



**Application for ON-SITE WASTEWATER TREATMENT SYSTEM CONSTRUCTION PERMIT**  
**ALAMOSA COUNTY BUILDING DEPARTMENT**  
 8999 INDEPENDENCE WAY STE. 100 ALAMOSA, CO. 81101 PH. 719-589-3812  
 www.alamosacounty.org

<b>Date of Application</b>				App No.	<b>To Be Determined</b>	
		<i>(RD or ST. NUMBER)</i>		<i>(RD or ST. NAME)</i>		<i>(City)</i>
						<i>(Zip)</i>
<b>Project Address:</b>						
Property Owner:			Systems Contractor:			
Mailing Address:			Mailing Address:			
City, State, Zip:			City, State, Zip:			
Phone Number:			Phone Number:			
Applicant / Contact Person:			License Number:			
Designer:				<b>Submittal Requirements:</b>		circle y/n
Mailing Address:				<b>System Design Report:</b>		Yes or No
City, State, Zip:				<b>Site and Soils Evaluation Report</b>		Yes or No
Phone Number:				<b>Proof of Ownership</b>		Yes or No
License Number:				<b>Other:</b>		Yes or No
<b>Property Information:</b>		<i>(This information can be found in the Assessor's Office 589-6365)</i>				<i>( Acres )</i>
						<i>( Sq. Ft. )</i>
Parcel Identification No			Parcel Size:			
Quarter Section:		Sec:	Twn:	Rng:		
Subdivision:	Unit:	Block:	Lot:	Tract:		
Subdivision Name:			Zoning District:			
Brief description of Project:						
<b>Type of Use:</b>		<b>( x )</b>	<b>Permit Request For:</b>		<b>( x )</b>	<b>Building or Service Type:</b>
Residential:		New Installation: (Tank + lf)		Replacement Of: (X)	No. Bedrms:	
Commercial:		Repair: ( add leach field)		Septic Tank	No. Bathrms:	
Vacant Land:		Emergency Use: ( winter)		STA	No. Lofts:	
Industrial:		Addition to system:		Both	Other:	
<b>Type of System:</b>		<b>( x )</b>	<b>Water Supply:</b>		<b>( x )</b>	
Chambers		Private Well		Is the private well installed? (Y / N)	Y / N	
Stone & Pipe:		Public		Is basement plumbing proposed? (Y / N)	Y / N	
Septic Tank Only:		Other		Is system engineered? (Y / N)	Y / N	
STA Bed		<b>Type of Structure:</b>	(Describe)	Is system within 400' of a district (Y / N)	Y / N	
STA Trench:		SBH, MHMS, MHSS, OFFICE,		Is the system in the flood plain? (Y / N)	Y / N	
Pressurized System		SHOP, OTHER		List flood zone per FEMA. [A][D][X]	A D X	
Mound:						
<p><b>**NOTICE**</b> Appropriate fees must be paid to Alamosa County Public Health Department (<i>Land Use Department</i>) at time of filing this application with all required submittals. The application review does not guarantee the issuance of a permit. The permit issuance is based on the above information, the illustrated site plan and all other information as submitted and approved by the department. Application for an OWTS is hereby submitted and I certify that the information on this application is in compliance with the Alamosa County OWTS regulations. I also authorize the assigned representative of Alamosa County Public Health to enter onto this property in order to obtain information for the permit. This application is valid for one (1) year and is non transferable. Permit fee is non-refundable.</p>						
Signature of Owner/Agent _____				Date: _____		
Signature of Department Staff: _____				Date: _____		
<b>OFFICE USE ONLY: FINAL INSPECTION AND APPROVAL INFORMATION</b>						
Depth to Water Table:(Ft.)		Type of Use		<b>Permit Fee:</b>		<b>\$275.00</b>
Size of Septic Tank:(gal.)		Type Profile		<b>Receipt No.</b>		
Type of STA:(sp/chmbrs)	[C/ABAG] [C/AT] [C/AB] [SP/AB] [SP/AT]					
Size of STA:(sf/chmbrs)						
Perc Rate when applicable						
Signature of County Sanitarian _____			Date of Issue		Approved Denied	