

Directions for submitting applications for permits on-line

(If you do not have a PDF Program installed on your computer or mobile device, you will not be able to submit an application on-line)

1. In the list of permits, click on the link to the permit you would like to apply for. It will open up in PDF form.
2. Download the permit and save on your computer in place of your choice.
3. Fill out the information in the form by clicking in the spaces or using your “tab key” to navigate the form.
4. Once you have filled out all information, click the “submit” button at the bottom of the last page. The application will be e-mailed to our office to be processed and staff will contact you for further actions/questions/payment.
5. If you have further information you would like to add to the add to the application such as a site plan or directions, they can be emailed to landuse@co.conejos.co.us. A picture can also be taken from your mobile device and emailed. Please make sure all information is legible so there is no delay in processing.
6. Call our office at 719-376-2014 if you have any questions about the process.
7. If you are unable to submit the application, you can also print, fill out the information and return it to our office in 1 of 3 ways: Fax: 719- - , Mail to P.O Box 197 Conejos Co 81120; or schedule an appointment with our staff. Call our office at 719-376-2014. Appointments are only scheduled from 8:00 AM to 12:00 Noon.



Land Use Office PO Box 197, 6683 County Rd 13, Conejos CO 81129 Phone #: 719-376-2014 Fax: 719-376-6769	Permit # _____ Start Date: _____ Expiration Date: _____
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Application for On-Site Wastewater Treatment System Permit

FEES: (Permit Fees are payable to CONEJOS COUNTY TREASURER and are Non-Refundable.)

Install New System \$325.00-Pre-construction Repair Tank STA/Leach/Drain Field \$200.00 POST
CONSTRUCTION FEES: Install New System \$650.00 Repair Tank or STA/Leach/Drain Field \$400.00

ADDRESS OF PROPERTY SERVED BY PROPOSED SYSTEM:

Street Address: _____

City: _____ State: _____ Zip: _____

Lot Size (in Acres): _____ Assessor's Parcel Number: _____

Legal Description: _____ Subdivision _____

<u>Property Owner:</u> Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone 1: _____ Phone 2: _____ E-mail: _____

<u>Applicant:</u> <input type="checkbox"/> Same as Property Owner Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone 1: _____ Phone 2: _____ E-mail: _____

PROPOSED FACILITY:

Single Family Dwelling Multi-Family Commercial Other _____

SINGLE FAMILY DWELLING GENERAL INFORMATION:

Number of Bedrooms: _____ Additional Bedrooms Planned? Yes No Number of Bathrooms _____

Garbage Disposal Hot Tub Water Softener

WATER AND SEWER INFORMATION:

Water Supply: Well Permit # _____ Hauled Public Water System

Supplier Name: (for Hauled or Public Water) _____



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SYSTEM INFORMATION:

Is property within boundaries of a sewer district? No Yes – name:

_____ Is property within 400' of a sewer line? Yes No Waiver from

the sewer/sanitation district? Yes No **CONTRACTOR/ENGINEER INFORMATION**

Systems Installer: _____ License #: _____

Soil Evaluation Technician: _____ Job #: _____

Design Engineer (if applicable): _____ Job #: _____

Is this to be an Engineered System? Yes (Complete page 1 and 2 only) No (Complete page 1 threw 5)

COMMERCIAL GENERAL INFORMATION (if applicable) Section is not applicable

Type of Business: _____ Number of Employees:

_____ Must be designed by an Engineer – designed attached Yes No

Design Flow > = 2,000 Gallons/Day Yes No If yes, attached CDPHE approval. Yes No

(Note: Permit cannot be issued until the site approval is given from CDPHE)

Are floor drains existing or proposed? Yes No

For all work done under this permit the applicant and/or landowner accepts full responsibility for compliance with the State of Colorado and County Regulations.

Applicant's Signature: _____ **Date:** _____

Permit Fee paid by: <input type="checkbox"/> Property Owner	<input type="checkbox"/> Applicant	<input type="checkbox"/> Other: _____
Date Paid: _____	Receipt # _____	Type of Payment: _____
Inspected by: _____	Inspection Date: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions _____		



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SOIL INVESTIGATION FORM

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____

CONTRACTOR/ENGINEER: _____

Indicate which soil investigation method you performed: (Check One)

- 1. Visual and tactile evaluation from two or more soil profile test pit.
Attach a Soil Profile Test Pit Log for each profile test pit.
- 2. Percolation test plus one or more soil profile test pit excavations.
Attach a Percolation Test Summary and Result Form and Soil Profile Test Pit Log for each profile test pit.
- 3. Percolation test plus one or more soil profile holes (Not allowed after 07/01/2016)
Attach a Soil Percolation Test Summary and Results.

SOIL INVESTIGATION RESULTS:

Is there a limiting condition with low permeability, bedrock, ground water or other condition that restricts the treatment capability of the soil?

- No
- Yes -- If yes, design document must explain how the limiting condition is addressed.

Recommended Infiltrative Surface Elevation or Depth: _____

Recommended Long Term Acceptance Rate (LTAR): _____

Table 10-1 of Regulation 43

Soil Type: _____ (Use this for the OWTS Design Worksheet)

Completed by: _____

Date: _____



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OWTS DESIGN WORKSHEET (COMPLETED FOR ALL CONVENTIONAL DESIGNS)

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____

CONTRACTOR/ENGINEER: _____

1. WATER FLOW:

Number of bedrooms: _____ Design Wastewater Flow (gallons/day): _____

2. SEPTIC TANK: Septic Tank Size in Gallons: _____

Maximum Tank Burial Depth from top of tank _____ inches

Is tank certified for proposed burial depth No Yes

Will groundwater affect tank: No Yes

Include buoyancy calculation

Will an effluent screen be installed No Yes Type _____

Manufacturer: _____

Will a secondary safety device be installed in the risers No Yes

3. METHOD OF SEPTIC TANK EFFLUENT APPLICATION:

Gravity Dosed with Pump Dosed with Siphon

4. TYPE OF MEDIA:

Rock & Pipe Tire Chips Chambers Other: _____

5. SOIL TYPE: _____

6. SOIL TREATMENT AREA (STA)

Long Term Acceptance Rate (Table 10-1 Regulation 43) _____

Unadjusted STA Size – Show Calculation: _____

Trench or Bed (circle one) Size Adjustment 10-2: _____

Size Adjustment 10-3: _____

Rock & Pipe: _____

Chambers: _____

Other: _____

Repairs: Wide Bed Deep Gravel Trenches

Mounded Other: _____



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CALCULATION SHEET – ADJUSTED STA SIZE (show calculation with adjustment factors utilized):

Calculation for Square Foot needed for Drain Field (SQ/DF)

of Bedrooms = _____ x _____ Gallons Per Day per bedroom (GPD/BR) = _____ GPD
 Soil Type _____ = _____ Gallons Per Square Foot (GPSF)
 _____ ÷ _____ = _____ **SQ FT needed for Drain Field (SQ/DF)**
 GPD GPSF

Calculation for the Adjusted Square Footage (ASQFT) for the Drain Field Type (Trench & Bed)

Pipe:
 Trench 1.0 X _____ SQ/DF = _____ SQ FT (No Reduction Allowed) = _____ ASQFT
 Bed 1.2 X _____ SQ/DF = _____ SQ FT (No Reduction Allowed) = _____ ASQFT

Chambers:
 Trench 1.0 X _____ SQ/DF = _____ SQ FT X Reduction .7 = _____ ASQFT
 Bed 1.2 X _____ SQ/DF = _____ SQ FT X Reduction .7 = _____ ASQFT

Pressure Dosed system
 Trench 0.8 x _____ SQ/DF = _____ SQ FT X Reduction .7 = _____ ASQFT
 Bed 1.0 x _____ SQ/DF = _____ SQ FT X Reduction .7 = _____ ASQFT

Calculation for type of Drain System (Chambers & Pipe)

Chambers: _____ ÷ _____ = _____
 ASQFT 12 **CHAMBERS NEEDED**

Pipe: _____ ÷ _____ = _____
 ASQFT FOR 10' PIPE **PIPE NEEDED**

- NOTE: A scale drawing shall be provided with each design document, showing:
- Location of each OWTS Component and distances to all applicable Physical features
 - Layout of Soil Treatment Area (STA) Dimensions of trenches or beds
 - Depths of each component (or elevations relative to a designated benchmark)

CERTIFICATION:

I certify that I have all the competencies needed in accordance with Regulation 43.

Signature Print Name Date

Company Name