



**ADAMS COUNTY**  
**HEALTH DEPARTMENT**

Your Health. Our Mission.

Adams County Health Department  
Environmental Health  
7190 Colorado Blvd.  
Commerce City, CO 80022  
303-288-6816  
adamscountyhealthdepartment.org

Date:

Name:

dba:

Address:

City:

State:

Zip:

Email:

Account ID:

Dear Licensed Contractor:

Please note: **Adams County Health Department requires that licensed installers complete the National Association of Wastewater Technicians (NAWT) Installers Training Course. A valid certification must be provided in order to obtain renewal of their license for the 2023 calendar year. More information on taking the course can be found at [www.cpow.net](http://www.cpow.net).**

Your Installers license from ACHD will expire on December 31, 2023; the fee to renew your license is \$35.00. If you wish to renew your license with ACHD, please review the following pre-printed application. ***If any of your information has changed or is not provided on the pre-printed portion of the application, please update that information in the space provided. If the information is still correct please sign, date, and return the application to ACHD by March 30, 2023*** via one of the 3 options below:

**E-mail**

Scan and attach the completed, signed and dated application to an email and send it to [ehwaterprogram@adcogov.org](mailto:ehwaterprogram@adcogov.org). Upon receipt of the signed application, we will contact you to arrange payment. You may also contact the office to pay by credit card (303-288-6816).

**Mail In**

Submit the completed, signed application and payment to:

Adams County Health Department  
7190 Colorado Blvd  
Commerce City, Colorado 80022

**Walk In**

Take the application and payment to the Adams County Health Department location listed at the top of this page.

For those with an email address, a license will be emailed after receipt of the application and payment. If no business email address is available, we will mail the license.

Please make checks payable to ADCO Health.

For any questions, please contact Brian Mead at (303) 288-6816 or [bmead@adcogov.org](mailto:bmead@adcogov.org).

Sincerely,

A handwritten signature in blue ink, appearing to read "B Mead", with a stylized flourish at the end.

Brian Mead  
Water Program Supervisor

**APPLICATION FOR A LICENSE  
TO INSTALL ONSITE WASTEWATER TREATMENT SYSTEMS**

TCHD/ACHD License No:

Applicant:

Company Name:

Company Address:

City, State, Zip:

Phone:

Email:

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Is above information still correct?                       Yes                       No  
(if "Yes" simply sign and date) (if "No" please update below)

Name of Applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_  
City                      State                      Zip

Email Address: \_\_\_\_\_

**The applicant certifies that he/she understands the Adams County Health Department On-Site Wastewater Treatment Systems Regulation O-22, and will construct all onsite wastewater treatment systems in compliance with the regulations and permits issued by the Health Department.**

*Name of Applicant (please print)* \_\_\_\_\_

*Date* \_\_\_\_\_                      *Signature of Applicant* \_\_\_\_\_

\* \* \* \* \* **\*BELOW SPACE FOR ACHD OFFICE USE\*** \* \* \* \* \*

License issued for 2022:                       Yes                       No

\_\_\_\_\_  
Date Received                      Health Department Verification





