



# ADAMS COUNTY HEALTH DEPARTMENT

*Together for a Healthier Adams County*

## **TANK REPLACEMENT WORKSHEET**

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Date: \_\_\_\_\_

Number of bedrooms in home: \_\_\_\_\_

Septic tank size (gallons) from Table 9 in Regulation O-26: \_\_\_\_\_

Septic tank manufacturer (must be CDPHE approved): \_\_\_\_\_

How will the existing tank be abandoned? \_\_\_\_\_

Will the proposed tank meet all applicable minimum horizontal distances set forth in Table 6 of Regulation O-26?  Yes  No

If not, explain: \_\_\_\_\_

If yes, what are they and how far from the proposed tank? \_\_\_\_\_

Include the following documents with worksheet:

- Site plan of tank replacement. Site plan must include the following:
  - Show existing system and proposed location of new tank.
  - Any applicable features requiring minimum horizontal distances on the site plan with distances to tank.
  - North arrow.
  - Sections of building sewer that will be replaced, as applicable.
  - Complete property lines. If property is too large, a detail portion of the site showing existing and proposed components shall also be submitted.
  - May be received after installation if not completed at time of application.

Note: If the tank replacement will require adding a pump to the system, an application for a lift station must be submitted: [Lift-Station-Worksheet](#).