



CHAFFEE COUNTY
BUILDING SAFETY DEPARTMENT
(719) 539-2124
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ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS) APPLICATION

These instructions and procedures must be followed to obtain a permit to install, repair, or alter an On-Site Wastewater Treatment System in Chaffee County. Please complete the entire application.

The following items are required in addition to the completed, signed application form:

Please place a check mark in the boxes to indicate that you have attached these items:

1. ☐ Appropriate fee (see OWTS fee schedule on back of this page)
2. ☐ Licensed installer information is required on application "To be Determined" may not be used a licensed installer must be listed.
3. ☐ Scaled plot plan showing:
 - ☐ Property Lines
 - ☐ All structures (existing and proposed)
 - ☐ Profile hole and percolation test location & location of OWTS components.
 - ☐ Wells (on property and on all neighboring properties)
 - ☐ Utility locations (gas, electric, phone, cables, waterlines, etc.) To Locate Utilities, call 1-800-922-1987- or 811.
 - ☐ Any easements, building envelopes, plat restrictions, etc.
 - ☐ Water features, streams, ponds, irrigation ditches, dry gulches, etc.
4. ☐ Systems are required to be designed by a Colorado Licensed Engineer. See Chaffee County OWTS Regulations Section 5: 5.01 A 1-15
5. ☐ **Within Municipal or District Boundaries**, or near sewer main: If the property is located within Municipal Limits, a Water Supply Protection District, or a Sanitation District, written approval by the Municipality or District SHALL accompany this application. If the system is within 400-feet of a sewer line & within the boundaries of the municipal district, it is required to connect to the sewer line, or obtain a variance.

Standard requirements:

2017 Regulation 43 & Chaffee County Amendments

- Utilities & all other required setbacks including steep slopes, irrigation ditches, structures, and subdivision regulations for building & septic envelopes.
- If a sand filter is required provide sand tickets (from an approved source).
- Septic tanks shall have risers installed over each access manhole and all risers shall extend to or above final grade. Riser shall be onsite at the time of inspection.
- Block access to septic system to prohibit vehicular or livestock traffic.
- Chaffee County shall assume no responsibility in case of failure or inadequacy of an OWTS, beyond consulting in good faith with the property owner or representative. The licensed installer shall be responsible for the accurate location of all property lines. Access to the property shall be provided at a reasonable time to make necessary inspections to determine compliance with permit requirements.

OWTS Fee Schedule (Res. BOH 2012-01)

New Systems	\$423.00
Replace failed absorption field	\$250.00
OWTS Repair or Addition	\$250.00
Variance Request	\$ 50.00
Renew Expired Permit	\$ 50.00 / yr.
Revision to Issued Permit Minor	\$50.00
Revision to Issued Permit Major	\$150.00
Permit Transfer Fee	\$ 30.00
Site Evaluation	\$ 150.00
Reinspection fee	\$ 100.00
Building Sewer Repair (Permit Fee)	Minimum Plumbing
Installer and/or pumper license	\$ 100.00 / yr.

- All fees shall be paid at the time of application. All fees, once paid, are non-refundable. No inspections or evaluations can be made until the application and fees have been received.
- **THIS PERMIT IS VALID FOR ONE YEAR OF ISSUANCE. It can be renewed one time and may be transferred to a new owner or installer for a revision fee.**

Inspection Information:

- No work shall begin before an OWTS permit has been issued.
- Property address must be posted at the road, and the property made accessible (gates unlocked, etc.) inspection.
- **The approved Chaffee County permit and red-lined plans must be onsite for all inspections, reinspection fee will be implemented if not onsite.**
- **An as-built drawing and sand tickets must be provided on site at the OWTS precover inspection, or the inspection will NOT be done. As-built drawing must be on Chaffee County approved form & signed by Design Engineer.**
- **Requests for inspections must be made by 4:00 PM on the business day PRIOR to the requested inspection. Requests made after 4:00 PM will be performed the following business day.**
- No inspections will be conducted if the application form and fee have not been submitted and approved.



Date Applied: _____

Permit Fee: _____

Payment Method: _____

OWTS Permit # _____

Expiration Date: _____

Pd. By: _____

Main Building Permit # for inspection: _____

CHAFFEE COUNTY ON-SITE WASTEWATER TREATMENT PERMIT

Owner/Applicant _____

Phone Number: _____

E-Mail Address _____

Construction Address: _____

LICENSED INSTALLER: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

License Number: _____

Site Information: Lot size _____ acres

Water Supply: ☐ Well, ☐ Central, ☐ Municipal

Engineer system required per plat? ☐ Yes ☐ No Is site in a flood plain? ☐ Yes ☐ No

Within 400-ft of sewer main? ☐ Yes ☐ No Within Municipal limits or Sanitation District? ☐ Yes ☐ No

Within municipal source water protection district? ☐ Yes ☐ No (If yes, attach required approval from Municipality or Sanitation District and/or Board of Health Variance)

Use of structure _____ Maximum total **potential** # of bedrooms _____ If more than one structure identify the # of bedrooms @ each structure _____

System Information ☐ New ☐ Addition ☐ Repair ☐ Permit Revision ☐ System replacement

(If yes, septic abandonment permit required.)

Signature of Owner/Representative: _____

SYSTEM (PERMIT) REQUIREMENTS (CCBD fill out):

Engineering firm: _____ Project # _____

Soil Type _____ Profile Hole: Groundwater? ☐ Yes ☐ No / Bedrock? ☐ Yes ☐ No

Tank: Size _____ gallons; ☐ 2-compartment ☐ 3 compartment

Soil Treatment Level _____ Operation & Maintenance Plan Req.? ☐ No ☐ Yes (If yes provide copy of Maintenance Contract prior to final)

Soil Treatment Area: Sand Filter Required ☐ Yes ☐ No Thickness _____ Field: _____ sq. ft
_____ Std Q-4 Infiltrator Chambers (Bed), OR other _____

Method of Effluent Application: ☐ Gravity ☐ Dosed (Siphon / Pump) ☐ Pressure Dosed

Electrical inspection and approval required prior for final approval ☐ No ☐ Yes

See page 4 of this Permit Form for Standard Permit Requirements. Other Requirements _____

Permit Approved by: _____ **Date:** _____

Zoning Approved by: _____ **Date:** _____

SYSTEM FINAL APPROVAL (After Installation)

Engineer final approval ☐ Date: _____ As-built drawing ☐ Date: _____ Sand tickets ☐ Date: _____

Electrical Final ☐ Date: _____ Operation and Maintenance Plan ☐ Date: _____

Final approval _____ Date _____

**** Issuance of a building permit is contingent upon the approval of the OWTS permit****

Table 7-1 Minimum Horizontal Distances in Feet Between Components of an On-Site Wastewater Treatment System Installed After November 15, 1973 and Water, Physical and Health Impact Features

	Spring, Well, Suction Line, Potable Water Supply Cistern ¹	Potable Water Supply Line 2	Structure w/basement, crawl space or footing drains	Structure without basement, crawl space or footing drains	Property Lines, Piped or Lined Irrigation Ditch, upslope curtain drain	Subsurface Drain, Intermittent Irrigation Lateral, Drywell, Stormwater Structure	Lake, Water Course, Irrigation Ditch, Stream, Wetland	Dry Gulch, Cut Bank, Fill Area (from Crest)	Septic Tank, Higher level treatment Unit, Dosing Tank, Vault or Privy
Septic Tank, Higher Level Treatment Unit, Dosing Tank, Vault or Vault Privy	50 ²	10 ²	5	5	10	10	50	10	--
Building Sewer or Effluent Lines	50 ²	5 ⁶	0	0	10 ²	10 ²	50 ²	10 ²	--
STA Trench, STA Bed, Unlined Sand Filter, Sub-surface Dispersal System, Seepage Pit	100 ³	25 ²	20	10	10	25	50 ³	25	5
Lined Sand Filter	60	10 ²	15	10	10	10	25	10	5
Lined Evapotranspiration Field or Outside of Berm of Lined Wastewater Pond	60	10 ²	15	15	10	10	25	10	5
Unlined Sand Filter in Soil With a Percolation Rate Slower than 60 Minutes per Inch, Unlined or Partially Lined Evapotranspiration System, Outside of Berm of Unlined Wastewater Pond, or System Not Relying on STA for Treatment Other than Aerosol	100	25 ²	15	15	10	25	25	15	10
Silt Trench Latrine, Pit Privy	100	50 ²	25	25	25	25	100	25	N/A
System Not Relying on STA for Dispersal	100 ³	10 ²	125	125 ⁵	10	0	25 ³	10	10

NOTE: The minimum distances shown above must be maintained between the OWS components and the features described. Where soil, geological or other conditions warrant, greater distances may be required by the local board of health or by the Water Quality Control Commission pursuant to section 25-8-206, C.R.S. and applicable regulations. For repair or upgrading of existing OWS where the size of lot precludes adherence to these distances, a repaired OWS must not be closer to setback features than the existing OWS, as reviewed and approved by the local public health agency. Components that are not watertight should not extend into areas of the root system of nearby trees.

1 Includes potable wells, irrigation wells and monitoring wells set within a potable aquifer and infiltration galleries permitted as wells by the Division of Water Resources.

2 Crossings or encroachments may be permitted at the points as noted above provided that the water or wastewater conveyance pipe is encased for the minimum setback distance on each side of the crossing. A length of pipe with a minimum Schedule 40 rating of sufficient diameter to easily slide over and completely encase the conveyance must be used. Rigid end caps of at least Schedule 40 rating must be glued or secured in a watertight fashion to the ends of the encasement pipe. A hole of sufficient size to accommodate the pipe must be drilled in the lowest section of the rigid cap so that the conveyance pipe rests on the bottom of the encasement pipe. The area in which the pipe passes through the end caps must be sealed with an approved underground sealant compatible with the piping used. Other methods of encasement that provide equal protection are allowed. These methods must be reviewed and approved by the local public health agency.

3 Add eight feet additional distance for each 100 gallons per day of design flows between 1,000 and 2,000 gallons per day, unless it can be demonstrated by a professional engineer or geologist by a hydrologic analysis or the use of a barrier, consisting of a minimum 30 mil PVC liner or equivalent, that contamination will be minimized. If effluent meets Treatment Level SN and the local public health agency has a maintenance oversight program in accordance with section 14.D. of this regulation, the distance addition is not required. Flows greater than 2,000 gallons per day must be hydrologically analyzed for flow, velocity, hydraulic head, and other pertinent characteristics as means of estimating distances required to minimize contamination as part of the Division site application and permitting process.

4 All horizontal setbacks to a potable water supply cistern must be met unless a variance by the Board of Examiners of Water Well Construction and Pump Installation Contractors is granted per section 18.2 of the Water Well Construction Rules, 2 CCR 402-2. Setback requirements which may necessitate a variance are found within section 10.2 or 11.4 of the Water Well Construction Rules, as applicable. The minimum horizontal setback that may be granted through a variance is to 25 feet.

5 If the structure is not used as a habitable unit, the isolation may be reduced by the local board of health to no less than 50 feet.

6 Building sewer installations shall meet the design requirements of the Colorado Plumbing Code.



Please complete this section and include these elements on As-Built drawing.

(Incomplete form or as-built will not be accepted.)

Property Address: _____
Permit #: _____
System completion Date: _____
Licensed Installer Name: _____
License #: _____
Installer Phone: _____
Installer Signature: _____

The information below must be filled out by a representative of the Engineer of record for the above project, prior to Chaffee County inspection or approval for backfill. Approval letter from Engineer of Record must be received by Chaffee County prior to OWTS final approval.

Engineer of Record: _____
Representative Name (Print): _____
Signature: _____ Inspection Date: _____
System has been installed according to approved plan dated _____

Distance of:

- Tank to Dwelling or Occupied Building _____
- Tank to Well _____
- Tank to STA (Soil Treatment Area) _____
- Tank to Nearest Property Line _____
- Tank to Any Water Features _____

Distance of:

- STA (Soil Treatment Area/Absorption Field) _____
- STA to Dwelling or Occupied Building _____
- STA to Well _____
- STA to Nearest Property Line _____
- STA to any Water Features _____

Identify manufacturer/model for all equipment/components installed:

(Use Next Page for As-Built Drawing)

Property Address: _____
Permit #: _____
System completion Date: _____
Licensed Installer Name: _____
License #: _____
Installer Phone: _____
Installer Signature: _____

On-site



Wastewater Treatment System
As-Built Drawing