SEPTIC PERMIT APPLICATION
(VALID FOR ONE YEAR AFTER ISSUANCE – NON REFUNDABLE)

Elbert County Health & Environment
P.O. Box 201 / 75 Ute Ave. / Kiowa, CO 80117
Phone: 303-621-3144 / Fax: 303-621-2537

Inspections M-Th
By Appointment Only

Septic Fees: Complete System $973.00 – Tank Only $250.00 / Field Only $250.00
Tank and Field $500.00 / Re-Inspection Fee $100.00 / Loan Approval Inspection $100.00
Six to Twelve month Extension $250.00

Permit #		**Permit Fee:**	
Project Address:			**#Of Acres**
Subdivision/Project Name:			
Applicant Name:			
Mailing Address:			
Phone:	**Fax:**	**Email:**	
Owner Name:			
Mailing Address:			
Phone:	**Fax:**	**Email:**	
Installer Name:			
Mailing Address:			
Phone:	**Fax:**	**Email:**	
Number of Bedrooms:	**New System:** Yes No	**Tank Only:** Yes No	**Field Only:** Yes No

REQUIREMENTS

1. Septic Permit **MUST** be applied for **PRIOR** to **Building Permit.**
2. The **Septic Permit** once issued is only valid upon applicant receiving a **Building Permit**.
3. Completed Septic System will only be approved after final inspection and to include a physical connection to the home.
3. Soil test and permit fee must be provided at time of application.
4. Soils data will be reviewed and system will be properly sized.
5. Lot must be marked and perk holes marked on the property.
6. Installer must be currently licensed in Elbert County.
7. Site visit must be conducted.
8. All systems /installations must be inspected by this department. Engineered designed systems will be reviewed.
9. Septic As-built map required for all new tanks, fields or complete systems. Maps must be drawn to scale with a north arrow indicated. System will **NOT** be approved for use until the "As Built" is received.
10. All payments are non refundable.

I certify that I have read and understand the above

Signature:_____**Date**:_____

OFFICE USE ONLY

Average Percolation: _____ Type of bedrock / Feet if any_____

Special Notes: _____

_____

Applied: Month _____ Day _____ Year _____ Expires: Month _____ Day _____ Year _____

New Expiration: Month _____ Day _____ Year _____

Health & Environment Signature: _____ **Date:**_____