



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: _____ Water softener Garbage disposal Whirlpool

In-home business? Yes 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? _____ Company: _____

The above information is true to the best of my knowledge

Owner _____

Date _____

OFFICE USE ONLY	
PROPERTY LEGAL DESCRIPTION _____	Tax Schedule #: _____
PHYSICAL ADDRESS _____	

APPLICATION FOR SEPTIC AND DRIVEWAY INSTALLATION
 PARK COUNTY ENVIRONMENTAL HEALTH DEPARTMENT • P.O. Box 216 • Fairplay, CO 80440
 Main Phone: 719-836-4267 Inspection FAX: 719-836-4265 Web site: www.parkco.us

PLEASE CHECK ALL THAT APPLY:

- Complete Septic System
- Driveway
- Undocumented Septic
- Septic Tank repair/Upgrade
- Leach Field Repair/Upgrade
- Full Septic Repair/Upgrade
- Driveway Registration
- Transfer of Title

1. Applicant's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phones: Home _____ Work _____
 May we e-mail the permit to you? E-Mail _____
 FAX _____

Owner's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phones: Home _____ Work _____
 May we e-mail or fax the permit to you?
 E-Mail Address _____
 FAX _____

OFFICE USE ONLY	
Ck# _____	Amt. Pd: _____
Septic _____	Driveway _____
Septic App.# _____	
Driveway App.# _____	
Received By _____	Date _____
County Design? <input type="checkbox"/>	
Engineer _____	
Of _____	
Date Permit Issued _____	
Renewal Date: _____	
Amt. Pd _____	Ck# _____

2. PROPERTY INFORMATION

Subdivision _____ Filing _____ Unit _____ Block _____ Lot _____
If not in a subdivision (Meetes & Bounds): Township _____ Range _____ Section _____
 (Must List Only One Lot/Parcel)
 Property Physical Address _____ City _____ Zip _____
 Acreage _____ # Proposed Bedrooms _____ Type of Structure (Residence, etc.) _____

3. WATER INFORMATION (Not applicable for driveway only)

Private well _____ Public system _____ Other _____
 Is property close to a stream? Y__ N__ If Yes, distance _____
 Is property close to a wetland, drainage, or floodplain? Y__ N__ If yes, distance _____
 If in a floodplain, list flood zone determination per FEMA mapping _____

4. SEPTIC SYSTEM AND/OR DRIVEWAY TO BE INSTALLED BY: Name _____
 License # _____ Contractor's Phone # _____

THE UNDERSIGNED ACKNOWLEDGES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT FALSE INFORMATION WILL NEGATE AND INVALIDATE THE APPLICATION AND/OR THE SUBSEQUENT PERMIT. A SEPTIC PERMIT IS NOT TRANSFERABLE TO ANY OTHER LOT. THIS PERMIT IS VALID FOR ONE YEAR AFTER THE DATE OF ISSUANCE.

OWNER/APPLICANT
 SIGNATURE _____ DATE _____

OFFICE USE ONLY: FINAL INSPECTION AND APPROVAL INFORMATION		
TANK CAPACITY _____	ABSORPTION AREA _____	DIMENSIONS _____
HEALTH SPECIALIST _____	FINAL APPROVAL DATE _____	
DRIVEWAY PERMIT: APPROVED _____	INSPECTOR _____	DATE _____