

195 W. 14<sup>th</sup>  
Street Rifle, CO  
81650  
(970) 625-5200



2014 Blake Avenue  
Glenwood Springs,  
CO 81601  
(970) 945-6614

## **ON-SITE WASTEWATER TREATMENT SYSTEM APPLICATION CHECKLIST FOR ALTERATION PERMITS**

On-site Wastewater Treatment Systems (OWTS) are regulated by the Garfield County Health Department (GCPH) and the Colorado Dept. of Public Health and Environment (CDPHE). An OWTS permit must be obtained prior to installing, altering, or repairing any system. An alteration permit is required if a new connection to an existing OWTS will be made or the Soil Treatment Area (STA) of an existing OWTS will be expanded.

For your convenience, permit applications, forms, information, and payments can also be obtained and/or submitted to the Garfield County Community Development Department located at 108 8th Street, Suite 401, in Glenwood Springs, CO 81601.

A complete application package must be presented at the time of submittal for acceptance. For questions about this process, please call 970-945-6614 x 8150 or email [owts@garfieldcountycogov](mailto:owts@garfieldcountycogov).

If applying for a building permit, it is required that you apply for an OWTS Permit and building permit at the same time. The OWTS permit and building permit will be issued at the same time by Garfield County.

### **PERMIT APPLICATION & SUBMITTAL REQUIREMENTS:**

Minimum permit application requirements:

- Complete OWTS alteration permit application.
- Recent inspection report of condition of all components of existing OWTS by a qualified OWTS professional (see next page).
- Any existing OWTS permit records.
- Assessor records for the property that indicates number of bedrooms in the residence.
- Description of how the existing system will be altered (increased design flow due to change in use or additional bedrooms, tie-in to an existing system, or like-for-like replacement of structures).
- Reason for Alteration
  - Soil Treatment Area (STA) will be altered, design documents for the existing and proposed STA.
  - Accurate site plan to scale that depicts the proposed location of any new components.

A permit will not be issued until the application and required design documents are completed to the satisfaction of the Garfield County Public Health Department.

[Garfield County Public Health Department – working to promote health and prevent disease](#)

**FEES: FEES ARE NOT REFUNDABLE.**

Payment is required at time of application submittal.

**Make Check payable to: Garfield County Treasurer with OWTS permit in note section.**

Septic Permit for a system Alteration.....\$200.00

**QUALIFIED OWTS PROFESSIONAL**

A “qualified OWTS professional” for the purposes of providing an inspection report on the current condition of an existing OWTS is defined as an individual that meets the following requirements:

1. A NAWT certified OWTS inspector; or
2. A professional engineer licensed in the state of Colorado with OWTS experience; or
3. An individual with previous OWTS experience who can evaluate the condition of an OWTS, can determine if the system is in good working order and is functioning as intended, and can provide documentation indicating how the assessment of the OWTS was conducted.

**OWTS INSPECTION REPORT REQUIREMENTS**

The minimum requirements for an OWTS inspection report are:

1. Size of the existing septic tank;
2. Size of the existing Soil Treatment Area (STA, commonly known as a leachfield);
3. Distribution media of the STA (chambers, rock and pipe, unlined sand filter, etc.);
4. Condition of all OWTS components;
5. Site plan showing locations of all OWTS components relative to building(s) on the property;
6. Description of how the determination of the condition of OWTS components was made.

**\*REQUIREMENTS IF SOIL TREATMENT AREA WILL BE INCREASED**  
**SITE AND SOIL EVALUATION REPORT REQUIREMENTS**

A site and soil evaluation must be conducted if the STA is altered, to determine the suitability of the existing location to support the OWTS, and to provide the designer a sound basis to select the most appropriate OWTS design for the location and application. The technician completing the soil evaluation must be qualified according to section 43.5-I of Garfield County's On-Site Wastewater Treatment System regulations, Resolution 2018-36. Soil analysis is subject to verification by GCPH, and a site visit may be conducted prior to application approval.

**Report and Site plan:**

- ☐ Name of owner
- ☐ Property address and parcel number
- ☐ Telephone number
- ☐ Email address
- ☐ Credentials and qualifications of individual conducting site and soils evaluation

**Preliminary Investigation:**

- ☐ Legal description
- ☐ Existing structures
- ☐ Location of existing or proposed wells on subject and adjacent properties and setback distances
- ☐ Any existing department records
- ☐ Topography
- ☐ Soil data
- ☐ Location of applicable setbacks listed in Table 7-1
- ☐ Preliminary Soil Treatment Area (STA) estimate
- ☐ Additional information that may be required:

Survey, easements, floodplain maps, geology and basin maps and descriptions, aerial photographs, climate information, delineated wetlands maps

## **Reconnaissance:**

- ☐ Landscape position
- ☐ Topography
- ☐ Vegetation
- ☐ Natural and cultural features
- ☐ Current and historic land use

## **Detailed Soil Investigation:**

- ☐ Visual and tactile evaluation of two or more soil profile test pit excavations must be conducted to determine soil type as well as to determine whether a limiting layer is encountered.
- ☐ In addition to the two soil profile test pit excavations, percolation testing may be conducted to obtain additional information regarding the long-term acceptance rate of the soil.

If the site evaluation includes both a visual and tactile evaluation of soil profile test pit excavations and percolation tests, and the results from these two evaluations do not coincide with the same LTAR as noted in Table 10-1, the designer must use the more restrictive LTAR in determining the size of the soil treatment area.

## **Graphic soil log to scale:**

- ☐ Depth of excavation
- ☐ Soil description and classification
- ☐ Depth of each soil horizon measured from the ground surface and a description of the soil texture, and structure of each soil horizon
- ☐ Depth to bedrock
- ☐ Depth to ground water and/or periodically saturated soil
- ☐ Equipment used to excavate profile test pit
- ☐ Date of soils investigation
- ☐ Name of competent technician and company name

**Scaled drawing providing complete property boundary lines, or detailed portion of site containing soil test pits and percolation test sites (if applicable):**

- ☐ Minimum drawing size is 8.5-inches by 11-inches
- ☐ North arrow
- ☐ Graphic scale
- ☐ Horizontal and vertical reference points of proposed Soil Treatment Area (STA)
- ☐ Pertinent distances from proposed OWTS to all required setbacks **(Setback distances listed in Table 7-1)**
- ☐ Location of at least two soil test pits and all additional percolation tests if utilized
- ☐ Lot improvements
- ☐ Easements
- ☐ Ordinary high-water mark of a pond, creek, stream, lake, wetland or other surface waters
- ☐ Detention or retention pond
- ☐ Property lines
- ☐ Contours of 2 feet minimum, slope direction and percent slope
- ☐ Location of visible or known unsuitable, disturbed or compacted soils
- ☐ Estimated depth of periodically saturated soils and bedrock, or flood elevation
- ☐ Proposed elevation of infiltrative surface of STA from benchmark or ground surface

**Anticipated construction-related issues, if applicable**

**Assessment of known or foreseeable land use changes expected to affect the system performance, if any**

**Narrative explaining difficulties encountered during site evaluation, if any.**

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## **OWTS PERMIT APPLICATION**

<b>TYPE OF SYSTEM CONSTRUCTION</b>				
<input type="checkbox"/> New Installation	<input type="checkbox"/> Major Repair	<input type="checkbox"/> Minor Repair	<input type="checkbox"/> Alteration	<input type="checkbox"/> Vault and Haul
<b>BUILDING USAGE TYPE</b>				
<input type="checkbox"/> Dwelling	<input type="checkbox"/> Transient Use	<input type="checkbox"/> Comm./Industrial	<input type="checkbox"/> Non-Domestic	
<input type="checkbox"/> Other Describe _____				

  

<b>INVOLVED PARTIES</b>	
Property Owner: _____	Phone: (____) _____
Mailing Address: _____	
Email Address: _____	
Contractor: _____	Phone: (____) _____
Mailing Address: _____	
Email Address: _____	
Engineer: _____	Phone: (____) _____
Mailing Address: _____	
Email Address: _____	
<b>PROJECT LOCATION AND DESCRIPTION</b>	
Project Address: _____	
Assessor's Parcel Number: _____ Sub. _____ Lot _____ Block _____	
Building or Service Type: _____ #Bedrooms: _____ Garbage Disposal(Y/N) _____	
Distance to Nearest Community Sewer System: _____	
Was an effort made to connect to the Community Sewer System: _____	
<b>Potable Water Source &amp; Type</b>	<input type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Stream or Creek <input type="checkbox"/> Cistern <input type="checkbox"/> Community Water System Name _____

## CERTIFICATION

Applicant acknowledges that the completeness of the application is conditional upon such further mandatory and additional tests and reports as may be required by the local health department to be made and furnished by the applicant or by the local health department for purpose of the evaluation of the application; and the issuance of the permit is subject to such terms and conditions as deemed necessary to insure compliance with rules and regulations made, information and reports submitted herewith and required to be submitted by the applicant are or will be represented to be true and correct to the best of my knowledge and belief and are designed to be relied on by the local department of health in evaluating the same for purposes of issuing the permit applied for herein. I further understand that any falsification or misrepresentation may result in the denial of the application or revocation of any permit granted based upon said application and legal action for perjury as provided by law.

I hereby acknowledge that I have read and understand the Notice and Certification above as well as have provided the required information which is correct and accurate to the best of my knowledge.

\_\_\_\_\_  
Property Owner Print and Sign

\_\_\_\_\_  
Date

### OFFICIAL USE ONLY

Special Conditions:

Permit Fee:

Total Fees:

Fees Paid:

Building Permit

OWTS Permit:

Issue Date:

Balance Due:

Garfield County Public Health Department: \_\_\_\_\_

Signed Approval

Date