

Hinsdale County
 POB 277
 Lake City, CO 81235
 970-944-2225



Permit #

building@hinsdalecountycolorado.us

| Onsite Wastewater Treatment System (OWTS) Permit Application Hinsdale County or Town of Lake City (Notification of Proposed Discharge to Waters of the State Of Colorado) | | | |
|---|--------------------------------|----------------------------|---------------------|
| SYSTEM LOCATION (Site Plan Required) | | | |
| Physical Address: | | Legal Description: | |
| Parcel #(s): | Subdivision: | Parcel Size (acres): | |
| OWNER/APPLICANT INFORMATION | | | |
| Owner: | | Applicant/Contractor: | |
| Mailing Address: | | Mailing Address: | |
| E-mail: | | E-mail: | |
| Phone: | | Phone: | |
| ENGINEER | | | |
| Name(s) / Firm: | | | |
| Mailing Address: | | | |
| E-mail: | Phone: | CO License #: | |
| DESIGN (Plans and Specifications Required) | | | |
| Bedroom #: | Tank Size: | Occupancy: | Design Flow: |
| Soil Type: | LTAR: | Treatment Area: | Treatment Level: |
| Soil Notes: | | Treatment Area Allowances: | |
| Potable Water Source: | Well Permit #: | Setback Distance: | |
| LCW&S District? (yes/no): | Distance to Centralized Sewer: | Non-connection Reason: | |
| PERMIT ACKNOWLEDGEMENTS | | | |
| <p>I hereby certify that construction will be in strict accordance with all codes and ordinances of Hinsdale County or the Town of Lake City and the plans and specifications submitted with this application. Separate permits may be required for other aspects of work for the project. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performance of construction. Express permission is hereby granted for the inspection of the above property by any member of the Hinsdale County Enforcement Office and/or such persons as they may designate. I have been given the opportunity to review the Onsite Wastewater Treatment System Regulations of Hinsdale County and I hereby agree to comply with all terms, conditions, and requirements included therein.</p> | | | |
| Owner/Applicant Signature(s): | | | Date: |
| PAYMENT/REVIEW | | | |
| Application Received (initial): | Date: | Plan Review/Date: | Permit Issued/Date: |
| Payment Check #: | Date: | Permit Approved/Denied: | Reason: |
| Building Official Signature: | | | Date: |
| SYSTEM APPROVAL (include 'as built' plans and engineer certification letter) | | | |
| Building Official Signature: | | | Date: |



On-Site Wastewater Treatment System Permit Application

Parcel # _____

Permit # _____

- New Install** (500.00 + Mileage) **Repair/Expand** (~~500.00~~ + mileage)
250.00

The application fees for each include a plan review and three site visit by county representatives. A County representative may request to be present when profile pits are dug or the pits to be left open for inspection. The County requires at least 3 business days to approve this application. After approval you will need to set up a time for the test pits to be inspected.

Property Owner:

Name: _____

Email: _____

Property address:

Address: _____

Phone: _____

Mailing address:

Address: _____

Installation Contractor:

Name: _____

Address: _____

Phone: _____

Email: _____

Professional Engineer:

Name: _____

Address: _____

Phone: _____

Email: _____

On-Site Wastewater Treatment System Permit Application

Is the system designed for 2000 gallons a day or less? Yes No

Building or service type: _____ Number of person: _____

How many bedrooms are in the dwelling? _____ (rooms with a closet are considered bedrooms)

Are there any future additional rooms planned? Yes No

Future guest house? Yes No

Give depths of wells within 180 feet of the system: _____

If supplied by community water, please name the supplier _____

State law requires that no leach field be closer than 75 feet to a stream or body of water. Is this requirement met? Yes No

Ground conditions: (refer to your engineer or installer if you are unsure of these answers)

Depth to bedrock: _____

Depth to Groundwater Table: _____

Percent Ground Slope: _____

Distance to the nearest community sewer system: _____

Was an effort made to connect to the community system? Yes No

Type of Individual Sewage Disposal System proposed:

- | | |
|---|---|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Aeration Plant |
| <input type="checkbox"/> Vault Privy | <input type="checkbox"/> Pit Privy |
| <input type="checkbox"/> Composting Toilet | <input type="checkbox"/> Incinerating Toilet |
| <input type="checkbox"/> Chemical Toilet | <input type="checkbox"/> Closed Vault |
| <input type="checkbox"/> Recycling, Potable Use | <input type="checkbox"/> Recycling, Non-Potable |
| <input type="checkbox"/> Underground Cistern | |
| <input type="checkbox"/> Other: _____ | |

If septic tank is used, what is the capacity? _____ Gallons

On-Site Wastewater Treatment System Permit Application

Final Disposal by:

- | | |
|---|--|
| <input type="checkbox"/> Absorption Trench Bed or Pit | <input type="checkbox"/> Aeration Plant |
| <input type="checkbox"/> Vault Privy | <input type="checkbox"/> Pit Privy |
| <input type="checkbox"/> Composting Toilet | <input type="checkbox"/> Incinerating Toilet |
| <input type="checkbox"/> Chemical Toilet | <input type="checkbox"/> Closed Vault |
| <input type="checkbox"/> Other: _____ | |

Will the effluent be discharged directly into waters of the state? Yes No

Mineral County Representative must be present when test pits are dug, or left open until a Mineral County Representative can verify the engineer or competent technician's findings.

Mineral County Land Use Office has at least 3 business days to either approve or deny any application.

Per regulation 43.5 you must attach a Site and Soil Evaluation Report. Also attach a System design with a legible, accurate site plan, which shows pertinent physical features on the subject property; and the features on adjacent properties as noted in table 7-1 of regulation 43.7 (Minimum Horizontal Distances); include a map of the entire property, scale of 1"=50' showing location of house and OWTS, and a map showing the detail of the house and OWTS at a scale of 1"=20'.

When specific evidence suggest undesirable soil condition exist, additional hydrological, geological, engineering or other information provided by a professional engineer or geologist may be required to be submitted by the applicant. This requirement shall not be prejudice the right of the local public health agency to develop its own information from its own sources at its own expense.

A permit to install an OWTS will be issued upon review and acceptance of the application in conformance with Regulation 43. The County may do a site visit before acceptance. (Do not expect same day or week review) Installer must be familiar with Regulation 43 and licensed by Mineral County.

Signature of Applicant

Date

Land Use Administrator

Date