

**APPLICATION FEE IS NON-REFUNDABLE**

APPLICATION TO  
 INSTALL (255) REPAIR (256) EXPAND (256)  
 \$998 \$593 \$593  
 AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

**ADDRESS OF PROPERTY SERVED BY PROPOSED SYSTEM:**

Street Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_

Parcel \_\_\_\_ 1/4 Sec \_\_\_\_ 1/4 Sec \_\_\_\_ Section \_\_\_\_ Township \_\_\_\_ Range \_\_\_\_ Lot \_\_\_\_ Block \_\_\_\_  
 Legal Description (if no street address) \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Filing (if applicable) \_\_\_\_\_  
 If GPS Information Available/Obtained: Longitude \_\_\_\_ Latitude \_\_\_\_ Elevation \_\_\_\_\_

Property Owner:
Name _____
Address _____
City, State _____
Zip _____ Phone _____
E-mail: _____

Applicant:
Name _____
Address _____
City, State _____
Zip _____ Phone _____
E-mail: _____

Systems Contractor: \_\_\_\_\_ TCHD Use Only: License # \_\_\_\_\_

Soils/Percolation Test Engineer \_\_\_\_\_ Job # \_\_\_\_\_

TCHD Use Only: FSE # \_\_\_\_\_

Design Engineer (if applicable) \_\_\_\_\_ Job # \_\_\_\_\_

TCHD Use Only: FSE # \_\_\_\_\_

Is this to be an Engineered System? Yes No

Is lot marked? Yes No Are percolation holes staked? Yes No

Lot Size: \_\_\_\_\_

**PROPOSED FACILITY:**

Single Family (SF)  Multi-Family (MF)  Commercial (CM)  Other (OT) \_\_\_\_\_

**WATER SUPPLY:**

On Site: Yes No Community Water Yes No If Yes, Supplier \_\_\_\_\_

*Continued on back*

*SINGLE FAMILY RESIDENTIAL GENERAL INFORMATION:*

Number of Bedrooms \_\_\_\_\_ Basement: Full (F) Walkout (W) Partial (P) None (N)

Basement Plumbed: Yes No

Are Additional Bedrooms Planned? Yes No Are the premises within 400 ft. of a sewer line? Yes No

Is property within boundaries of a sewer district? Yes No

If Yes, name of sewer district \_\_\_\_\_

*COMMERCIAL GENERAL INFORMATION:*

Type of Business: \_\_\_\_\_

TCHD Use Only: SIC Code \_\_\_\_\_

Number of Employees \_\_\_\_\_

Design Flow > 3,000 Gallons/Day Yes No

If Yes, has Site Approval been given from CDPHE? Yes No

*(Note: Permit cannot be issued until site approval is given from CDPHE)*

Floor Drains Yes No

EPA Shallow Injection Well Inventory Request Form Completed Yes No

Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_

Payment Type: Cash

Check (# \_\_\_\_\_)

Charge

Other \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Please Print

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Aurora  
15400 E. 14<sup>th</sup> Place  
Suite 309  
Aurora, CO 80011  
303-341-9370

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Castle Rock, CO 80109  
303-663-7650

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Commerce City, CO 80022  
303-288-6816

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7100 E Belleview, Suite 102  
Greenwood Village, CO 80111  
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