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Las Animas | Huerfano Counties
DISTRICT HEALTH DEPARTMENT

PERMIT # _____

Property Information:

Property Address _____ City _____ Zip _____

Legal Description/Parcel # _____ Lot Size: _____

If property is gated, please provide gate code: _____

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

Water Supply: Municipal _____ Well _____ Cistern _____ Number of Bedrooms _____



Property Owner _____ Daytime Phone _____

Mailing Address _____

Email Address _____

Agent _____ Phone _____

Licensed Installer _____ Phone _____

Email _____

Owner or Authorized Agent Signature _____



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 Shall Expire One Year From Date of Issuance

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

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

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

Soils Evaluation-\$150.00 Date Paid _____ Receipt# _____

Website: <https://la-h-health.colorado.gov/>



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Permit Application Instructions

*Failure to follow complete instruction may result in processing delays

- 1.. Submit a clear and legible plot plan on 8 ½ x 11 paper that includes the following ensuring all locations are indicated by accurate measured distances.
 - *Property dimensions and size (survey preferred).
 - *Location of proposed and existing buildings and type.
 - *Location of proposed septic tank, septic treatment area and alternate treatment area.
 - *Location of water supply lines to the dwelling and any out buildings.
 - *Location of all wells, existing or proposed, on and within 150 feet of the property.
 - *Location of streams, lakes, ditches, and drainage areas on or within 50 feet of the property.
2. Provide detailed directions to the property.
3. Contact this Department to have a soils evaluation conducted or it can be performed by a Registered Professional Engineer to determine the sizing of the OWTS.
4. **Two soil profile test pit excavations** shall be dug to provide observation of the soil profile. Observations of the soil profile test pit excavations are to determine soil types, limiting layers and the best depth of the infiltrative surface, and the determination of the soil type for the 4 feet of soil below the infiltrative surface.
5. The soil profile test pit excavations must be located at or immediately adjacent to the location of the proposed soil treatment area, (approximately 30 ft apart) but if possible not under the final location of a trench or bed. At least one soil profile test pit excavation must be performed in the portion of the soil treatment area anticipated to have the most limiting conditions. The holes must be excavated to a dept of **8 ft and must be a minimum of 2 ft in width**. If groundwater or bedrock is encountered before reaching the 8 ft depth, the holes may be terminated at that depth.
6. During construction of the OWTS the bottom of the leach bed (or trench) must be level and **no less than four (4) ft** above any limiting layer. If a limiting layer is encountered during construction, the contractor/owner must cease digging and contact the LAHCDHD.



Permit Application Instructions (cont.)

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7. Water or wastewater conveyance pipe crossings or encroachments may be permitted provided they are encased for the minimum setback distance of **10 feet** 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 the 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 LAHCDHD.
8. Building sewer installations shall meet the design requirements of the current Colorado Plumbing Code.
9. See the following chart for proper placement and setback requirements for the OWTS from the listed features.

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, ¹ Suction Line, Potable Water Supply Cistern ⁴	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	10	5	5	10	10	50	10	--
Building Sewer or Effluent Lines	50	5	0	0	10 ²	10 ²	50	10	--
STA Trench, STA Bed, Unlined Sand Filter, Subsurface Dispersal System, Seepage Pit	100	25	20	10	10	25	50	25	5
Unlined Sand Filter in Soil with a Percolation Rate Slower than 60 Minutes per Inch, Unlined or Partially Lined Evapotranspiration System	100	25	15	15	10	25	25	15	10



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Test Pit Number: _____
Date of Logging: _____

Test Pit Number: _____
Date of Logging: _____

Analysis of soils:

- 0ft
- 1 ft
- 2ft
- 3ft
- 4ft
- 5ft
- 6ft
- 7ft
- 8ft
- 9ft

Analysis of soils:

- 0ft
- 1 ft
- 2ft
- 3ft
- 4ft
- 5ft
- 6ft
- 7ft
- 8ft
- 9ft

Notes: _____

Is there a limiting condition with low permeability, ground water, bedrock, or other condition that restricts the treatment capability of the soil? _____ Yes _____ No

Excavation Equipment Used _____

Calculations/Design:

Permit Issued By: _____ **Date:** _____

Final Inspection: _____ **Date:** _____