



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

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: _____

City: _____ State: CO Zip: _____

County: Adams Gate code (if applicable): _____

Assessor's office Parcel Number (APN): _____

Lot size (in acres): _____

Legal description (if no street address is available):

Subdivision name (if no street address is available): _____

Property owner

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone 1: _____

Phone 2 (optional): _____

Email: _____

Applicant

Same as Property Owner

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone 1: _____

Phone 2 (optional): _____

Email: _____

PROPOSED FACILITY INFORMATION

Single family Multi-family Commercial Other: _____

Number of bedrooms: _____

Are there plans to construct additional bedrooms in the future? Yes No

(Continued on next page)



WATER AND SEWER INFORMATION

Water supply: Public water system Private well Other Unknown

Supplier name (for hauled or public water): _____

Is property within boundaries of a sewer district? Yes No

If yes, sewer district name: _____

Is the property within 400 ft. of a sewer line? Yes No

If yes, has waiver letter been received from the sewer district? Yes No

PROPERTY MARKED

Is lot marked? Yes No Soil profile test pits marked? Yes No

INSTALLER / ENGINEER INFORMATION

System installer (if unknown, write "TBD"): _____

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: _____ Date: _____

By signing this form, the applicant agrees that all information included in this form is true and correct to the best of the applicant's knowledge.

For Adams County Internal Use:

Permit Fee Paid by: Property owner Applicant Other: _____

Date paid: _____ Received by: _____

Payment type: Cash Check (# _____) Charge

Amount paid \$ _____