



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

Submit electronically to [EHWaterProgram@adcogov.org](mailto:EHWaterProgram@adcogov.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    No

If 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    No

Are floor drains existing or proposed?    Yes    No

EPA Shallow Injection Well Inventory Request form completed?    Yes    No

**APPLICANT'S SIGNATURE**

Applicant's Name (Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Adams County Internal Use:**

Permit Fee Paid by:    Property Owner       Applicant       Other: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_

Payment Type:    Cash    Check (# \_\_\_\_\_)    Charge

Amount Paid \$ \_\_\_\_\_

