



Date Pd \_\_\_\_\_

Permit No. \_\_\_\_\_

NEW or REPAIR

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

Owner(s): \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Phone \_\_\_\_\_ Job Site Address \_\_\_\_\_  
Contractor \_\_\_\_\_ Address \_\_\_\_\_ Lic. No. \_\_\_\_\_  
Phone \_\_\_\_\_ Legal Description \_\_\_\_\_  
General Location \_\_\_\_\_ No. of Acres \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_ No. of Bathrooms \_\_\_\_\_  
No. of Kitchens \_\_\_\_\_ Type of Use \_\_\_\_\_  
Source and Type of Water Supply (*circle which applies*): 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 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 the 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