

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**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
☐ OtherIs more than one building connected to the one OWTS system? ☐ Yes ☐ NoAre 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: _____