

Permit # \_\_\_\_\_

Year \_\_\_\_\_

**APPLICATION to Construct, Alter, or Repair an On-site Wastewater Treatment System**

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Site address: \_\_\_\_\_

Assessor's parcel # \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot#: \_\_\_\_\_

Lot size: \_\_\_\_\_ (acres) # of Dwellings: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ Water supply: \_\_\_\_\_

**I acknowledge:** (1) This application does not guarantee that an On-site Wastewater Treatment System ("OWTS") can be installed or a building permit issued; (2) The issuance of the OWTS permit does not imply any warranty by San Juan Basin Public Health as to the operation of the OWTS; (3) The OWTS must be constructed in accordance with the San Juan Basin Public Health On-site Wastewater Treatment System Regulations; and (4) The owner of the property assumes the responsibility and liability for the proper maintenance of the OWTS.

Date: \_\_\_\_\_ Owner's signature: \_\_\_\_\_

Owner's mailing address: \_\_\_\_\_

Owner's email address: \_\_\_\_\_

**[DEPARTMENT USE ONLY]**

Permit fee: \$ \_\_\_\_\_ Payment type: \_\_\_\_\_ Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_

**Site Evaluation** LTAR: \_\_\_\_\_ Limiting Zone: \_\_\_\_\_ Depth: \_\_\_\_\_

**PERMIT to \_\_\_\_\_ an On-site Wastewater Treatment System**

Septic tank(s): \_\_\_\_\_ Design flow: \_\_\_\_\_ (gal/day) Distribution: Gravity or Pressure siphon pump

Soil treatment area: \_\_\_\_\_

**Design Specifications and Comments:**

**Authorization to begin Construction**

Permit must be signed by EHS BEFORE construction begins

\_\_\_\_\_  
Environmental Health Specialist

\_\_\_\_\_  
Date

**Final Inspection** The above system has been inspected and found to comply with the above requirements.

\_\_\_\_\_  
System Installed by (name, company, phone)

\_\_\_\_\_  
Environmental Health Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
System Designed by (name, company, phone)