

APPLICATION FEE IS NON-REFUNDABLE

APPLICATION TO

INSTALL (660) \$998 EXPAND (662) \$593 MAJOR REPAIR (662) \$593 MINOR REPAIR (662) \$298

AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

ADDRESS OF PROPERTY SERVED BY PROPOSED SYSTEM:

Street Address _____ City _____

Zip Code _____ County _____

Parcel _____ 1/4 Sec _____ 1/4 Sec _____ Section _____ Township _____ Range _____ Lot _____ Block _____

Legal Description (if no street address) _____

Subdivision Name _____ Filing (if applicable) _____

If GPS Information Available/Obtained: Longitude _____ Latitude _____ Elevation _____

Property Owner:
Name _____
Address _____
City, State _____
Zip _____ Phone _____
E-mail: _____

Applicant:
Name _____
Address _____
City, State _____
Zip _____ Phone _____
E-mail: _____

Systems Contractor: _____ TCHD Use Only: License # _____

Soils/Percolation Test Engineer _____ Job # _____

TCHD Use Only: FSE # _____

Design Engineer (if applicable) _____ Job # _____

TCHD Use Only: FSE # _____

Is this to be an Engineered System? Yes No

Is lot marked? Yes No Are percolation holes staked? Yes No

Lot Size: _____

PROPOSED FACILITY:

Single Family (SF) Multi-Family (MF) Commercial (CM) Other (OT) _____

WATER SUPPLY:

On Site: Yes No Community Water Yes No If Yes, Supplier _____

Continued on back

SINGLE FAMILY RESIDENTIAL GENERAL INFORMATION:

Number of Bedrooms _____ Basement: Full (F) Walkout (W) Partial (P) None (N)

Basement Plumbed: Yes No

Are Additional Bedrooms Planned? Yes No Are the premises within 400 ft. of a sewer line? Yes No

Is property within boundaries of a sewer district? Yes No

If Yes, name of sewer district _____

COMMERCIAL GENERAL INFORMATION:

Type of Business: _____

TCHD Use Only: SIC Code _____

Number of Employees _____

Design Flow > 3,000 Gallons/Day Yes No

If Yes, has Site Approval been given from CDPHE? Yes No

(Note: Permit cannot be issued until site approval is given from CDPHE)

Floor Drains Yes No

EPA Shallow Injection Well Inventory Request Form Completed Yes No

Date Paid: _____ Received By: _____

Payment Type: Cash

Check (# _____)

Charge

Other _____

Amount Paid \$ _____

Applicant's Name _____

Please Print

Applicant's Signature _____ Date _____

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303-341-9370

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4400 Castleton Court
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