APPLICATION FOR
ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT
ENVIRONMENTAL HEALTH DIVISION • 101 WEST NINTH STREET, Pueblo, CO 81003 • (719) 583-4307

Address of Site: _____

Legal Description/Parcel No: _____

Property Owner: _____ Phone: _____

Current Mailing Address: _____

Agent: _____ Address: _____ Phone: _____

Property Size: ____ Acres Water Supply: ☐Private Well ☐Cistern ☐Public _____

Type of Structure: ☐Single Family Dwelling (# of Bedrooms_____) ☐Other _____

Number of Anticipated Users (Occupants or Employees): _____

☐**UNFINISHED BASEMENT – If a new home has unfinished areas, the Division may increase the number of bedrooms used for the design of the OWTS by one or more bedrooms based on the assumption that 150 sq.ft. of unfinished space can be converted into a bedroom, if the space meets building code requirements for a bedroom. The additional occupancy shall be for 2 people per bedroom.**

AN ACCURATE PLOT PLAN AS DESCRIBED ON REVERSE SIDE MUST ACCOMPANY THIS APPLICATION

Application for an On-site Wastewater Treatment System permit is hereby submitted, together with the plans, specifications, and the required **NON-REFUNDABLE FEE**. The undersigned does hereby agree to comply with all Pueblo City-County Health Department stipulations, the provisions of Regulation VIII, and all applicable State Laws and Regulations.

Signature of Owner or Agent _____ Date _____

THIS AREA FOR HEALTH DEPARTMENT USE ONLY

☐$23 State Fee _____

☐$544 New Installation Permit _____ ☐$467 Remodel Permit Fee _____

☐$50 Renewal of New Permit _____ ☐$20 Renewal of Remodel Permit _____

☐$200 Site and Soil Evaluation Fee _____ ☐$75 Minor Repair Fee _____

Site and Soil Evaluation

Prev. Permit No.(s)_____ Perc Test: Date_____ Rate_____Min/Inch Soil Type_____

Soil Profile: Depth to Water Table_____Depth to Bedrock_____

Other Terrain Features or Soil Conditions_____

SYSTEM DESIGN

General Design:
Engineer Design Required: _____
Design Flow: _____
LTAR: _____ gpd/ft^2

Method of Application:
Gravity: _____
Dosed/Siphon: _____
Pressure Dosed: _____

Type of Soil Treatment Area:
Trench: _____ Bed: _____

Storage and Distribution Media:
Rock/Tire Chips _____
Manufactured Media _____
Chambers: _____ Make/Model _____

Minimum Requirements:_____Gal. Septic Tank_____Sq. Ft. Leach Lines or_____Sq. Ft. Leach Bed

Comments/Stipulations:_____

_____

_____

I, AS OWNER OR AGENT HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE ABOVE STIPULATIONS: NAME_____**DATE**_____

APPROVED BY_____DATE_____EXPIRATION DATE_____

APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

PLOT PLAN MUST INCLUDE THE FOLLOWING: (All locations must be indicated by measured distances.)
AN INCOMPLETE PLOT PLAN WILL CAUSE DELAYS IN ISSUANCE OF THE PERMIT.

1. Accurate property dimensions and size of property. (Survey preferred.)
2. Location of proposed sewage disposal system and alternate area.
3. Location of streams, lakes, ditches and drainage areas on or within 50 feet of property.
4. Location of water supply lines to the dwelling and any out buildings.
5. Accurate location of ALL WELLS existing or proposed on and within 150 feet of the property.
6. Location of proposed and existing buildings.
7. Type of buildings by use.
8. Such additional information as may be required by the Health Officer.

Minimum Horizontal Distances Between Components of a Septic System and Physical Features:

	Wells Sorinos	Potable Water Lines	Cistern	Dwelling, Occuoied Bldo	Property Line	Lake Stream	Dry Gulches
Bldg Sewer	50	10	25	0	0	50	10
Septic Tank	50	10	25	5	10	50	10
Leach Field	150	25	25	20	10	50	25

DRAW PLOT PLAN BELOW