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APPLICATION FOR A PERMIT TO INSTALL OR REPAIR AN ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS) (Please print or type)

Owner \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address of Proposed System \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Subdivision: Lot \_\_\_\_\_ Block \_\_\_\_\_

Legal Description of Property: Range \_\_\_\_\_ Township \_\_\_\_\_ Section \_\_\_\_\_

Size of Property in Acres \_\_\_\_\_ Is this property within city limits? Yes No

- Type of Building: [ ] Residence Number of Bedrooms \_\_\_\_\_ [ ] Other: Specify Type \_\_\_\_\_ (i.e. Office Building, Restaurant, Shop, etc.)
• Number of Full Time Workers \_\_\_\_\_
• Number of Other Users \_\_\_\_\_ (Part Time Workers, Clients, Truck Drivers, etc.)
• Other Building Fixtures: [ ] Bathroom [ ] Break Room/Kitchen Sink [ ] Shower [ ] Laundry: Loads per day \_\_\_\_\_ [ ] Floor Drains: Will floor drains be connected to the OWTS? [ ] Yes [ ] No

New Building: [ ] Yes [ ] No Basement Plumbing: [ ] Yes [ ] No

Replacement of existing: [ ] Septic Tank [ ] Soil Treatment Area/Leach Field [ ] Both

Who will be installing the OWTS: [ ] Homeowner [ ] NCHD Licensed Contractor Contractor's Name \_\_\_\_\_

Type of Water Supply: [ ] Public Water System [ ] Private Well

Plot Plans are required per OWTS Regulations. Please attach a Plot Plan indicating the location of the proposed system(s), structures, property lines, and wells. Include locations(s) where a replacement system can be installed for future reference.

Applicant certifies all information to be true and correct to the best of his/her knowledge.

Signature of Property Owner or Agent with Written Permission to Sign for Owner

Date

FOR HEALTH DEPARTMENT USE ONLY

Application Number: \_\_\_\_\_

[ ] New System [ ] Repair System

Fee: \_\_\_\_\_

Received by: \_\_\_\_\_

[ ] Cash [ ] Credit Card

[ ] Check # \_\_\_\_\_

Date: \_\_\_\_\_

Please Read and Sign the OWTS Permit Requirements on the Other Side



District Headquarters - 700 Columbine St., Sterling, CO 80751  
(970) 522-3741 – (877) 795-0646 - [www.nchd.org](http://www.nchd.org)

## OWTS Permit Requirements

### Application and Fees:

An On-Site Wastewater Treatment System (OWTS) Permit is required to construct or repair a septic system. Fees are **\$500.00** for new systems and **\$500.00** for repair of existing systems.

### Site Evaluation:

In order to determine the suitability of the site and the minimum size of a septic system, a site evaluation is necessary. Part of the site evaluation is the percolation test. The procedures are as follows.

1. Contact the **Northeast Colorado Health Department** to schedule the percolation test. After agreed upon date and time proceed as follows:
2. **Percolation holes:** Percolation tests must be done at the ground depth where absorption will take place. The applicant or contractor will dig three percolation test holes which shall have a diameter of **8” to 12”**. The depth of these holes must terminate a minimum of **6”** and a maximum of **18” below** the proposed infiltrative surface (bottom of the trench). If your trench will be at a depth of 3.5', the percolation holes must be at least 4' deep (i.e. a minimum of 6" deeper than this proposed depth). Arrange holes in a triangle with about **30'** between holes. Scratch the bottom and sides of lower half of the holes with a sharp pointed tool, remove loose material from holes and fill with **2”** of gravel or very coarse sand.
3. **Profile test pit:** On all systems including Registered Professional Engineer systems, two soil profile test pits at least 8' deep or to bedrock, 6' long and 3' wide must be completed to give an indication of the soil and groundwater condition in the area including that soil zone at least 4' below the bottom of the proposed absorption system. At least one of the soil profile test pit excavations must be performed in the portion of the soil treatment area anticipated to have the most limiting conditions. Said pit shall be evaluated by an Environmental Health Specialist of the Northeast Colorado Health Department prior to the system being permitted and installed. Any excavation meeting these requirements may be used.
4. **Presoak:** This process will be completed by the contractor or home owner. **24 hours** prior to the scheduled percolation test appointment, carefully fill the holes with clean water to a minimum depth of **12”** over the **2”** of gravel or sand placed in the bottom of the hole. **Maintain 12” of water in all three holes for a minimum of 4 hours** (you may continue to soak longer or even overnight). In most soils, it is necessary to refill the holes by supplying a surplus reservoir of clean water, possibly by means of an automatic siphon. Approximately **100 gallons** of water **must be provided 25'** from the percolation holes and **be easily accessible in order for the percolation test to be completed by NCHD personnel.**
5. It is required that **all excavations** must be suitably **barricaded** to prevent unauthorized access and to address safety concerns. It is also recommended that all percolation holes and the test pit be covered to prevent accidental entry by persons, livestock, wildlife, or to prevent freezing.
6. Applicants planning to use a new or existing septic tank must ensure that it is approved, in good repair, watertight, and that all baffles (tees) are installed in accordance with manufacture requirements and sections 43.9B.4 (c) and (d) of the NCHD OWTS Regulations.
7. I have read and understand the requirements listed above for the percolation test and septic tank use.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions about the procedure outlined above, please contact an Environmental Health Specialist at the NCHD location for your county listed below:

**NCHD Morgan County: (970) 867-4918 ext. 2260 or 2262**

**NCHD Logan, Phillips, and Sedgwick Counties: (970) 522-3741 ext. 1262 or 1231**

**NCHD Washington & Yuma Counties: (970) 848-3811 ext. 3022**