

2021 ONSITE WASTEWATER TREATMENT SYSTEM APPLICATION

<p style="text-align: center;">SAN MIGUEL COUNTY PLANNING & BUILDING DEPARTMENT</p> <p style="text-align: center;">P. O. BOX 1170 TELLURIDE, CO 81435 PHONE: (970) 728-3923</p> <p>Email: owtspemits@sanmiguelcountyco.gov WWW.SANMIGUELCOUNTYCO.GOV</p>	<p><u>OWTS PERMIT FEE:</u></p> <p>\$275 – New, Replacement, Enlargement or Major Repair (Requiring Engineering) + Engineering Review Fees</p> <hr/> <p>\$150 Minor Repair</p>	<p>PERMIT NO:</p> <hr/> <p>DATE RECEIVED:</p> <hr/> <p>PAID:</p> <hr/> <p>CHECK NO.:</p>
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TYPE OF OWTS PERMIT: New Replacement Enlargement Major Repair Minor Repair

DESCRIPTION OF USE: Single Family Multiple Family Dwelling Commercial

Applicant Information

Legal Name Property Owner:

Owner Name:

Mailing Address:

City: _____ State: _____ ZIP Code: _____

Phone: _____

Email Address:

Subject Property Address:

Legal Description:

12-Digit Parcel ID #: _____ Lot Size: _____ Zone District: _____

Engineer:

Phone: _____ Email: _____

Installer:

Phone: _____ Email: _____

Number of bedrooms: _____ **Start/Finish Date:** _____

Source of potable water: _____ **Well Permit #:** _____

Directions to site:

The issuance of a septic permit and specifications of terms and conditions therein shall not constitute assumption of liability, nor create a presumption that the local public health agency or its employees may be liable for the failure or malfunctioning of any system. Permit issuance shall not constitute a certification that the system, the equipment used in the system, or any component used for system operation will ensure continuous compliance with the provisions of the State of Colorado OWTS Act, the regulations adopted thereunder, or any terms and conditions of a permit.

Owner's Representative: _____ Phone: _____ Email: _____

Signature of Owner or Provide Letter of Authorization _____ Date: _____

**IN ORDER TO PROCESS YOUR APPLICATION IN A TIMELY MANNER
ALL INFORMATION ABOVE MUST BE COMPLETE PRIOR TO SUBMITTAL**

GENERAL INFORMATION

All new and modified Onsite Wastewater Treatment Systems must be designed by a Colorado Registered Professional Engineer (PE). The Owner or PE must submit a PDF of the site and soil evaluation report, site plan, and stamped/signed OWTS design document per San Miguel County and Regulation 43 requirements to the Planning and Building Department for review and approval prior to construction and for attachment to this permit record.

The application fee for a new OWTS, system replacement, enlargement, or Major repair (requiring engineering) is **\$275.00**.

The application fee for a minor OWTS repair is **\$150.00**, repairs not requiring engineering (e.g., line or tank replacement.)

A new/replaced/enlarged OWTS Permit also requires a Development Permit from the SMC Planning Department.

A new residence or bedroom addition also requires a Building Permit from SMC Building Department.

A failed septic system must be repaired within a reasonable time, not to exceed 60 days.

OWTS designs are currently being reviewed by a SMC designated Third Party Consulting PE. The fee for the Third Party Consulting PE plan review is typically between \$200 and \$600 and is paid by the Applicant/Owner.

In adverse conditions, additional hydrological, geological and engineering evaluations may be required. If a mound system is necessary, topographic information for the site must be included on the plan. If the proposed system is within a 100 foot wetland buffer zone, a Wetland Special Use Permit is required from the SMC Planning Department.

An issued OWTS permit expires after one year of inactivity.

PROCESS FOR DEVELOPING A SEPTIC SYSTEM

1. The selected Design PE schedules an appointment with the SMC Site Inspector to conduct a site and soil evaluation of the property in preparation for designing the OWTS.
2. The Owner or PE submits the OWTS Application, Permit Fee and PDF of the stamped/signed OWTS Design, site plan and site & soil evaluation report in the format of an engineering drawing(s), minimum size 11" x 17", for review by the SMC Third Party Consulting PE.

Please add the following **Notes** to the OWTS Design:

- The installed OWTS must be visually inspected by San Miguel County and by the Design PE prior to backfilling.

- The applicant must notify SMC Planning and Building Department Site Inspector at 970-728-3923 72 hours in advance of required inspections.

- Site Protection: Prior to and during construction, the proposed soil treatment area and replacement area, if any, must be protected from disturbance, compaction, or other damage by means of staking or fencing.

- A squirt test observed by the Design PE and by San Miguel County is required for all pressurized systems to ensure pump and distribution pipes are functioning properly.

3. The OWTS plan is approved for construction when verified in compliance with San Miguel County adopted OWTS regulations by the Third Party Consulting PE. The Site Inspector issues the permit and communicates approval for construction. Changes to the approved plan must be authorized in writing by the Third Party Consulting PE.
4. When the system is installed and prior to backfilling, the owner or installer notifies the Design PE and the SMC Site Inspector for the Final Inspection, to visually verify the OWTS is built according to the approved plan. Measurements are made by the Design PE for a scale drawing showing the OWTS as installed including its location from known and findable points, depths and all other information relative to locating and maintaining the system.
5. The Design PE provides a letter certifying the OWTS is built according to the approved plan, and provides a Record Drawing showing the position of the OWTS relative to permanent features of the site for attachment to the finalized OWTS permit record. **Please identify the system contractor/installer on the Record Documents.** A Certificate of Occupancy will not be issued until the final Record Letter and Drawing are received, reviewed and approved by SMC.

By signing this form the Owner agrees to reimburse the County for all Third Party Professional Engineer review fees pursuant to the Task Order or DOS.

Owner: _____ Date: _____

Please Print Name: _____