

Permit Number_____
Date of acceptance_____
Amount of fee paid_____

APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

INSTRUCTIONS: Complete this form and attach all necessary documents prior to submitting it to the Rio Blanco County Building Department. Check with the Department for what tests and other information that may be required to be submitted with your application.

Required fee \$123.00

1. Property Owner_____ Phone_____
Mailing Address_____
2. Applicant Name_____ Phone_____
Mailing Address_____
3. Physical Address of Property to be served by Permit_____
- (If an address has not been assigned, please contact the Building Dept. about getting one)
4. Legal description of property: Subdivision:_____ Lot_____ Block_____
Section_____ Township_____ Range_____
5. **Permit Type: (Circle applicable type)** **New Installation** **Upgrade/Alteration/Repairs**
6. Contractor Name_____ Phone_____
Mailing Address_____
7. Design Engineer Name_____ Phone_____
Mailing Address_____
8. Waste Types: Dwelling Transient Use Commercial or Institutional
 Non-Domestic Wastes Other - Describe:_____
9. Building or Service Type:_____
- Number of Persons:_____ Number of Bedrooms:_____
- Garbage Grinder Automatic Washer Dishwasher
10. Source and Type of Water Supply:
 Well Spring Stream or Creek
What is the depth of all wells within 180 feet of system:_____
- If supplied by community water, give name of supplier:_____
11. Distance to nearest community sewer system:_____
- Was an effort made to connect to community system?_____
12. Type of System Proposed:
 Septic Tank Aeration Plant Vault Vault Privy Pit Privy
 Composting Toilet Chemical Toilet Incineration Toilet Recycling, potable use
 Recycling, other use Other – Describe:_____

13. Final Disposal is proposed to be by:
 Absorption Trench, Bed or Pit Evapotranspiration Underground Dispersal
 Sand Filter Above Ground Dispersal Wastewater Pond Other - Describe:_____
14. Will effluent be discharged directly into the waters of the State of Colorado?_____

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, 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

