

Environmental Health Services Division 645 Parfet Street, Lakewood, CO 80215
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MINOR ADJUSTMENT – ONSITE WASTEWATER TREATMENT SYSTEM REPORT

Pursuant to Section 11.B.4.k.(1) of the Minor Amendment process, Jefferson County Public Health (JCPH) developed Form 6002 Onsite Wastewater Treatment System Report to determine if “the resulting property boundaries and/or building sites meet all the requirements for the approval of an onsite wastewater treatment system”. To complete our review of the onsite wastewater treatment systems associated with this Minor Amendment case, the applicant must follow the instructions and submit a complete Form 6002. **Failure to submit a complete application will result in a delay in the review process.**

INSTRUCTIONS FOR COMPLETING THIS REPORT:

1. **COMPLETE** Page 1 of 1; **AND,**
2. **ATTACH** a scaled drawing or a survey **that shows ALL OF THE FOLLOWING:**
 - a. Current and proposed lot lines,
 - b. **Current*** and proposed sizes for each lot or parcel, and
 - c. Location of all septic tanks and soil treatment areas (leaching fields) for all developed properties.
3. **SUBMIT Page 1 and the scaled drawing to the Planning and Zoning Case Manager.**

***PLEASE NOTE:** The CURRENT lot size of a lot determines the minimum lot size necessary to install an (OWTS) using Table 4.1 of the current Onsite Wastewater Regulation.

SOURCE OF POTABLE WATER	DATE OF LEGAL PARCEL		
	Before Nov. 10, 1973	Between Nov. 10, 1973 and Dec. 5, 1977	After Dec. 5, 1977
Individual wells, potable springs, or cisterns	1 acre	2 acres	5 acres (3.5 acres if per Section 4.2.E)
Public water system	0.5 acre	1 acre	1 acre

JCPH staff will review the report and provide comments to the Planning and Zoning case manager within the required time frame. Additional information and/or documentation may be required. **Failure to submit a completed report may delay the Minor Adjustment process.**

FEE: The health department review fee will be collected by Planning and Zoning at the time of application.

PROCESSING TIME

JCPH will provide review and comment of this report to the Planning and Zoning Case Manager within the established referral timeframe. If your case requires Board of Health (BOH) approval, allow up to an additional eight to twelve weeks for this process. Additional submittal requirements and a fee for the Board Hearing will be required. **Please note: Board of Health (BOH) approval is not guaranteed for any proposal.**

CONTACTS:

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MINOR ADJUSTMENT (MA) ONSITE WASTEWATER TREATMENT SYSTEM REVIEW REPORT

Applicant Name/PZ Case Number		
Applicant Phone / Email		

1. WATER SERVICE

Water service is/will be provided by: () PUBLIC WATER SYSTEM () INDIVIDUAL WATER WELLS

2. Date of Subdivision Plat: _____

3. LIST OF ALL PROPERTIES ASSOCIATED WITH THIS PROPOSED MINOR ADJUSTMENT (MA)

PARCEL IDENTIFIER (Address, Parcel/Lot number or PIN*)	DEVELOPED?	PRE-MA LOT SIZE	POST-MA LOT SIZE
	YES NO		
	YES NO		
	YES NO		
	YES NO		
	YES NO		
	YES NO		
	YES NO		

*Parcel Identification Number, i.e. 59-341-02-006

4. APPLICANT'S STATEMENT

I, (name) _____ do hereby state and affirm the following as it relates to my proposed Minor Adjustment. To the best of my knowledge and ability to determine:

- a) The attached survey and/or drawing accurately reflects the location of onsite wastewater treatment system components on the subject properties.
- b) All existing onsite wastewater treatment systems on the properties subject to Minor Adjustment are properly functioning.
- c) All components of each onsite wastewater treatment system will be fully and completely located on the parcel of land that contains the structure(s) served by that system or a Septic Easement agreement has been submitted as required.

Signed

Date