



WELD COUNTY DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
1555 North 17th Avenue, Greeley, CO 80631 www.weldhealth.org

**ON-SITE WASTEWATER TREATMENT
SYSTEM (OWTS) MINOR REPAIR
PERMIT
Instructions and Application Form**

THIS PACKET PROVIDES THE FORMS AND INFORMATION NEEDED TO APPLY FOR AN OWTS MINOR REPAIR PERMIT. ALL PERMIT APPLICATIONS MUST BE SIGNED BY THE OWNER OR AUTHORIZED AGENT. **NO PERMIT APPLICATIONS WILL BE ACCEPTED BY MAIL.**

Submit in person or by email at HE-OWTS-PERMITTING@weld.gov

A Minor Repair Permit is required when minor repairs are made to an existing permitted OWTS. The following are examples of when an OWTS Minor Repair Permit is required:

1. Replacement or addition of a drop box or distribution box (includes the 5 feet of solid pipe exiting the distribution box).
2. Replacement of the building sewer or effluent pipes.
3. Septic tank lid replacement (not riser lids).
4. Sewer connection of an auxiliary building (examples: garage, barn) to an existing permitted OWTS. Where the number of system users will not exceed the number of users allowed under the existing permit.
5. Reconnecting to an **approved** existing OWTS when an existing home or commercial building is remodeled or removed and replaced with a new home or building, or a mobile home for a medical hardship case.

TO APPLY FOR YOUR MINOR REPAIR PERMIT, THE FOLLOWING FORMS, FEES AND INFORMATION MUST BE SUBMITTED:

- **1. COMPLETE THE ATTACHED FORMS:**
 - a. **MINOR REPAIR PERMIT APPLICATION FORM:** with appropriate fee of 250.00 for the Minor Repair Permit.
 - b. **DETAILED MAP** and accurate directions to the property from the nearest highway.
- **2. AUTHORIZATION FORM:** An **AUTHORIZATION FORM** must be completed if applicant is not the property owner.
- **3. PARCEL NUMBER:** This can be obtained from the Assessor's Office at (970)353-3845 ext 3650, or on the county website under property information. Link to property information: <https://www.co.weld.co.us/maps/propertyportal/>
- **4. EXISTING SEPTIC PERMIT:** Existing septic permits are on record at the Division, or on the county website under property information. Link to property information: <https://www.co.weld.co.us/maps/propertyportal/>
- **5. SITE PLAN:** As part of your application for a minor repair permit, you must submit an accurate plan.

The site plan must be submitted on an 8 ½" x 11" or larger sheet of paper. **See Site Plan Requirements checklist per the Weld County OWTS Regulations. You may provide only the information specific to the proposed minor repair installation; e.g. sewer connection from an auxiliary building to an existing permitted OWTS.**

SITE INSPECTION:

A site inspection will be performed by the Division prior to permit issuance. There may be situations where a site evaluation may not be required and the Minor Repair Permit may be issued in-house; i.e. tank lid replacement, distribution box replacement. If the Division requires a site inspection, please be sure the SITE is marked as indicated below. Failure to do so may result in a significant delay in processing your application and a \$100 re-inspection fee will be assessed. **Dogs must be confined for the site inspection.**

1. OWNER'S NAME AND ADDRESS OF THE SITE must be posted at the site, on a sign large enough to be seen from the fronting road and in lettering legible to be easily read from the fronting road.
2. LOCATION OF DRINKING WATER SOURCE (well, water line, cistern) must be staked or flagged such that they can be easily located under all conditions at the site (such as tall grass or snow).

Re-inspection fees will be assessed if property cannot be easily located.

PROCESSING TIME:

Allow five (5) working days to process your application and issue the permit. Lack of documents and other deficiencies will increase processing time. As noted, there may be situations where the Minor Repair Permit may be issued in-house.

MINOR REPAIR INSTALLATION INSPECTION REQUIREMENTS:

1. Inspection of minor repair installations by Weld County Division of Environmental Health Services must be made prior to backfilling. When the minor repair installation has been completed, the System Contractor or owner shall notify the Division, and a representative of the Division will attempt to make a final inspection within three (3) business days.
2. **Record Drawing Submittal:** Installers shall provide a drawing, showing the component as installed for the minor repair, including location from known and locatable points, sizes, and other information relative to locating the system component.

Health Administration
Vital Records

Tele: 970-304-6410

Fax: 970-304-6412

Public Health &
Clinical Services

Tele: 970-304-6420

Fax: 970-304-6416

Environmental Health
Services

Tele: 970-304-6415

Fax: 970-304-6411

Communication,
Education & Planning

Tele: 970-304-6470

Fax: 970-304-6452

Emergency Preparedness
& Response

Tele: 970-304-6470

Fax: 970-304-6452



Public Health



**OWTS MINOR REPAIR PERMIT
APPLICATION FORM**

MINOR REPAIR PERMIT FEE: \$250.00

- All payments are due at the time of application submittal; by cash, check or credit card
- Incomplete applications will not be accepted (Site plan must be included)

PARCEL NO.: _____ (12 DIGIT NUMBER)
 LEGAL DESCRIPTION: SECTION _____ TOWNSHIP _____ RANGE _____ ACRES _____
 SUBDIVISION _____ LOT _____ BLOCK _____ FILING _____
 INFORMATION CAN BE OBTAINED FROM THE ASSESSOR'S OFFICE AT (970) 353-3845 EXT 3650, OR ON THE
 COUNTY WEBSITE UNDER PROPERTY INFORMATION. Link to property information:
<http://www.co.weld.co.us/maps/propertyinformation/>

SITE ADDRESS _____

DETAILED DIRECTIONS TO SITE (ATTACH MAP) _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____ CITY _____ ST _____ ZIP _____

HOME PHONE: (____) _____ WORK PHONE (____) _____ FAX (____) _____

EMAIL ADDRESS: _____

APPLICANT NAME: _____

MAILING ADDRESS: _____ CITY _____ ST _____ ZIP _____

HOME PHONE: (____) _____ WORK PHONE (____) _____ FAX (____) _____

EMAIL ADDRESS: _____

DESCRIBE THE PROPOSED MINOR REPAIR INSTALLATION (sewer replacement, tank lid, distribution box, connecting auxiliary building to existing OWTS, connecting new home to approved existing OWTS): _____

PROPOSED USE:

- RESIDENTIAL
TYPE OF STRUCTURE (Ex. house, mobile home, duplex, barn, personal shop): _____
- COMMERCIAL/INDUSTRIAL/INSTITUTIONAL
TYPE OF USE: _____
TYPE OF STRUCTURE (Ex. Mechanics shop, kennel, office) _____
- Are there business activities run out of the home now or planned? If so, what is the land use permit # _____
- NUMBER OF BEDROOMS OR EQUIVALENT WASTEWATER FLOW
LIST NUMBER OF BEDROOMS (Or Average Daily Wastewater Flow for Non-Residential Applications): _____

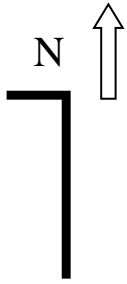
EXISTING OWTS PERMIT NUMBER: _____

Existing septic permits are on record at the Division, or on the county website under property information. Link to property information: <http://www.co.weld.co.us/maps/propertyinformation/>

WATER SOURCE:

- PUBLIC WATER SUPPLY (NAME OF SUPPLY) _____
- INDIVIDUAL WELL (PERMIT #) _____
- CISTERN (PERMIT #) _____

PLEASE DRAW A DETAILED MAP TO YOUR PROPERTY with directions from the nearest two county roads. If the property is in a security or gated area, please indicate the code or other instructions for entry on the map.



- Label all roads
- Label subject property with address
- Indicate nearby landmarks, such as businesses, structures, natural features



Site Plan Requirements from Sections 30-5-60 and 30-5-70 of the Weld County OWTS Regulations

Site Plan Checklist

- Site Plan Diagram Size: No smaller than 8 ½” x 11”
- Owner Name
- Street Name and Address
- Arrow Pointing North & Labeled
- Property Boundaries
- Easements
- Location, dimensions and depths of proposed OWTS components, including, but not limited to the septic tank and distribution boxes
- Distances from the proposed OWTS components to all required setbacks from Table 30-7-1, including, but not limited to proposed or existing wells; water lines; high water mark of ponds, retention or detention ponds, lakes stream, or other surface waters, ditches, or flood elevation, if applicable.
- Existing or proposed house
- Existing or proposed driveway
- Existing or future other lot improvements (barns, sheds, garages, pools)

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Public Health



DEPARTMENTS OF PLANNING
BUILDING, DEVELOPMENT REVIEW
AND ENVIRONMENTAL HEALTH
1555 NORTH 17TH AVENUE
GREELEY, CO 80631

AUTHORIZATION FORM

I, (We), _____, give permission to _____
(Owner – please print) (Authorized Agent/Applicant–please print)

to apply for any **Planning, Building, Access or OWTS** permits on our behalf, for the property located at
(address or parcel number) below:

Legal Description: _____ of Section _____, Township _____ N, Range _____ W

Subdivision Name: _____ Lot _____ Block _____

Property Owners Information: _____

Address: _____

Phone: _____ E-mail: _____

Authorized Agent/Applicant Contact Information: _____

Address: _____

Phone: _____ E-Mail: _____

Correspondence to be sent to: Owner _____ Authorized Agent/Applicant _____ by: Mail _____ Email _____

Additional Info: _____

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____