

ON-SITE WASTEWATER TREATMENT SYSTEM COMMERCIAL PERMIT APPLICATION

State and county laws require that a permit be issued prior to constructing or making repairs to an on-site wastewater treatment system (OWTS). Any change in plans or specifications of the OWTS after a permit has been issued must have written approval from the Pueblo Department of Public Health and Environment. An engineer design is required for all commercial systems. **Fees are non-refundable. An accurate plot plan as described in permit instructions must accompany this application.**
Email applications to: EHEPapplications@pueblocounty.us

| PROPERTY INFORMATION | | |
|---|--|---|
| Site Address | | |
| Legal Description | | |
| Parcel Number | | |
| Property Size (acres)/square feet if less than 1 acre | | |
| Water Supply | <input type="checkbox"/> Private Well <input type="checkbox"/> Cistern <input type="checkbox"/> Public (name): | |
| Type of Commercial Structure | | |
| Number of anticipated users (employees, connections) | | |
| Square footage of retail space | | |
| CONTACT INFORMATION | | |
| Applicant Name: | | |
| Address, City, Zip: | | |
| Phone: | Email: | |
| Owner Name: | | |
| Address, City, Zip: | | |
| Phone: | Email: | |
| Installer Name: | | |
| Address, City, Zip: | | |
| Phone: | Email: | |
| The undersigned does hereby agree to comply with all PDPHE stipulations, the provisions of Regulation VIII, and all applicable State laws and regulations. | | |
| Signature | | Date |
| HEALTH DEPARTMENT USE | | |
| <input type="checkbox"/> \$20 State Fee <input type="checkbox"/> \$805 New System Permit <input type="checkbox"/> \$50 Renewal of New Permit <input type="checkbox"/> \$225 Site and Soil Evaluation | <input type="checkbox"/> \$530 Remodel Permit Previous permit #: <input type="checkbox"/> \$20 Renewal of Remodel Permit <input type="checkbox"/> \$115 Minor Repair Permit | <input type="checkbox"/> Site/Soil Evaluation <input type="checkbox"/> Plot Plan <input type="checkbox"/> Engineer Design Receipt #: Staff Initials: |
| Approved by: | Approval Date: | Permit #: |

| SITE AND SOIL EVALUATION | |
|--|---|
| Perce test date: | Perc test rate: min/inch |
| Soil type: | Slope: |
| Depth to water table: greater than/equal to | <input type="checkbox"/> 1ft <input type="checkbox"/> 2ft <input type="checkbox"/> 3ft <input type="checkbox"/> 4ft <input type="checkbox"/> 5ft <input type="checkbox"/> 6ft <input type="checkbox"/> 7ft <input type="checkbox"/> 8ft |
| Depth to bedrock: greater than/equal to | <input type="checkbox"/> 1ft <input type="checkbox"/> 2ft <input type="checkbox"/> 3ft <input type="checkbox"/> 4ft <input type="checkbox"/> 5ft <input type="checkbox"/> 6ft <input type="checkbox"/> 7ft <input type="checkbox"/> 8ft |
| Well on property or neighboring properties | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Well is 150ft from proposed Soil Treatment Area (STA) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Any waterways/water bodies on or near property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Engineer Design Required: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Depth to Limiting Layers: | |
| Conducted by: | Date: |

| SYSTEM DESIGN | |
|---|--|
| Engineer design type: | Designing Engineer: |
| Design flow | <input type="checkbox"/> 300 <input type="checkbox"/> 450 <input type="checkbox"/> 525 <input type="checkbox"/> 600 <input type="checkbox"/> 675 <input type="checkbox"/> Other _____ |
| LTAR (gpd/ft ²) | <input type="checkbox"/> 0.80 <input type="checkbox"/> 0.6 <input type="checkbox"/> 0.5 <input type="checkbox"/> 0.35 <input type="checkbox"/> 0.3 <input type="checkbox"/> 0.2 <input type="checkbox"/> 0.1 |
| Type of soil treatment area | <input type="checkbox"/> Trench <input type="checkbox"/> Bed |
| STA depth restriction (ft) | |
| Minimum Square Feet of Leach Lines: | Minimum Square Feet of Leach Bed: |
| Method of application | <input type="checkbox"/> Gravity <input type="checkbox"/> Dosed/siphon <input type="checkbox"/> Pressure dosed |
| Storage and distribution media | <input type="checkbox"/> Rock /Tire Chips <input type="checkbox"/> Manufactured media <input type="checkbox"/> Chambers |
| Rock and Pipe Dimensions | Trench Width Trench Length Depth of Rock |
| # of Chambers | Make / Model: <input type="checkbox"/> Inf. Quick4 <input type="checkbox"/> Inf. Quick4Plus <input type="checkbox"/> Inf. Quick4LP <input type="checkbox"/> Arc36 <input type="checkbox"/> Other |
| Minimum Tank size: | <input type="checkbox"/> 1000 <input type="checkbox"/> 1250 <input type="checkbox"/> 1500 <input type="checkbox"/> 1750 <input type="checkbox"/> 2000 Other: _____ |
| Pump Chamber: <input type="checkbox"/> Yes <input type="checkbox"/> No | Pump Chamber Size: Make and Model of Pump: |
| Stipulations: Soil treatment area (STA) shall be installed in site and soil evaluation area only. Maximum depth of trenches shall be _____ feet below native soil surface. Tank(s) shall have risers to final grade risers shall be sealed. Inspection ports are required at the beginning and end of all STA laterals and beds. Limit all construction activities and vehicular traffic over STA to prevent soil compaction. | |
| Comments: | |