



**CONVENTIONAL (NON-ENGINEERED)
ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS) DESIGN WORKSHEET
(MUST BE COMPLETED FOR ALL CONVENTIONAL DESIGNS)**

Property Information

Address: _____ OWTS Number: _____

Wastewater Flow

Number of Bedrooms in Home: _____

Design Wastewater Flow (gallons/day) From Table 2 in O-14: _____

Septic Tank

Septic Tank Size (in gallons) from Table 8 in O-14: _____

Maximum Tank Burial Depth (from top of tank, in inches)
(NOTE: Shall not exceed 48 inches, unless for a repair) _____

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| Is tank certified for proposed burial depth? | <input type="checkbox"/> | <input type="checkbox"/> |
| Will groundwater affect tank? | <input type="checkbox"/> | <input type="checkbox"/> |

 If "Yes" include buoyancy calculation

(If buoyancy uplift exceeds weight of tank and soil, the tank manufacturer shall provide recommendations to compensate for buoyancy or engineered design shall include "tie-downs" or measures to prevent "floating")

| | | |
|---------------------------------------|--------------------------|--------------------------|
| | Yes | No |
| Will an effluent screen be installed? | <input type="checkbox"/> | <input type="checkbox"/> |

 If "Yes", please specify type/manufacturer
 Type: _____
 Manufacturer: _____

| | | |
|--|--------------------------|--------------------------|
| Will a secondary safety device be installed in the risers? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Soil Treatment Area (STA)

Long Term Acceptance Rate (LTAR) From Table 9 in O-14: _____

Unadjusted STA Size (see 12.3 E. in O-14) – Show Calculation:

| | |
|--|--|
| Type of STA (check which applies): | FOR REPAIRS ONLY (check which applies): |
| <input type="checkbox"/> Trench <input type="checkbox"/> Bed | <input type="checkbox"/> Wide Bed (more than 12 feet wide) |
| | <input type="checkbox"/> Deep Gravel Trenches |
| | <input type="checkbox"/> Seepage Pit |
| | <input type="checkbox"/> None of the Above |

Method of Septic Tank Effluent Application (check which applies):

- Gravity
- Dosed with Pump*
- Dosed with Siphon*

(* = If dosed with pump, an Application to Install a Lift Station (S-304) is required.)

Type of Media (check which applies):

- Rock
- Tire Chips
- Chambers
- Other _____ Other Type _____

Adjusted STA Size, Using Factors from Table 10 & 11 (show calculation, with adjustment factors utilized):

Component Specifications

Septic Tank Specifications (these may be included on the drawing or a separate sheet) to include:

- Loads due to burial depth
- Additional weight or pressure loads
- Highest elevation of groundwater
- Resistance to local water composition, i.e. high sulfates, if applicable

NOTE: A Scale drawing shall be provided with each design document, showing:

- Layout of STA
- Dimensions of trenches or beds
- Location of Each OWTS Component and distances to all applicable physical features in Table 5
- Depths of each component (or elevations relative to a designated benchmark)

Certification

I certify that I have all the competencies needed in accordance with Section 7.13 A of O-14.

Original Signature

Company Name

Print Name

Address

Date

Phone

Email

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