



# On-Site Wastewater Treatment System Permit Application

Permit # \_\_\_\_\_ Date: \_\_\_\_\_ Parcel # \_\_\_\_\_

- New Install (\$500.00 + mileage)     Repair/Alter/Expand (\$250.00 + mileage)

The application fees for each include a plan review and three site visit by county representatives. A County representative must be present when profile pits are dug or the pits to be left open for inspection. The County requires at least 3 business days to approve this application. After approval you will need to set up a time for the test pits to be inspected.

### Property Owner:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Mailing Address:

Address: \_\_\_\_\_  
\_\_\_\_\_

### Physical Address of OWTS:

Address: \_\_\_\_\_  
\_\_\_\_\_

### Installation Contractor:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Professional Engineer:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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Is the system designed for 2000 gallons a day or less?  Yes  No

Building or service type: \_\_\_\_\_ Number of persons: \_\_\_\_\_

How many bedrooms are in the dwelling? \_\_\_\_\_ (rooms with a closet are considered bedrooms)

Are there any future additional rooms planned?  Yes  No

Future guest house?  Yes  No

If supplied by community water, please name the supplier \_\_\_\_\_

State law requires that no leach field be closer than 75 feet to a stream or body of water or 100 feet to any existing water well. Is this requirement met?  Yes  No

**Ground Conditions:** (refer to your Engineer or Installer if you are unsure of these answers)

Depth to bedrock (if reached): \_\_\_\_\_

Depth to Groundwater Table (if reached): \_\_\_\_\_

Percent Ground Slope: \_\_\_\_\_

Distance to the nearest community sewer system: \_\_\_\_\_

Was an effort made to connect to the community system?  Yes  No

**Type of Individual Sewage Disposal System proposed:**

- |   |   |
|---|---|
| <input type="checkbox"/> Septic Tank            | <input type="checkbox"/> Aeration Plant         |
| <input type="checkbox"/> Vault Privy            | <input type="checkbox"/> Pit Privy              |
| <input type="checkbox"/> Composting Toilet      | <input type="checkbox"/> Incinerating Toilet    |
| <input type="checkbox"/> Chemical Toilet        | <input type="checkbox"/> Closed Vault           |
| <input type="checkbox"/> Recycling, Potable Use | <input type="checkbox"/> Recycling, Non-Potable |
| <input type="checkbox"/> Underground Cistern    |   |
| <input type="checkbox"/> Other: _____           |   |

If septic tank or vault is used, what is the capacity? \_\_\_\_\_ Gallons

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## Final Disposal by:

- |   |  |
|---|--|
| <input type="checkbox"/> Absorption Trench Bed or Pit | <input type="checkbox"/> Aeration Plant      |
| <input type="checkbox"/> Vault Privy                  | <input type="checkbox"/> Pit Privy           |
| <input type="checkbox"/> Composting Toilet            | <input type="checkbox"/> Incinerating Toilet |
| <input type="checkbox"/> Chemical Toilet              | <input type="checkbox"/> Closed Vault        |
| <input type="checkbox"/> Other: _____                 |  |

Will the effluent be discharged directly into waters of the state?  Yes  No

## Notifications

A Mineral County Representative must be present when test pits are dug or left open until a Mineral County Representative can verify the Engineer's findings.

Mineral County Land Use Office has at least 3 business days to either approve or deny any application.

**Per Regulation 43.5 you must** attach a Site and Soil Evaluation Report. Also attach a System design with a legible, accurate site plan, which shows pertinent physical features on the subject property; the features on adjacent properties as noted in table 7-1 of regulation 43.7 (Minimum Horizontal Distances); include a map of the entire property, scale of 1"=50' showing location of house and OWTS, and a map showing the detail of the house and OWTS at a scale of 1"=20'.

When specific evidence suggest an undesirable soil condition exist, additional hydrological, geological, engineering or other information provided by a Professional Engineer or Geologist may be required to be submitted by the applicant. This requirement shall not be prejudice and is the right of the local Public Health Agency to develop its own information from its own sources at its own expense.

A permit to install an OWTS will be issued upon review and acceptance of the application in conformance with Regulation 43. Any system, other than a gravity system, that requires a pump or siphon must be affirmed and verified by the Engineer and Installer before final approval will be given.

No building permit will be issued until the OWTS design has been approved.

The County will do a site visit before acceptance. (Do not expect same day or week review)  
Installer must be familiar with Regulation 43 and licensed by Mineral County.

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## Repair/Alter/Expand

If this is a repair/alter/expand application, please describe in detail the scope of work to be done below (attached a separate sheet in needed):

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## Acknowledgements

I hereby certify that construction, plans and specifications submitted with this application will be in strict accordance with all regulations of the State of Colorado and Mineral County. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performance of construction. Express permission is hereby granted for the inspection of the above property by any member of the Mineral County Land Use Office and/or such persons as they may designate. I hereby agree to comply with all terms, conditions, and requirements of Mineral County and the State of Colorado.

Engineered plans for this system are attached?



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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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Land Use Administration \_\_\_\_\_ Date \_\_\_\_\_

Revised 12/14/2020