

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

Submit electronically to [EHWebfillableforms@tchd.org](mailto:EHWebfillableforms@tchd.org)

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: \_\_\_\_\_

Street Type: \_\_\_\_\_ 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**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Phone1: \_\_\_\_\_

Phone2: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Applicant**

Same as Property Owner

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Phone1: \_\_\_\_\_

Phone2: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PROPOSED FACILITY**

Single Family  Multi-Family  Commercial  Other \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Are Additional Bedrooms Planned in the future?  Yes  No

*(Continued on back)*

**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?    Yes    No

If yes, sewer district: \_\_\_\_\_

Is the property within 400 ft. of a sewer line?    Yes    NoIf yes, has waiver been received from the sewer/sanitation district?    Yes    No**PROPERTY MARKED (Inspection Info Only)**Is lot marked?    Yes    No      Soil profile test pits marked?    Yes    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  $\geq$  2,000 Gallons/Day    Yes    NoAre floor drains existing or proposed?    Yes    NoEPA Shallow Injection Well Inventory Request form completed?    Yes    No**APPLICANT'S SIGNATURE**

Applicant's Name (Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Tri-County Internal Use:**Permit Fee Paid by:    Property Owner       Applicant       Other: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_

Payment Type:    Cash    Check (# \_\_\_\_\_)    Charge

Amount Paid \$ \_\_\_\_\_

Aurora  
15400 E. 14<sup>th</sup> Place, Suite 115  
Aurora, CO 80011  
303-341-9370Castle Rock  
410 S. Wilcox Street  
Castle Rock, CO 80104  
303-663-7650Commerce City  
4201 E. 72<sup>nd</sup> Avenue  
Commerce City, CO 80022  
303-288-6816Greenwood Village  
6162 S. Willow Drive, Suite 100  
Greenwood Village, CO 80111  
720-200-1670



## Directions to Property

- Please provide **CLEAR** 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 OR if a 4wheel 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 can't identify them due to improper marking, this will result in a second site visit & 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) \_\_\_\_\_