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YUMA COUNTY 529 N. Albany St. Ste. 1120 Yuma, CO 80759 Ph: (970) 848-3811 Fax: (970) 848-2888

## APPLICATION FOR A PERMIT TO INSTALL OR REPAIR AN **ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS)**

(Please print or type)

| Owner  |   |                              |  |                       |                   |        |
|--|---|------------------------------|--|-----------------------|-------------------|--------|
|  |   |                              |  |                       |                   |        |
| City   | State   | Zip                          | County   |                       |                   |        |
| Phone ()   |   | Email                        |  |                       |                   |        |
| Address of Propose                               | ed System   |                              |  |                       |                   |        |
| City   | State   | Zip                          | County   |                       |                   |        |
| Subdivision: Lot                                 | Block   |                              |  |                       |                   |        |
| Legal Description of                             | of Property: Range  | Township                     | Section  |                       | _                 |        |
| Size of Property in                              | Acres   | _ Is this property v         | vithin city limits?  | Yes                   | No                |        |
| Type of Building:                                | ☐ Residence Number of Bedroo  | oms                          |  |                       |                   |        |
|  | ☐ Other: Specify T  | ype                          | (i.e. Office Buil  | ding, Resta           | aurant, Shop, etc | ;.)    |
|  | <ul> <li>Number of Ful</li> </ul>   | I Time Workers               |  |                       |                   |        |
| Who will be installing                           | ☐ Shower ☐ ☐ Shower ☐ ☐ Floor Drains  'es ☐ No ☐ Batisting: ☐ Septic Tank  ang the OWTS: ☐ Home | eowner □ NCHD L<br>Contracto | r day<br>e connected to the<br>□ Yes □ No<br>Area/Leach Field<br>icensed Contracter's Name | e OWTS<br>□ Bot<br>or | 5? □Yes □<br>h    |        |
| I ype of Water Sup<br>lot Plans are required per | ply: □ Public Water S   | •                            |  | n of the              | proposed sys      | tom/c) |
| tructures, property lines, a                     |   |                              |  |                       |                   |        |
| Applicant certifie                               | es all information to be  | true and correct to          | the best of his/he   | r knowle              | edge.             |        |
| Signature of Property Owner of                   | or Agent with Written Permission to   | Sign for Owner               | Date   |                       |                   |        |
|  | FOR HEALTH  | DEPARTMENT US                | SE ONLY  |                       |                   | _      |
|  |   |                              | ee:  |                       |                   |        |
|  | ımber:  |                              | eceived by:  |                       |                   |        |
| □ New Syster                                     | n □ Repair System   |                              | Cash □ Credit (<br>Check #   |                       |                   |        |
|  |   | Da                           | ate:   |                       |                   |        |



<u>District Headquarters - 700 Columbine St., Sterling, CO 80751</u> (970) 522-3741 – (877) 795-0646 - www.nchd.org

## **OWTS Permit Requirements**

## **Application and Fees:**

An On-Site Wastewater Treatment System (OWTS) Permit is required to construct or repair a septic system. Fees are \$500.00 for new systems and \$500.00 for repair of existing systems.

## **Site Evaluation:**

In order to determine the suitability of the site and the minimum size of a septic system, a site evaluation is necessary. Part of the site evaluation is the percolation test. The procedures are as follows.

- 1. Contact the **Northeast Colorado Health Department** to schedule the percolation test. After agreed upon date and time proceed as follows:
- 2. **Percolation holes:** Percolation tests must be done at the ground depth where absorption will take place. The applicant or contractor will dig three percolation test holes which shall have a diameter of 8" to 12". The depth of these holes must terminate a minimum of 6" and a maximum of 18" <u>below</u> the proposed infiltrative surface (bottom of the trench). If your trench will be at a depth of 3.5', the percolation holes must be at least 4' deep (i.e. a minimum of 6" deeper than this proposed depth). Arrange holes in a triangle with about 30' between holes. Scratch the bottom and sides of lower half of the holes with a sharp pointed tool, remove loose material from holes and fill with 2" of gravel or very coarse sand.
- 3. **Profile test pit:** On all systems including Registered Professional Engineer systems, two soil profile test pits at least 8' deep or to bedrock, 6' long and 3' wide must be completed to give an indication of the soil and groundwater condition in the area including that soil zone at least 4' below the bottom of the proposed absorption system. At least one of the soil profile test pit excavations must be performed in the portion of the soil treatment area anticipated to have the most limiting conditions. Said pit shall be evaluated by an Environmental Health Specialist of the Northeast Colorado Health Department prior to the system being permitted and installed. Any excavation meeting these requirements may be used.
- 4. **Presoak**: This process will be completed by the contractor or home owner. **24 hours** prior to the scheduled percolation test appointment, carefully fill the holes with clean water to a minimum depth of **12**" over the **2**" of gravel or sand placed in the bottom of the hole. **Maintain 12**" **of water in all three holes for a minimum of 4 hours** (you may continue to soak longer or even overnight). In most soils, it is necessary to refill the holes by supplying a surplus reservoir of clean water, possibly by means of an automatic siphon. Approximately **100 gallons** of water <u>must be provided **25**</u>' from the percolation holes and be easily accessible in order for the percolation test to be completed by NCHD personnel.
- 5. It is required that **all excavations** must be suitably **barricaded** to prevent unauthorized access and to address safety concerns. It is also recommended that all percolation holes and the test pit be covered to prevent accidental entry by persons, livestock, wildlife, or to prevent freezing.
- 6. Applicants planning to use a new or existing septic tank must ensure that it is approved, in good repair, watertight, and that all baffles (tees) are installed in accordance with manufacture requirements and sections 43.9B.4 (c) and (d) of the NCHD OWTS Regulations.

|    | OWTS Regulations.  |
|----|--|
| 7. | I have read and understand the requirements listed above for the percolation test and septic tank use. |

| Signature: Date:  |
|---|
| If you have any questions about the procedure outlined above, please contact an Environmental Health Specialist at the NCHI |
| location for your county listed below:  |
| NCHD Morgan County: (970) 867-4918 ext. 2260 or 2262  |
| NCHD Logan County: (970) 522-3741 ext. 1262   |

NCHD Phillips & Sedgwick Counties: (970) 854-2717 ext. 5023 NCHD Washington & Yuma Counties: (970) 848-3811 ext. 3022