

195 W. 14th 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 MINOR REPAIR (NEW SEPTIC TANK)** **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. A minor repair permit is required for the replacement of any major component of an OWTS other than the soil treatment area, such as a septic tank that is in disrepair or leaking.

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.

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 minor repair permit application.
- Recent inspection report on condition of all components of existing OWTS by a qualified OWTS professional (see next page).
- Any existing OWTS records, including permits, drawings, pumping records, past inspections
- Assessor records for the property that indicates number of bedrooms in the residence.
- Description of how existing septic tank(s) will be abandoned or disposed of.
- Description of the proposed septic tank and/or other components, including

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

model and manufacturer of tank.

- Accurate site plan to scale that depicts the proposed location of the new septic tank.

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.

FEES: FEES ARE NOT REFUNDABLE.

Payment is required at the time of application submittal.

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

- Septic Permit for a Minor Repair (new tank only)\$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 existing 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;

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OWTS PERMIT APPLICATION

TYPE OF SYSTEM CONSTRUCTION				
<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
BUILDING USAGE TYPE				
<input type="checkbox"/> Dwelling	<input type="checkbox"/> Transient Use	<input type="checkbox"/> Comm./Industrial	<input type="checkbox"/> Non-Domestic	
<input type="checkbox"/> Other Describe _____				

INVOLVED PARTIES				
Property Owner: _____ Phone: (____) _____				
Mailing Address: _____				
Email Address: _____				
Contractor: _____ Phone: (____) _____				
Mailing Address: _____				
Email Address: _____				
Engineer: _____ Phone: (____) _____				
Mailing Address: _____				
Email Address: _____				
PROJECT LOCATION AND DESCRIPTION				
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: _____				
Potable Water Source & Type	<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