

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

Submit electronically to EHWebfillableforms@tchd.org

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: _____

County: Adams Arapahoe Douglas

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)

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 NoIf 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 \geq 2,000 Gallons/Day Yes NoAre floor drains existing or proposed? Yes NoEPA Shallow Injection Well Inventory Request form completed? Yes No**APPLICANT'S SIGNATURE**

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____

For Tri-County Internal Use:Permit Fee Paid by: Property Owner Applicant Other: _____

Date Paid: _____ Received By: _____

Payment Type: Cash Check (# _____) Charge

Amount Paid \$ _____

Aurora
15400 E. 14th Place, Suite 115
Aurora, CO 80011
303-363-3055Castle Rock
410 S. Wilcox Street
Castle Rock, CO 80104
303-846-2027Commerce City
7190 Colorado Blvd. Ste 200
Commerce City, CO 80022
303-288-6816Greenwood Village
6162 S. Willow Drive, Suite 100
Greenwood Village, CO 80111
720-200-1670



Directions to Property

- Please provide **CLEAR** concise directions from the nearest Tri-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) _____