

Permit # \_\_\_\_\_

**USE PERMIT APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS)**

Complete and submit all items below at the same time:

- Douglas County Health Department (DCHD) Use Permit Application and application fee.
- DCHD Inspection Report, completed by a **certified** inspector, with photos of system components.
- If multiple OWTS serve the property, separate inspection reports and fees for each OWTS are required.
- Copy of the most recent septic tank pumper's receipt (if available).
- If the OWTS system needs to be repaired, a Minor or Major Repair Permit Fee may be applicable.

*(PERMIT FEE IS NON-REFUNDABLE)*

Submit electronically to [eh@douglas.co.us](mailto:eh@douglas.co.us)

**Completion of All Fields is Required**

**Application Date:** \_\_\_\_\_

**PROPERTY FOR WHICH PERMIT IS REQUESTED**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parcel Number (APN): \_\_\_\_\_ Lot Size in Acres: \_\_\_\_\_

Current Property Owner Name: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

County: \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dwelling Type:  Single Family  Multi-Family  Commercial  Other \_\_\_\_\_

Number of Bedrooms (existing): \_\_\_\_\_

Water Supply:  Public Community  Private Well  Public Non-Community  Unknown

Other

Is more than one building connected to the one OWTS system?  Yes  No

Are multiple OWTS serving the property?  Yes  No *(Complete a separate inspection form and fee for each OWTS)*

**Reason for Use Permit (Check One):**  Sale  Bedrooms Added (# Added \_\_\_\_\_)

Change in Use (Commercial or Business)  Addition of Mobile Home

Other (explain): \_\_\_\_\_

**Use Permit Inspector**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

National Association of Wastewater Technicians (NAWT) Certification Number: \_\_\_\_\_