



LAS ANIMAS-HUERFANO COUNTIES DISTRICT HEALTH DEPARTMENT

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS) PERMIT

Trinidad Office
412 Benedicta Avenue
Trinidad, CO 81082
Phone: 719-846-2213
Fax: 719-846-4472

Walsenburg Office
119 E. 5th Street
Walsenburg, CO 81089
Phone: 719-738-2650
Fax: 719-738-2653

Permit # _____

Property Information:

Property Address: _____ City _____ Zip: _____

Legal Description: _____

Tax Schedule/Parcel #: _____ Lot size: _____

Is the property gated: Yes No Please provide a gate code if necessary: _____

Proposed Use: Residential _____ Commercial (describe) _____ Other _____

Water Supply: Well Cistern Municipal Number of Bedrooms: _____

Owner: _____ Daytime Phone: _____

Owners Mailing Address: _____

Email Address: _____ Fax #: _____

General Contractor or Agent: _____ Phone/Email: _____

OWTS Installer Information: Primary Contact

Licensed System Installer: _____ Daytime Phone _____

Email Address: _____

Owner or authorized agent signature _____ **Date** _____

CURRENT FEES AS APPROVED BY THE LAS ANIMAS-HUERFANO COUNTIES

BOARD OF HEALTH

All payments are due at the time of application submittal; by cash, check or credit card. Permit fees are non-refundable. **PERMITS EXPIRE ONE YEAR FROM DATE OF ISSUANCE**

New Permit: \$625.00 Paid Date _____ Receipt # _____

Repair Permit: \$250.00 Paid Date _____ Receipt # _____

Permit Renewal: \$250.00 Paid Date _____ Receipt # _____

Perc Test Only: \$150.00 Paid Date _____ Receipt # _____

- ❖ Provide directions to property, from a main highway, on the back side of application.
- ❖ **An accurate to-scale plot/site plan must be submitted** showing property boundary lines, easements, ditches, ponds, or streams. Also include proposed location of the dwelling and any proposed outbuildings. Indicate proposed water lines, wells or cisterns. Roads and driveways must also be noted on the plot plan. All information must be provided before the soils evaluation can be conducted.
- ❖ A soils evaluation must be conducted by this Department or a Registered Professional Engineer to determine the sizing of the OWTS. To conduct the soils evaluation, a profile hole must be dug with a backhoe/excavator to a depth of 6-8 ft deep or until a limiting layer such as bedrock, water table, or shale within a 50 foot radius of the proposed location of the OWTS. Once the hole is dug, contact this office @ 719-846-2213 to set up an appointment for the inspector to come view the hole, at that time the soil will be evaluated and the design will be calculated and presented to the owner or his agent/installer.
- ❖ **If suitable soils cannot be found on your property, the OWTS will be required to be designed by a Registered Professional Engineer.**

**Soils Evaluation and Design Data
(For Office Use Only)**

Soil Description _____

Pipe & Gravel System: _____ Infiltrator System: _____ LTAR (Long Term Acceptance Rate): _____

Calculations:

Permit Design:

Permit Issued By: _____ Date _____

Final Inspection By: _____ Date _____