

## Park County Environmental Health Department

P.O. Box 216 Fairplay, CO 80440 Phone: 719-836-4267 FAX: 719-836-4266

## **On-Site Wastewater Treatment System** Transfer of Title Inspection Report

## 1. Inspector Information

Company Name:	
Company Address: Mailing	City, St, Zip
Inspector:	Phone:
Email:	NAWT Cert. # REQUIRED:
2. System Information	
Age of OWTS: Uwater softene	er Garbage disposal GWhirlpool
In-home business? $\Box$ Yes $\Box$ No Type: _	
Number of people currently occupying dwelling:	
If currently unoccupied, for how long has it been	vacant?
Number of bedrooms in dwelling:	
Has there ever been a backup in the house?	Yes No
List known repairs made to the system:	
Date septic tank was last pumped:	Never to my knowledge
At what frequency? Compan	у:
The above information is true to the best o	f my knowledge
Owner	Date

Park County OWTS ToT Inspection Report

- 1	PROPERTY LEGAL DESCRIPTION	OFFICE USE ONLY	Tax Schedule #:	
	APPLICATION FOR SEPTIC AND DRIVEWAY INSTALLATION			
		VIRONMENTAL HEALTH DEPARTMENT • P.O. Bo 9-836-4267 Inspection FAX: 719-836-4266 V		
	EASE OVERY ALL THAT ADDLY.			
r L	.EASE CHECK ALL THAT APPLY: □Complete Septic System □ Driveway Tank repair/Upgrade □ Leach Field Re Repair/Upgrade □ Driveway Registration	pair/Upgrade CIFull Septic	OFFICE USE ONLY	
4			Ck#Aml. Pd:	
1.	Applicant's Name		SepticDriveway	
	Address City		Septic App.#	
	Phones: Home		Received ByDate	
	May we e-mail the permit to you? E			
	FAX		County Design?	
	Owner's Name			
	Address		Of	
	City	StateZip	Date Permit Issued	
	Phones: Home	Work		
	May we e-mail or fax the permit to ye	ou?	Renewal Date:	
	E-Mail Address		Amt. PdCk#	
	FAX			
D	DODEDTY INCODE ATION			
2.		F	iling Unit Block Lot	
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