

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 VAULT AND HAUL 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.

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@garfieldcountycolorado.gov.

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 permit application.
- Accurate site plan to scale that depicts the proposed location of the new septic tank(s).
- Description of proposed site location, proposed improvements, and uses.
- Description of the proposed septic tank(s), including volume and overflow protection.
- Calculations showing anticipated wastewater flows, proposed storage volume of septic tank(s), and frequency of pumping required.
- Description of anticipated timeframe that the vault and haul system will be in use.

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 time of application submittal.

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

- Septic Permit for a Vault and Haul Permit\$75.00

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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
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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
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<input type="checkbox"/> Community Water System Name _____
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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**