

PERMIT #	
----------	--

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

Submit electronically to EHWaterProgram@adcogov.org

APPLICATION TO: ☐ INSTALL (3010) ☐ EXPAND (3030)	☐ MAJOR REPAIR (3030) ☐ MINOR REPAIR (3035)
Application Date:	
ADDRESS OF PROPERTY SERVED BY PROPOSED SYSTEM	<u>1</u>
Street Number: Direction: Street	et 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	Applicant ☐ Same as Property Owner
Name:	Name:
Address:	Address:
City:	City:
State: Zip:	State: Zip:
Phone1:	Phone1:
Phone2:	Phone2:
E-mail:	E-mail:
PROPOSED FACILITY	
☐ Single Family ☐ Multi-Family ☐ Commer	cial Other
Number of Bedrooms:	
Are Additional Bedrooms Planned in the future? \Box Yes	. □ No
(Continued on back)	



PERMIT #

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? \square Yes \square 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? \square Yes \square No			
PROPERTY MARKED (Inspection Info Only)			
Is lot marked? ☐ Yes ☐ No Soil profile test pits marked? ☐ Ye	s 🗖 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 ≥ 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:			
For Adams County Internal Use:			
Permit Fee Paid by: ☐ Property Owner ☐ Applicant ☐ Other: _			
Date Paid: Received By:			
Payment Type: ☐ Cash ☐ Check (#) ☐ Charge			
Amount Paid \$			



Directions to Property

•	Please provide <u>CLEAR</u> concise directions from the nearest Tri-County Health Department office to the site.	
•	Please note the condition of the road and ANY difficulties accessing the site (i.e., Gate codes. If a four-wheel drive vehicle is needed, arrangements to meet the	
	inspector may be necessary).	
•	Our staff hours are 8:00 AM - 5:00 PM Monday - Friday.	
•	If the inspector cannot find the lot, the area of test pits or perc holes and/or cannot identify them due to improper marking, this will result in a second site visit and an additional charge.	
By initialing the following you are confirming you understand the above statements:		
	The address or Lot # is CLEARLY marked	
	Test pits or perc holes flagged or staked and easily identifiable	
	Gate Code (if applicable)	