



Date Applied: _____
 Permit Fee: \$ _____
 Copies: \$ _____
 Colorado State Surcharge: \$ _____
 Total: \$ _____

Payment Method: _____
 Receipt # _____
 Building Permit #: (If applicable) _____
 Office # (719) 276-7460 Fax # (719) 276-7461

On-Site Wastewater Treatment System *Application*

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 #: Directions From Major Thoroughfare: (Include Legible Map & Directions)

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/Use of Structure: _____
 Lot Size: _____ Acres Source, Type of Water: _____
 Maximum Potential # of Bedrooms: _____ Basement: _____ Washer: _____ Garbage Disposal: _____
 Engineering Firm: _____ Project Number: _____
 Type of System: _____ Absorption Tank Size: _____ Gallons
 Absorption: _____ Square Feet Perc Rate: _____ Min./Inch LTAR: _____

NOTES: _____

Is Site Within 400 Feet of Sewer Main?: Yes No Or Within a Sewer District?: Yes No
 If YES, Is A Letter of Refusal To Connect Attached?: _____
 Is Site In A Designated Flood Plain?: Yes No If YES, Engineer's Requirements Listed?: _____

OWTS Application Has Been:	Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	SEPTIC PERMIT # _____ EXPIRATION DATE: _____
NOTES: _____		
Approved By: _____ Prepared By: _____	Date Approved: _____ Date Prepared: _____	