



## APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT (PERMIT FEE IS NON-REFUNDABLE)

Submit electronically to EH@douglas.co.us

Application Date:		-AND (3030)	I WAJOR REF	AIN (3030)	I WIINOR REPAI	ik (3033)
ADDRESS OF PROPER			_			
Street Number:	Direction:	Street Name:				
Street Type: (Ave, Dr,	. St)	Gate Code:				
City:			State	e:	Zip:	
Assessor's Office Pard	cel Number (APN):					
Lot Size (in Acres):						
Legal Description (if r 1/4 Sec 1/4 Sec		Township	Range	Lot	Block	
Subdivision Name:						
			- ··			
Property Owner					ne as Property Own	
Name:			Name:			
Address:			Address:			
City:			City:			
State:	_ Zip:		State:		_ Zip:	
Phone1:			Phone1:			
Phone2:			Phone2:			
E-mail:			E-mail:			
PROPOSED FACILITY						
☐ Single Family	☐ Multi-Family	☐ Comme	rcial	Other		
Number of Bedrooms	s:					
Are Additional Bedro	oms Planned in the f	uture? 🗖 Ye	s 🗖 No			
	(Con	tinued on back	·)			



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? $\square$ Yes $\square$ 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? $\square$ Yes $\square$ 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 #:				
<b>COMMERCIAL GENERAL INFORMATION (if applicable)</b> □ Section Not Applicable					
Type of Business:Number of Employees:					
Design Flow ≥ 2,000 Gallons/Day ☐ Yes ☐ No					
Are floor drains existing or proposed?					
EPA Shallow Injection Well Inventory Request form completed? ☐ Yes ☐ No					
APPLICANT'S SIGNATURE					
Applicant's Name (Print):					
Applicant's Signature	Data				
Applicant's Signature:	Date:				
For Douglas County Internal Use:					
Permit Fee Paid by:  Property Owner  Applie	cant Other:				
Date Paid: Received	i By:				
Payment Type:  Cash Check (#) Charge					
Amount Paid \$					

Castle Rock 410 S. Wilcox Street Castle Rock, CO 80104 720-643-2400 Lone Tree 9350 Heritage Hills Circle Lone Tree, CO 80124

## **Directions to Property**

- Please provide <u>CLEAR</u> 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)						