



PERMIT # _____

TRI-COUNTY HEALTH DEPARTMENT

Serving Adams, Arapahoe and Douglas Counties

APPLICATION FEE IS NON-REFUNDABLE

APPLICATION TO

INSTALL(255) REPAIR(256) EXPAND(256)

\$1023 \$885 \$885

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: _____

Soils/Percolation Test _____

Engineer _____

TCHD Use Only: FSE # _____

Design Engineer (if applicable) _____

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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