

Use Information

13. Waste Types:
 Dwelling
 Transient Use
 Commercial, Industrial, or Institutional - Describe: _____
 Non-Domestic Wastes - Describe: _____
 Other - Describe: _____
14. Type of Building or Service: _____
Number of Bedrooms: _____
Number of Garbage Grinders: _____
Number of Automatic Washers: _____
Number of Dishwashers: _____
15. Source and Type of Water Supply (list all):
 Well
 Spring
 Stream or Creek
 Cistern
What are the depth of all wells within 180 feet of system: _____
If supplied by community water, name of supplier: _____
16. Approximate distance to nearest community sewer system: _____
Was an effort made to connect to community system? _____

System Information

17. Type of System Proposed:
 Septic Tank Aeration Plant Chemical Toilet
 Vault Vault Privy Incineration Toilet
 Pit Privy Composting Toilet Recycling, potable use
 Recycling, other use Other – Describe: _____
18. Final Disposal is proposed to be by:
 Absorption Trench, Bed or Pit Evapotranspiration Underground Dispersal
 Sand Filter Above Ground Dispersal Wastewater Pond Other - Describe: _____
19. Will effluent be discharged directly into the waters of the State of Colorado? _____

Contractor Information

20. Contractor Name _____ Phone _____
License Number _____
Mailing Address _____
21. Design Engineer Name _____ Phone _____
Mailing Address _____

Applicant acknowledges that the completeness of the application is conditional upon such further mandatory and additional tests and reports as may be required by the local health department to be made and furnished by the applicant or by the local health department for purposes of the evaluation of the application; and the issuance of the permit is subject to such terms and conditions as deemed necessary to insure compliance with the rules and regulations adopted under Article 10, Title 25, C.R.S. as amended. The undersigned hereby certifies that all statements made, information and reports submitted herewith and required to be submitted by the applicant are or will be represented to be true and correct to the best of my knowledge and belief and are designed to be relied on by the local department of health in evaluation the same for purposes of issuing the permit applied for herein. I further understand that any falsification or misrepresentation may result in the denial of the application or revocation of any permit granted based upon said application and in legal action for perjury as provided by law.

Owner signature _____ Date _____

Applicant signature _____ Date _____

PLOT PLAN AND DESIGN FEATURES:

Indicate by measured distance the location of any wells, springs, potable water supply lines, cisterns, buildings, property lines, easements, subsoil drains, lakes, water courses, streams, dry gulches, and the location and dimensions of the proposed system by direction and distance from dwellings and water sources.

PLOT PLAN

