



On-Site Wastewater Treatment System (OWTS) Permit Application

Application Date: _____

Permit Number: _____

Type of Application *Permit fee is non-refundable

Install, \$873

Major Repair, \$873

Minor Repair, including expansion \$338

Property Served by Proposed System

Street Address: _____ Unit: _____

_____ Broomfield _____ CO _____
City State Zip

Lot Size: _____ acres Subdivision Name: _____

_____ Parcel _____ 1/4 Section _____ 1/4 Section _____ Section _____ Township _____ Range

Legal Description, if no address: _____

Filing, if applicable: _____

Property Owner

Property Owner Name: _____

Address: _____

_____ City _____ State _____ Zip

Phone: _____ Email: _____

Applicant Same as property owner

Name: _____

Address: _____

_____ City _____ State _____ Zip

Phone: _____ Email: _____

Proposed Facility

Single-Family Multi-Family Commercial Other:

Single-Family Residential General Information

Number of Bedrooms: _____ Are additional bedrooms planned? Yes No
Lot Size: _____ acres Is the basement plumbed? Yes No
Basement type: Full Walkout Partial None

Water and Sewer Information

Water supply: Well Hauled Public Water System
Supplier name for hauled or public water system: _____
Is property within boundaries of a sewer district? Yes No
If yes, indicate sewer district: _____
Is the property within 100 feet of a sewer line? Yes No
If yes, has a waiver been received from Public Works Department: Yes No

Property Flagged

Is the lot marked? Yes No
Are the soil profile test pit(s) marked? Yes No

Engineer Information

Engineer: _____ Phone: _____
Address: _____

City State Zip
Email: _____
Soils Evaluation Technician: _____ Job Number: _____
Is this to be an Engineered System? Yes No
If no, submit Conventional (non-engineered) On-site Wastewater Treatment System Design Worksheet
Type of system: _____

Contractor/Installer Information

Company Name: _____ Phone: _____

Contractor/Installer Name: _____

Address: _____

_____ City _____ State _____ Zip

Email: _____

Contractor/Installer CCOB licensed? Yes No

No person shall install, alter, or repair an On-site Wastewater Treatment System unless he holds a valid systems contractor license issued by the Department.

Is Contractor/Installer NAWT or equivalent certified? Yes No *NAWT # _____

*Provide documentation within two years of the adoption of the City and County of Broomfield On-site Wastewater Treatment System Regulation.

Commercial General Information, if applicable

Section not applicable

Type of business: _____ Number of employees: _____

Is the Design Flow greater than or equal to $\geq 2,000$ gallons per day? Yes No

If yes, has the Colorado Department of Public Health and Environment (CDPHE) given site approval?

Yes No, permit cannot be issued until approval from CDPHE

Are floor drains existing or proposed? Yes No

Was the Environmental Protection Agency Shallow Injection Well Inventory Request form completed? Yes No

Applicant Signature

Applicant Name: _____
Print

_____ *Signature*

_____ *Date*

Required Forms - Must be submitted with application

- 1. Site plan
- 2. Soil Profile Test Pit Log
- 3. Percolation Test Summary and Data Form, if applicable
- 4. Percolation Test Results, if applicable
- 5. Soil Percolation Test Pit Log, if applicable
- 6. Tank Replacement and Pump Worksheet (Tank Replacements Only)

Office Use Only

Permit fee paid by: Property owner Applicant Other: _____

Date paid: _____ Receipt #: _____ Amount Paid: \$ _____