

OFFICE USE ONLY
PROPERTY LEGAL DESCRIPTION _____ Tax Schedule #: _____
PHYSICAL ADDRESS _____

APPLICATION FOR SEPTIC AND DRIVEWAY INSTALLATION
 PARK COUNTY ENVIRONMENTAL HEALTH DEPARTMENT • P.O. Box 216 • Fairplay, CO 80440
 Main Phone: 719-836-4267 Inspection FAX: 719-836-4268 Web site: www.parkco.us

PLEASE CHECK ALL THAT APPLY:

- Complete Septic System Driveway Undocumented Septic Septic Tank repair/Upgrade Leach Field Repair/Upgrade Full Septic Repair/Upgrade Driveway Registration Transfer of Title

1. Applicant's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phones: Home _____ Work _____
 May we e-mail the permit to you? E-Mail _____
 FAX _____

Owner's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phones: Home _____ Work _____
 May we e-mail or fax the permit to you?
 E-Mail Address _____
 FAX _____

OFFICE USE ONLY
Ck# _____ Amt. Pd: _____
Septic _____ Driveway _____
Septic App.# _____
Driveway App.# _____
Received By _____ Date _____
County Design? <input type="checkbox"/>
Engineer _____
Of _____
Date Permit Issued _____
Renewal Date: _____
Amt. Pd _____ Ck# _____

2. PROPERTY INFORMATION

Subdivision _____ Filing _____ Unit _____ Block _____ Lot _____
If not in a subdivision (Meetes & Bounds): Township _____ Range _____ Section _____
 (Must List Only One Lot/Parcel)
 Property Physical Address _____ City _____ Zip _____
 Acreage _____ # Proposed Bedrooms _____ Type of Structure (Residence, etc.) _____

3. WATER INFORMATION (Not applicable for driveway only)

Private well _____ Public system _____ Other _____
 Is property close to a stream? Y__ N__ If Yes, distance _____
 Is property close to a wetland, drainage, or floodplain? Y__ N__ If yes, distance _____
 If in a floodplain, list flood zone determination per FEMA mapping _____

4. SEPTIC SYSTEM AND/OR DRIVEWAY TO BE INSTALLED BY: Name _____

License # _____ Contractor's Phone # _____

THE UNDERSIGNED ACKNOWLEDGES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT FALSE INFORMATION WILL NEGATE AND INVALIDATE THE APPLICATION AND/OR THE SUBSEQUENT PERMIT. A SEPTIC PERMIT IS NOT TRANSFERABLE TO ANY OTHER LOT. THIS PERMIT IS VALID FOR ONE YEAR AFTER THE DATE OF ISSUANCE.

OWNER/APPLICANT SIGNATURE _____ DATE _____

OFFICE USE ONLY: FINAL INSPECTION AND APPROVAL INFORMATION

TANK CAPACITY _____ ABSORPTION AREA _____ DIMENSIONS _____
 HEALTH SPECIALIST _____ FINAL APPROVAL DATE _____
 DRIVEWAY PERMIT: APPROVED _____ INSPECTOR _____ DATE _____



Park County Environmental Health Department

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**On-Site Wastewater Treatment System
Transfer of Title Inspection Report**

1. Inspector Information

Company Name: _____

Company Address: _____
Mailing City, St, Zip

Inspector: _____ Phone: _____

Email: _____ NAWT Cert. # REQUIRED: _____

2. System Information

Age of OWTS: _____ Water softener Garbage disposal Whirlpool

In-home business? Yes No Type: _____

Number of people currently occupying dwelling: _____

If currently unoccupied, for how long has it been vacant? _____

Number of bedrooms in dwelling: _____

Has there ever been a backup in the house? Yes No

List known repairs made to the system: _____

Date septic tank was last pumped: _____ Never to my knowledge

At what frequency? _____ Company: _____

The above information is true to the best of my knowledge

Owner _____ **Date** _____

Site	Acceptable	Unacceptable	N/A
Erosion – properly graded, not eroded or gullied			
Improper Discharges – no secondary surface wastewater points such as gray water lines, washing machine lines, etc.			
Proper vegetation – area of system is free of trees and / or shrubs			
Safe from compaction – components are not located in an area subject to compaction ie; under a structure or corral			
Tank			
Correct slope entering the tank			
Internal baffles/tees present, solid, and in good condition			
Effluent is at appropriate level			
Internal condition - no corrosion, erosion, root infiltration; tank is water tight			
Tank access at grade or above			
Risers in good condition			
Access lids are durable, weather-resistant and in good condition			
Filtration component present - Doser/Pump/Filter - filter must be accessible and good condition			
Pump Tank, Ejector or Grinder Pump			
Pump elevated off the bottom of the chamber			
Doser/pump operates properly			
If there is a check valve, purge hole is present			
High water alarm operates properly			
Soil Treatment Area			
Probe to determine location, excessive moisture, odor, and/or effluent			
No indication of a previous failure			
No seepage visible on surface			
No indication of effluent surfacing (i.e., no unusually lush vegetation present)			
No ponding water in the distribution media			
Even distribution of effluent in the field			

Tank Info

Type: Concrete Poly/Plastic Metal (unacceptable) Other _____

Number of compartments: _____ Secondary Tank: Yes No

Type: Concrete Poly/Plastic Metal (unacceptable) Other _____

Pump records attached (required)

Risers Added Yes No Screen Added Yes No

Does the system contain a dosing or **pump tank, ejector or grinder pump**? Yes No

Aeration, Mechanical or Higher Level Treatment Additions? Yes No

Is there an active O&M Agreement Yes No Date of last inspection: _____

Soil Treatment Area

Approximate distance between water well and STA: _____

Explain answers as necessary and additional information:

Sketch of system (include relation to physical features) :