

Environmental Health Services Division      645 Parfet Street, Lakewood, CO 80215  
(303) 232-6301      FAX (303) 271-5760      [jeffco.us/public-health](http://jeffco.us/public-health)

**ONSITE WASTEWATER TREATMENT SYSTEM PERMIT  
Instructions and Application Forms**

USE THIS FORM TO APPLY FOR ALL ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) PERMITS for the installation, repair, replacement or upgrade of an existing system.

**NOTE:** Please verify that there is a **LEGAL ADDRESS** for their property through the Jefferson County Planning and Zoning Department (303 271-8700) before applying for your permit. Applications cannot be accepted unless a property has a legal address.

**INSTRUCTIONS**

1. **COMPLETE** Pages 1 – 3.
2. **ATTACH 2** copies of the engineering design document (11" x 17" maximum dimensions) including soil tests, engineered design, a site plan and geological report (if necessary).
3. **ATTACH** any supplemental forms as specified on the Page 2.
4. Be sure that the property is posted with the street address and location of the well and absorption bed.

**FEES are shown on Page 1:** Please include a check payable to the "Jefferson County Treasurer" for the appropriate fee. Cash and credit cards are accepted in person only.

**WELL PERMITS**

We recommend that you attach a copy of your well permit, but this is not required.

**AUTOMATIC EMAIL NOTIFICATIONS**

Please include your email address so that we can provide you with electronic updates during the process of issuing your permit and performing construction inspections.

**PROCESSING TIME**

Allow approximately ten (10) working days to process your application and issue the permit. Lack of documents, required engineering changes and other deficiencies may significantly increase processing time.

**STAFF CONTACT:** Linda Jones      (303) 271-5756  
Eileen Eschuk      (303) 271-5757

Revised 5/8/2018

**APPLICATION FOR ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) PERMIT**

<b>Property Address</b>	
<b>Legal Description</b>	

APPLICANT INFORMATION	
Name	
Mailing Address	City State Zip
Phone	Email

**ENGINEERING DESIGN FIRM:**

<b>FEES (check one)</b>	<b>Cash or Check</b>
<input type="checkbox"/> New OWTS construction or addition to existing system	\$1023.00
<input type="checkbox"/> Repair or replacement of an existing OWTS	\$1023.00
<input type="checkbox"/> Installing a single component such as a septic tank, bed or trench	\$ 523.00
<input type="checkbox"/> Renewing a previously-issued OWTS permit	\$ 273.00
<input type="checkbox"/> Board of Health Hearing Fee	\$ 125.00*

*\*Applicant must submit this form, FORM 100-B and any supplemental forms to schedule the hearing, but only the hearing fee is due at the time of application. If approved by the Board of Health, additional fees will be collected.*

NOTE: Due to privacy concerns and to comply with County policy, we can no longer accept credit cards for payment of fees unless the cardholder submits the application IN PERSON at our offices with their credit card.

Should you wish to pay by credit card, please bring this application and all supporting documentation to 645 Parfet Street, Lakewood CO 80215. There is a 1.75% service fee that will be assessed for credit card payments.

We regret any inconvenience this may cause.

**PROPOSED STRUCTURE TYPE**

- Accessory (Other Use)                       Commercial Use                       Noncommercial Use
- Accessory Dwelling Unit                       **DWELLING UNIT\***                       Public Use

\* For single family dwellings, please show the number of bedrooms

\* For multi-family structures show number of units  & total bedrooms  in the structure(s).

**WATER SUPPLIED BY:**  Well     Cistern     Public system (name) \_\_\_\_\_

**ACREAGE OF PROPERTY:**

- **Is the property located in the Parmalee Gulch drainage?**     NO                       YES
- **If a repair, is this due to a failed use permit inspection?**     NO                       YES
- **Is a property easement required for this installation?**     NO                       YES\*  
    *\*attach copy of the easement agreement and survey.*
- **Is this property in a sanitation district?**                       NO                       YES\*  
    *\*attach letter from the district stating that they have determined that connection to public sewer is not feasible, or otherwise have no objection to the installation of this system.*

**REQUIRED SUPPLEMENTAL FORMS**

Please complete and attach the following forms, as appropriate (check as appropriate):

- FORM 100-B**        *For new OWTS construction on properties that do not meet minimum lot sizes and require a Board of Health hearing prior to permit issuance, or for other conditions as shown on Page 3 of that form.*
- FORM 100-R**        *For repairs or upgrades to an existing OWTS in which the minimum setbacks in Appendix A of the OWTS regulation CANNOT be met. If all setbacks are met this form is not required.*
- FORM 100-H**        *For OWTS designs that include higher level treatment units producing wastewater that conforms to Treatment Level 2 or better.*

**TERMS AND CONDITIONS OF APPLICATION**

In applying for this onsite wastewater treatment system permit I acknowledge that the above information is true and correct to the best of my knowledge and that any false material statement made on this application may be cause to revoke the permit issued for this property. I hereby authorize the health officer and / or their representative to enter onto this property to determine compliance with the onsite wastewater treatment system regulations pursuant to the issuance of a permit. Once approved, I agree to install the permitted system in accordance with permit conditions and the requirements of the Jefferson County Onsite Wastewater Treatment System Regulation.

\_\_\_\_\_  
**OWNER / APPLICANT / AGENT**

\_\_\_\_\_  
**DATE**

WHEN ISSUED, THE PERMIT (WITH APPROVED ENGINEERING AND A FIELD INSPECTION CARD) WILL BE MAILED TO THE APPLICANT; SHOULD YOU WISH ANYONE ELSE TO RECEIVE AN E-COPY OF THE PERMIT ITSELF, PLEASE PROVIDE THEIR EMAIL HERE:

## MAP TO PROPERTY

INSTRUCTIONS: Please **DRAW** a driving map to the site for the field inspectors from the nearest major intersection. DO NOT JUST WRITE DIRECTIONS!

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**3 of 3**  
FORM 100

If the property is in a security or gated area please indicate the access code below or provide other instructions for entry.

Remember to have the address posted on the property prior to our site visit. The location of the proposed well and absorption / evaporation system must also be staked in accordance with the Regulations. Failure to do so may result in a significant delay in processing your application!

SECURITY GATE CODE  
*(if applicable)*