | | | | | | |
| Authorized Agent/Applicant Conta | act Information: | | | | | | | | | |
| Address: | | | | | | | | | | |
| Phone: | Email: | | | | | | | | | |
| Correspondence to be sent to: | Owner | Authorized A | gent/Applicant | | | | | | | |
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| Additional Information: | | | | | | | | | | |
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| Owner Signature: | | Da | ate: | | | | | | | |