ON-SITE WASTEWATER TREATMENT SYSTEM

REQUIREMENTS FOR SUBMITTING APPLICATION

The following information must accompany your application for a permit to construct, repair or install an On-site Wastewater Treatment System (OWTS):

1. Soil and percolation tests performed by or under the direct supervision of a registered professional engineer (P.E.) and have their original embossed stamp/seal and signature.
    a. Use Percolation Test and Soils Data Form and Percolation Test Result Form.
2. If the property is within the boundaries of the City and County of Broomfield sewage disposal district, and sewer is available within 100 feet of the property line, the application must be accompanied by a letter from the director of Public Works Department giving the Public Health and Environment Division permission to issue an OWTS permit for the property.
3. It is the owner or applicant's responsibility to provide an accurate site plan, drawn to scale, and signed either by the owner or applicant. It must include:
    a. Accurate directions to site.
    b. Location of property (address, lot, block or other legal description).
    c. Location of percolation test holes and profile hole.
    d. Accurate property boundaries, indication of North, location of existing or proposed structures, trees, driveways, domestic wells and neighboring wells, and neighboring septic tanks and septic systems within 100 feet of property lines.
    e. Accurate location of streams, lakes, wetlands, irrigation ditches, washes, or other drainage conditions within the boundaries of the parcel and within 100 feet of the subject property line.
    f. The design engineer's original embossed stamp/seal.
4. The maximum slope in the area of the absorption field must be listed by the engineer:
    a. Slopes over 15 percent need a topographic plot plan with 2-foot contours.
    b. Slopes over 20 percent need an engineer designed system.
5. The lot must be marked with an address sign visible from the street. The area for the septic tank, the absorption field, the profile hole and the percolation holes must be staked and labeled.
6. A test pit or soil profile holes may be required at the time of the site visit.
    a. See Section 6.4, Detailed Soil Investigation of the OWTS regulations.
7. If commercial, engineer information regarding building use, number and type of fixtures, projected water use, and Environmental Protection Agency Underground Injection Control Form are required.
8. Upon completion of the system, the as-built drawing must be drawn-to-scale and P.E. stamped on the City and County of Broomfield As-built Drawing Form.
9. Upon completion of the system, the City and County of Broomfield must receive a P.E. stamped letter from the engineer stating that the system was installed per the design.
10. A three-day advance notice for any inspection is required, especially for a final inspection.

This division may require additional soil, geological, hydrological, or engineering information provided by a P.E. if evidence suggests that undesirable subsurface conditions exist.

The permit fees are: $523/New or $338/Repair and must accompany the application. Make checks payable to: City and County of Broomfield.

Public Health and Environment Division | Health Protection
6 Garden Center | Broomfield, CO | 80020
Office: 720.887.2220 | Fax: 720.887.2229

ON-SITE WASTEWATER TREATMENT SYSTEM

PERMIT APPLICATION

Permit Number: _____

Type of Application *Permit fee is non-refundable

Install, $523 ☐ Expand, $338 ☐

Major Repair, $338 ☐ Minor Repair, $338 ☐

Property Served by Proposed System

Street Address: _____ Unit: _____

_____ Broomfield _____ CO _____
City State Zip

Lot Size: _____ acres Subdivision Name: _____

____Parcel ____¼ Section____ ¼ Section ____Section ____Township ____Range

Legal Description, if no address: _____

Subdivision: _____ Filing, if applicable: _____

Property Owner

Property Owner Name: _____

Address: _____

_____ _____ _____
City State Zip

Phone: _____ Email: _____

Applicant ☐ Same as property owner

Name: _____

Address: _____

_____ _____ _____
City State Zip

Phone: _____ Email: _____

Proposed Facility

☐ Single-Family ☐ Multi-Family ☐ Commercial ☐ Other: _____

Single-Family Residential General Information

Number of Bedrooms: _____ Are additional bedrooms planned? ☐Yes ☐ No

Lot Size: _____ acres Is the basement plumbed? ☐Yes ☐ No

Basement type: ☐ Full ☐ Walkout ☐ Partial ☐ None

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Water and Sewer Information

Water supply: ☐ Well ☐ Hauled ☐ Public Water System

Supplier name for hauled or public water system: _____

Is property within boundaries of a sewer district? ☐ No
☐ Yes, indicate sewer district: _____

Is the property within 100 feet of a sewer line? ☐ No
☐ Yes

If yes, has a waiver been received from Public Works Department: ☐ Yes ☐ No

Property Flagged

Is the lot marked? ☐ Yes ☐ No

Are the percolation holes staked? ☐ Yes ☐ No

Contractor/Engineer Information

System Contractor: _____ Phone: _____

Soils/Percolation Test Engineer: _____ Job Number: _____

Design Engineer, if applicable: _____ Job Number: _____

Is this to be an Engineered System? ☐ Yes ☐ No

Commercial General Information, if applicable

☐ Section not applicable

Type of business: _____ Number of employees: _____

Is the Design Flow greater than or equal to 3,000 gallons per day? ☐ No
☐ Yes

If yes, has the Colorado Department of Public Health and Environment (CDPHE) given site approval?

☐ Yes ☐ No, permit cannot be issued until approval from CDPHE

Are floor drains existing or proposed? ☐ Yes ☐ No

Was the Environmental Protection Agency Shallow Injection Well Inventory Request form completed? ☐ Yes ☐ No

Applicant Signature

Applicant Name: _____
Print

_____ _____
Signature *Date*

Office Use

Permit fee paid by: ☐ Property owner ☐ Applicant ☐ Other: _____

Date paid: _____ Received by: _____

Amount Paid: $ _____ Payment type: ☐ Cash ☐ Charge ☐ Check (Number: _____)

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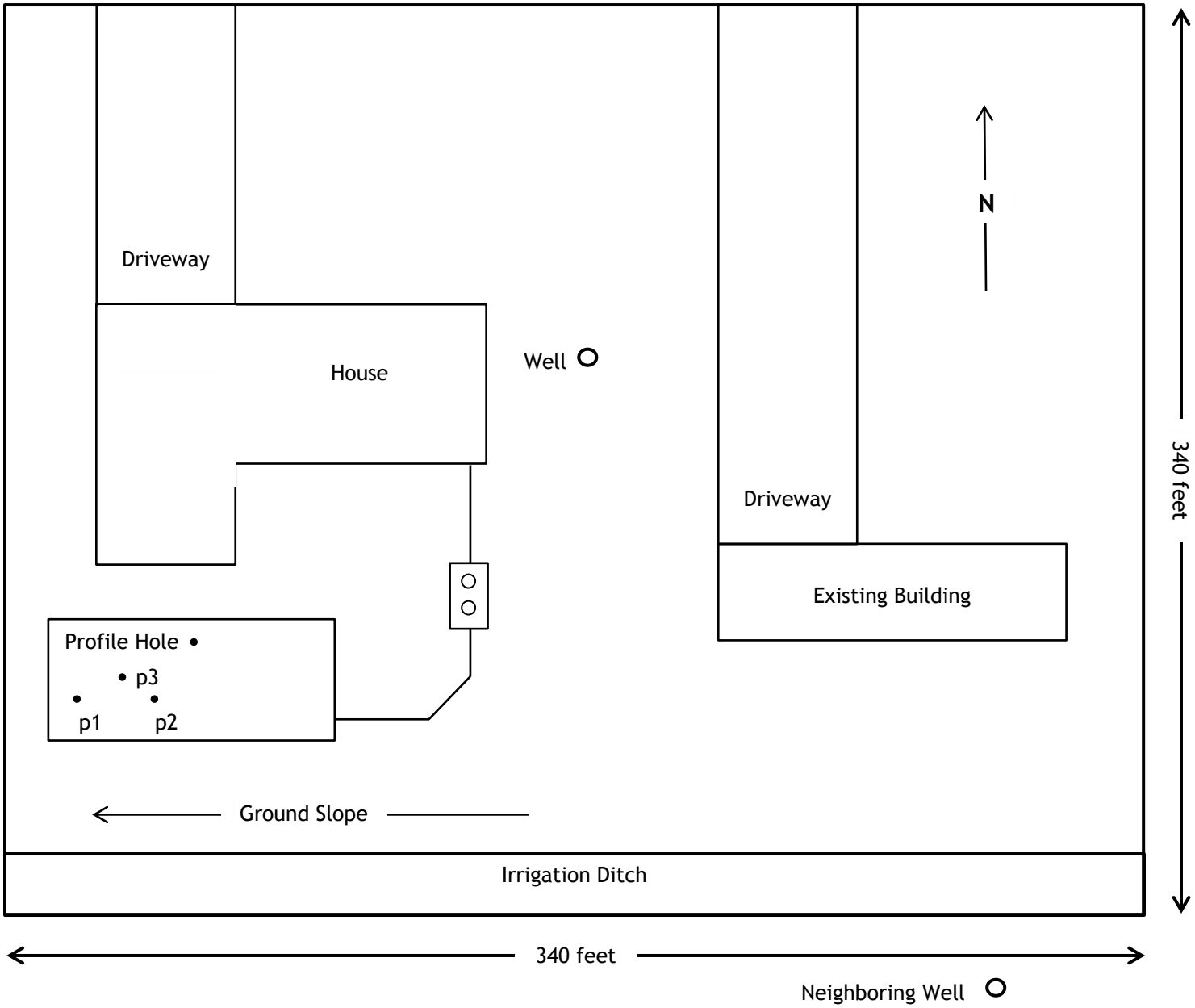
ON-SITE WASTEWATER TREATMENT SYSTEM

SAMPLE PLOT PLAN, 15210 EAST 144TH AVE.



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PERCOLATION TEST AND SOILS DATA

- Percolation Test Form, Site Plan and Grain Size Distribution Curve of the sample must be submitted with this form.
- For all lots less than five acres the site plan must include the entire lot.
  - Test locations must be accurately tied to lot corners or other permanent markers.

Property

Property Address: _____

_____ City _____ State _____ Zip

Legal Description: _____

Property Owner: _____

Address: _____

_____ City _____ State _____ Zip

Phone: _____

Saturation and Swelling

Presoak water added Date: _____ Time: _____

Amount of presoak added: _____ gallons

Percolation test started Date: _____ Time: _____

Did the water remain in the hole after the overnight swelling period:

Hole 1:	☐ Yes	☐ No	Hole 4:	☐ Yes	☐ No
Hole 2:	☐ Yes	☐ No	Hole 5:	☐ Yes	☐ No
Hole 3:	☐ Yes	☐ No	Hole 6:	☐ Yes	☐ No

Percolation Rate Measure:

Hole 1:	_____	Hole 4:	_____
Hole 2:	_____	Hole 5:	_____
Hole 3:	_____	Hole 6:	_____
		Average:	_____

Groundwater

Was groundwater encountered? ☐ Yes, the depth was _____ feet ☐ No

Estimated depth to maximum seasonal water table, if not encountered in profile: _____

Is the area believed to be subject to seasonal fluctuations, which could result in a seasonal water table within eight feet of surface? ☐ Yes ☐ No

Slope determination in absorption area: _____ percent to the _____ Direction.

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Bedrock

Was bedrock encountered? ☐ No ☐ Yes, bedrock encountered at _____ feet.

Type of bedrock, if present: ☐ Sandstone ☐ Claystone ☐ Siltstone ☐ Other: _____

Was the bedrock fractured or weathered, if present: ☐ No ☐ Yes

Profile Hole Information

Soils must use Unified System Classification System: ASTM D2487

0
1
2
3
4
5
6
7
8
9
10

Profile Hole Log

Blow counts at depth of bed: _____

PL: _____

LL: _____

P1: _____

Certification

I certify that the above information is correct and complete to the best of my knowledge and that all tests were performed in accordance with the Onsite Wastewater Treatment System Regulations of the City and County of Broomfield by myself or under my supervision.

Original Signature *Date*

Company Name

Address

Phone

Original Seal

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PERCOLATION TEST RESULT

Hole Number	Hole Depth (Inches)	Length of Interval (Minutes)	Water Depth at Start of Interval (Minutes)	Water Depth at End of Interval (Minutes)	Drop in Level (Inches)	Percolation Rate at Final Interval (Minutes/Inches)

- Field Notes shall be recorded on this form or in this format; typed copies of field records may be submitted on this form.
- A four-hour test must be conducted unless (a) water remains in the hole after the presoak in which case one 30-minute interval is sufficient, (b) the first six-inches of water seeps away in less than 30-minutes in which case a one-hour test of 6 to 10 minute time intervals may be used, (c) the test is being conducted in sand (SW or SP) in which case a one-hour test of 6 to 10 minute time intervals may be used, (d) three successive water level drops do not vary by more than 1/16 inch in which case a two-hour test may be conducted, (e) test is in Dawson Sands, in which case the test must be run a minimum of four hours until the last three successive water level drops vary by less that 1/16 inch.

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General Information

Location Address: _____

Broomfield (City) | CO (State) | _____ (Zip)

Permit Number: _____ Date System Completed: _____

System Installer

Name: _____

License Number: _____

Phone: _____

Email: _____

Original Seal

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