DOUGLAS COUNTY HEALTH DEPARTMENT COLORADO

PERMIT #_____

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

(PERMIT FEE IS NON-REFUNDABLE)

Submit electronically to EH@douglas.co.us

APPLICATION TO: ❑ INSTALL (3010) ❑ EXPAND (3030) ❑ MAJOR REPAIR (3030) ❑ MINOR REPAIR (3035)

Application Date: _____

ADDRESS OF PROPERTY SERVED BY PROPOSED SYSTEM

Street Number: _____ Direction: _____ Street Name: _____

Street Type: (Ave, Dr, St)_____ Gate Code: _____

City: _____ State: _____ Zip: _____

Assessor's Office Parcel Number (APN): _____

Lot Size (in Acres): _____

Legal Description (if no street address):
1/4 Sec_____ 1/4 Sec_____ Section_____ Township_____ Range _____ Lot_____ Block _____

Subdivision Name: _____

Property Owner

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone1: _____

Phone2: _____

E-mail:_____

Applicant ❑ Same as Property Owner

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone1: _____

Phone2: _____

E-mail:_____

PROPOSED FACILITY

❑ Single Family ❑ Multi-Family ❑ Commercial ❑ Other _____

Number of Bedrooms: _____

Are Additional Bedrooms Planned in the future? ❑ Yes ❑ No

(Continued on back)

DOUGLAS COUNTY HEALTH DEPARTMENT COLORADO

PERMIT #_____

WATER AND SEWER INFORMATION

Water Supply:

❑ Public Water System ❑ Other ❑ Unknown ❑ Private Well

Supplier Name (for Hauled or Public Water): _____

Is property within boundaries of a sewer district? ❑ Yes ❑ No

If yes, sewer district: _____

Is the property within 400 ft. of a sewer line? ❑ Yes ❑ No

If yes, has waiver been received from the sewer/sanitation district? ❑ Yes ❑ No

PROPERTY MARKED (Inspection Info Only)

Is lot marked? ❑ Yes ❑ No Soil profile test pits marked? ❑ Yes ❑ No

INSTALLER / ENGINEER INFORMATION

System Installer: _____

Soils Evaluation Technician _____ Job #: _____

System Designer: _____ Job #: _____

COMMERCIAL GENERAL INFORMATION (if applicable) ❑ Section Not Applicable

Type of Business: _____ Number of Employees: _____

Design Flow ≥ 2,000 Gallons/Day ❑ Yes ❑ No

Are floor drains existing or proposed? ❑ Yes ❑ No

EPA Shallow Injection Well Inventory Request form completed? ❑ Yes ❑ No

APPLICANT'S SIGNATURE

Applicant's Name (Print):_____

Applicant's Signature: _____ Date: _____

For Douglas County Internal Use:

Permit Fee Paid by: ❑ Property Owner ❑ Applicant ❑ Other: _____

Date Paid: _____ Received By: _____

Payment Type: ❑ Cash ❑ Check (# _____) ❑ Charge

Amount Paid $_____

Directions to Property

- **Please provide CLEAR concise directions from the nearest Douglas County Health Department office to the site.**
- **Please note the condition of the road and ANY difficulties accessing the site (i.e., Gate codes. If a four-wheel drive vehicle is needed, arrangements to meet the inspector may be necessary).**
- **Our staff hours are 8:00 AM – 5:00 PM Monday – Friday.**
- **If the inspector cannot find the lot, the area of test pits or perc holes and/or cannot identify them due to improper marking, this will result in a second site visit and an additional charge.**

By initialing the following you are confirming you understand the above statements:

_____ The address or Lot # is CLEARLY marked
_____ Test pits or perc holes flagged or staked and easily identifiable

Gate Code (if applicable)

DOUGLAS COUNTY HEALTH DEPARTMENT COLORADO
11045 E. Lansing Circle, Suite 300, Englewood, CO 80112