



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: [ehwaterprogram@adamscountyco.gov](mailto:ehwaterprogram@adamscountyco.gov)**

**Completion of All Fields is Required**

**Application Date:** \_\_\_\_\_

**PROPERTY FOR WHICH PERMIT IS REQUESTED**

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

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

Assessor 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 – please specify: \_\_\_\_\_

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  Addition of Mobile Home

**Change in Use** (e.g., residential to commercial) – explain: \_\_\_\_\_

**Remodel** – number of bedrooms added: \_\_\_\_\_ or amount of system flow added (GPM): \_\_\_\_\_

**Other** – explain: \_\_\_\_\_

**Use Permit Inspector**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

National Association of Wastewater Technicians (NAWT) Certification Number: \_\_\_\_\_