

# MOFFAT COUNTY INDIVIDUAL SEWAGE DISPOSAL SYSTEM (SEPTIC) APPLICATION/PERMIT

Owner (s): \_\_\_\_\_ Phone \_\_\_\_\_ Mailing Address \_\_\_\_\_ Job Site Address \_\_\_\_\_

Date Pd. _____
Permit No. _____
<input type="checkbox"/> NEW <input type="checkbox"/> REPAIR

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Lic. No. \_\_\_\_\_ Phone \_\_\_\_\_

Legal Description \_\_\_\_\_ General Location \_\_\_\_\_ No. of Acres \_\_\_\_\_

Type of Use \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_ No. of Bathrooms \_\_\_\_\_ No. of Kitchens \_\_\_\_\_

Source and Type of Water Supply:      GARBAGE DISPOSAL      CLOTHES WASHER  
 Other \_\_\_\_\_      Private      Well      Spring      Stream or Creek     Depth \_\_\_\_\_ Distance \_\_\_\_\_  
 (if supplied by community water, give supplier) \_\_\_\_\_

Applicant acknowledges that the completeness of the application is conditional upon such further mandatory and additional tests and reports as may be required by Moffat County to be made and furnished by the applicant or the County 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 rules and regulations adopted under Article 10, Title 25, C.R.S., as amended. I, the undersigned hereby certify 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 Moffat County in evaluating 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. The Construction and Operation of this Sewage Disposal System will comply with all applicable laws, ordinances, standards or resolutions.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Type of System \_\_\_\_\_     Soil Type (s) \_\_\_\_\_     Average Percolation Rate \_\_\_\_\_ (min. per inch)  
 Depth to Ground Water \_\_\_\_\_     Percolation and Soil Data Sheets Attached      YES      NO     Design Data Attached:      YES      NO      N/A  
 Percolation and Soil Data Sheets Attached      YES      NO     Plot Plan Attached:      YES      NO

PERMIT GRANTED      PERMIT DENIED      DATE \_\_\_\_\_  
 SYSTEM INSPECTED: APPROVED      DISAPPROVED      DATE \_\_\_\_\_  
 VALID FOR ONE (1) YEAR FROM DATE OF APPLICATION