Date Applied: _____ Payment Method: _____

Permit Fee: $ _____ Receipt # _____

Copies: $ _____

Colorado State Surcharge: $ _____ Office # (719) 276-7460

Total: $ _____

On-Site Wastewater Treatment System Application

☐ New System ☐ Repair

Owner: _____ **Applicant:** _____

Mailing Address: _____ **Mailing Address:** _____

City, State, Zip Code: _____ **City, State, Zip Code:** _____

Phone Number: _____ **Phone Number:** _____

OWTS Contractor: _____ **Contractor Phone:** _____ **License #:** _____

Construction Address: _____

Gate/Combination Lock #:

I certify that the On-Site Waste Water Treatment System (OWTS) described in this permit will be installed in compliance with the attached percolation test report and the Fremont County and State of Colorado Regulations. I understand that I will be responsible for the operation, maintenance, and performance of the OWTS. In addition, I am aware that it is my responsibility to provide the contractor with a copy of the attached percolation test report. I am also aware that the issuance of this permit does not constitute assumption by the local health department or its employees of liability for failure of any OWTS. Request for inspection will be required after installation of all pipe and gravel (prior to installation of hay, straw or similar pervious material) unless otherwise specified by engineer. The system must be properly protected from offsite drainage, vehicular traffic, and livestock. This system and its running order is the sole responsibility of the owner. After this system Fremont County OWTS Permit has been inspected and approved by the inspector it shall be assumed that this system is in proper working order. Approval of a does not guarantee or assure that the proposed use is permitted within the zone district for the property, nor does it guarantee or assure that any proposed building complies with applicable land use and requirements for the zone district, such as setbacks, height restrictions, or other similar issues. You have the responsibility and obligation to verify and confirm that all proposed uses are allowed in the zone district and conform to the requirements of the zone district for the property.

Owner/Applicant's Signature: _____ **Date Applied:** _____

DEPARTMENT USE ONLY:

Schedule Number #: _____

Type of Structure: _____

Lot size: _____ **Acres** **Source of water:** _____

Maximum potential # of bedrooms: _____

Engineering Firm: _____

System being installed: _____ **Tank Size:** _____ **Gallons**

Absorption: _____ **Square Feet** **Perc Rate:** _____ **Min./Inch** **LTAR:** _____

NOTES: _____

Is the site within 400 feet of a sewer main? ☐Yes ☐No **Is the site in a sewer district?** ☐Yes ☐No

If YES, is a letter of refusal to connect attached? _____

Is the site in a Designated Flood Plain? ☐Yes ☐No **If YES, are Engineer's requirements Listed?** _____

OWTS Application is: **Approved** ☐ **Disapproved** ☐

NOTES: _____

Approved By: _____ **Date Approved:** _____

Prepared By: _____ **Date Prepared:** _____