



APPLICATION FOR AN OWTS
OPERATING PERMIT
(Please print or type information)

PROPERTY TAX SCHEDULE NO.: _____

LOT(S) _____ BLOCK _____ FIL _____ TRACT _____ SUBDIVISION _____

IF METES & BOUNDS LEGAL DESCRIPTION: SECTION _____ TOWNSHIP _____ RANGE _____

STREET ADDRESS: _____ SUMMIT COUNTY ROAD NO.: _____

PROPERTY OWNER: _____ PHONE (____) _____

MAILING ADDRESS: _____ EMAIL _____

APPLICANT (OWNER'S AGENT): _____ PHONE (____) _____

MAILING ADDRESS: _____ EMAIL _____

THE FOLLOWING MUST ACCOMPANY THIS APPLICATION

- COPY OF CURRENT OPERATION AND MAINTENANCE SERVICE CONTRACT
DEPARTMENT APPROVED SERVICE PROVIDER: _____
PHONE: _____

- OPERATING PERMIT FEE (see current fee schedule at: <http://www.co.summit.co.us/index.aspx?NID=700>)

APPROPRIATE FEES MUST BE PAID TO THE SUMMIT COUNTY PUBLIC HEALTH DEPARTMENT- ENVIRONMENTAL HEALTH AT THE TIME APPLICATION IS SUBMITTED. THE PERMIT ISSUANCE IS BASED ON THE ABOVE INFORMATION AND ALL OTHER INFORMATION AS SUBMITTED AND APPROVED BY THE DEPARTMENT. PLEASE CONTACT ENVIRONMENTAL HEALTH IF YOU HAVE QUESTIONS OR REQUIRE ASSISTANCE.

APPLICATION FOR AN OWTS OPERATING PERMIT IS HEREBY SUBMITTED. THE UNDERSIGNED ACKNOWLEDGES THAT THE ABOVE INFORMATION IS TRUE AND THAT FALSE INFORMATION WILL INVALIDATE THE APPLICATION AND ANY SUBSEQUENT PERMIT.

SIGNATURE OF APPLICANT _____ DATE _____

Department Use Only

NEW APPLICATIONS ONLY

TANK CAPACITY (gallons) _____ BEDROOMS ON CONST PERMIT _____
OWTS TYPE (Mound, Sepage Bed, Seepage Trench, Sand Filter, Chambers, other _____)
HLT TYPE (Aeration, Membrane, Manuf Media, other _____)
MAKE _____ MODEL _____
TYPE OF HIGHER LEVEL TREATMENT (circle one): Aeration/Membrane/Other _____

LEVEL OF TREATMENT (circle one): TL1 TL2 TL2N TL3 TL3N
MAINT INTERVAL (6 mo, other _____)
OWTS Permit #OWS ____ - ____ DATE OF INSTALLATION ____ / ____ / ____

Environmental Health Officer Approval for Permit _____ Date _____

Date Permit Issued ____ / ____ / ____ Expires ____ / ____ / ____

Standard Conditions
 Other Conditions _____

____ EH approval Denied EH Officer _____ Date ____ / ____ / ____

Why? _____

Was applicant notified? Yes / No
