

**CLEAR CREEK COUNTY
NEW ISDS SYSTEMS AND REPAIR OF EXISTING SYSTEMS
APPLICATION**

**Construction, repair, alteration or excavation of an ISDS cannot commence
until after the ISDS Permit is issued by the Environmental Health Department**

Owner: _____ **Phone:** _____

Mailing Address: _____

Engineer Designing ISDS System: _____ **Phone:** _____

ISDS Contractor Installing System: _____ **Phone:** _____

Mailing Address: _____

Legal Description/Location of Proposed System: _____
1/4 Section & Section-Township-Range or Subdivision-Lot & Block

Parcel Number: _____ **Size of Parcel:** _____

Permit to be: Picked up by: Owner *or* Contractor OR Mailed to: Owner *or* Contractor

Type of Permit and Fee: New installation (\$600) Repair or Alteration of an existing system (\$450)
 Vault or toilet only (\$300) State surcharge for newly authorized/repair ISDS (\$23)

Number of bedrooms system designed to accommodate: _____

Do you plan any future additions to the building: Yes No

Driveway Permit Number _____ (New Construction)

Water Supply: Private well (attach permit) Public system (attach tap receipt)
 Deep grouted well (attach permit) Other _____

Type of ISDS System Proposed: Septic tank/absorption field Vault
 Recirculating sand filter/absorption field Aeration plant/absorption field Special toilet
(composting/incinerating)
 Blackwater vault/greywater absorption field Other _____

ATTACH A COMPLETE ENGINEER'S REPORT PREPARED BY A COLORADO LICENSED PROFESSIONAL ENGINEER, UNLESS THE APPLICATION IS ONLY FOR THE REPLACEMENT OF A TANK. APPROVAL MUST BE GIVEN BY THE CLEAR CREEK COUNTY ENVIRONMENTAL HEALTH OFFICER PRIOR TO BACKFILLING ANY PORTION OF THE SYSTEM.

- ◆ I certify that the information I have provided is true and correct to the best of my knowledge.
- ◆ I have read, understand, and will comply with the above information and attached documentation.
- ◆ I understand that an ISDS Permit must be issued prior to submitting an application for a building permit.
- ◆ I understand that the granting of an ISDS Permit does not indicate any implied approval of any other permit, land use request, or variance application.
- ◆ I understand by signing this application, I hereby grant permission for county representatives to enter my property to conduct all necessary field work and inspections as needed.

Signature of Owner

Print name

Date

ONCE ISSUED, THE ISDS PERMIT WILL EXPIRE IN TWO (2) YEARS

**CLEAR CREEK COUNTY
CONSTRUCTION SITE SANITATION AGREEMENT FORM**

All construction sites must provide sanitation facilities for workers on the site. As stated in the County Individual Sewage Disposal System Regulations:

“The owner of any structure or land site where people live, work or congregate shall insure that the structure or land site contains adequate, convenient and sanitary toilet and sewage disposal systems approved by the Environmental Health Department and in good working order. Under no circumstances shall sewage or effluent be permitted to be discharged upon the surface of the ground, or in excavations not specifically approved by the Environmental Health Department, or into the surface waters of the State. The property owner shall be responsible for proper maintenance of the system and for abatement or any nuisance arising from its failure.”

Please be advised that any failure to provide sanitation facilities will result in action by the Environmental Health Department.

Please Check the proposed method of Sanitary Sewage Disposal:

- Portable Sanitation Facilities**
 - Existing On Site Household Toilet Facilities**
 - Trailer or Recreational Vehicle with Special Use Permit or Special Exception**
 - Other (Please Explain) _____**
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✱ **DO NOT PLACE PORTABLE SANITATION FACILITIES IN THE ROAD RIGHT - OF - WAY**

I HAVE READ, UNDERSTAND AND WILL COMPLY WITH THE ABOVE.

Signature of Owner

Print name

Date