

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

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

Owner (s): _____ Mailing Address _____

_____ Phone _____ Job Site Address _____

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
 Private Well Spring Stream or Creek Depth _____ Distance _____
 Other _____ (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 _____ Average Percolation Rate _____ (min. per inch)

Depth to Ground Water _____ Soil Type (s) _____

Approximate Depth of Bedrock or Impervious Layer _____ Percent to Slope _____ Plot Plan Attached: YES NO

Percolation and Soil Data Sheets Attached YES NO Design Data Attached YES NO N/A

COMMENTS _____

PERMIT GRANTED PERMIT DENIED _____ DATE _____

SYSTEM INSPECTED: APPROVED DISAPPROVED _____ DATE _____

VALID FOR ONE (1) YEAR FROM DATE OF APPLICATION