

ON-SITE WASTEWATER TREATMENT SYSTEM RESIDENTIAL 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. **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 Structure	<input type="checkbox"/> Single Family Home Number of bedrooms: <input type="checkbox"/> Other:	
Number of anticipated users (occupants, employees)		
Unfinished Basement: PDPHE may increase the number of bedrooms used for the OWTS design by one or more based on the assumption that 150 sq. feet of unfinished space can be converted to a bedroom. The additional occupancy shall be 2 people per bedroom. Initials _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
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"/> \$630 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 <input type="checkbox"/> \$20 Renewal of Remodel Permit <input type="checkbox"/> \$115 Minor Repair Permit Previous permit #:	<input type="checkbox"/> Site/Soil Evaluation <input type="checkbox"/> Plot Plan Receipt #: Staff Initials: Permit #:
Approved by:	Approval Date:	

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:	