



**Onsite Wastewater Treatment System (OWTS) Permit Application**  
**Hinsdale County or Town of Lake City**  
 (Notification of Proposed Discharge to Waters of the State Of Colorado)

**SYSTEM LOCATION**  
 (Site Plan Required)

Physical Address:		Legal Description:	
Parcel #(s):	Subdivision:	Parcel Size (acres):	

**OWNER/APPLICANT INFORMATION**

Owner:	Applicant/Contractor:
Mailing Address:	Mailing Address:
E-mail:	E-mail:
Phone:	Phone:

**ENGINEER**

Name(s) / Firm:		
Mailing Address:		
E-mail:	Phone:	CO License #:

**DESIGN**  
 (Plans and Specifications Required)

Bedroom #:	Tank Size:	Occupancy:	Design Flow:
Soil Type:	LTAR:	Treatment Area:	Treatment Level:
Soil Notes:		Treatment Area Allowances:	
Potable Water Source:	Well Permit #:	Setback Distance:	
LCW&S District? (yes/no):	Distance to Centralized Sewer:	Non-connection Reason:	

**PERMIT ACKNOWLEDGEMENTS**

I hereby certify that construction will be in strict accordance with all codes and ordinances of Hinsdale County or the Town of Lake City and the plans and specifications submitted with this application. Separate permits may be required for other aspects of work for the project. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performance of construction. Express permission is hereby granted for the inspection of the above property by any member of the Hinsdale County Enforcement Office and/or such persons as they may designate. I have been given the opportunity to review the Onsite Wastewater Treatment System Regulations of Hinsdale County and I hereby agree to comply with all terms, conditions, and requirements included therein.

Owner/Applicant Signature(s):	Date:
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**PAYMENT/REVIEW**

Application Received (initial):	Date:	Plan Review/Date:	Permit Issued/Date:
Payment Check #:	Date:	Permit Approved/Denied:	Reason:
Building Official Signature:			Date:

**SYSTEM APPROVAL**  
 (include 'as built' plans and engineer certification letter)

Building Official Signature:	Date:
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