



Permit # _____

USE PERMIT APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS)

IMPORTANT NOTE: All items listed below **MUST** be completed and submitted at the same time:

- Adams County Health Department Use Permit Application form AND Application fee.
- Adams County Health Department Inspection Report completed by a CERTIFIED inspector (an inspection report completed by an uncertified inspector will NOT be accepted). If multiple OWTS systems serve the property, then a separate inspection report and fee for each OWTS system must be submitted.
- Copy of the most recent septic tank pumper's receipt (if available).
- If the OWTS system needs to be repaired, then a Minor or Major Repair Permit Fee may be applicable.

(PERMIT FEE IS NON-REFUNDABLE)

Submit electronically to publichealth@adcogov.org

Completion of All Fields is Required

Application Date: _____

PROPERTY FOR WHICH PERMIT IS REQUESTED

Address: _____

City: _____ State: _____ Zip: _____

Parcel Number (APN): _____ Lot Size in Acres: _____

Current Property Owner Name: _____

Owner Phone: _____ Owner Email: _____

County: _____

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant Phone: _____ Email: _____

Dwelling Type: ☐ Single Family ☐ Multi-Family ☐ Commercial ☐ Other _____

Number of Bedrooms (existing): _____

Water Supply: ☐ Public Community ☐ Private Well ☐ Public Non-Community ☐ Unknown
☐ Other _____

Is more than one building connected to the one OWTS system? ☐ Yes ☐ No

Are multiple OWTS serving the property? ☐ Yes ☐ No *(Complete a separate inspection form and fee for each OWTS)*

Reason for Use Permit (Check One): ☐ Sale ☐ Bedrooms Added (# Added _____)

☐ Change in Use (Commercial or Business) ☐ Addition of Mobile Home

☐ Other (explain): _____

Use Permit Inspector

Name: _____ Phone: _____ Email: _____

National Association of Wastewater Technicians (NAWT) Certification Number: _____