



Community Development Department
 108 8th Street, Suite 401
 Glenwood Springs, CO 81601
 (970) 945-8212
www.garfield-county.com

INDIVIDUAL SEWAGE DISPOSAL SYSTEM (ISDS) PERMIT APPLICATION

TYPE OF CONSTRUCTION

<input type="checkbox"/> New Installation	<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair
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WASTE TYPE

<input type="checkbox"/> Dwelling	<input type="checkbox"/> Transient Use	<input type="checkbox"/> Comm/Industrial	Non-Domestic
<input type="checkbox"/> Other Describe _____			

INVOLVED PARTIES

Property Owner: _____ Phone: (____) _____

Mailing Address: _____

Contractor: _____ Phone: (____) _____

Mailing Address: _____

Engineer: _____ Phone: (____) _____

Mailing Address: _____

PROJECT NAME AND LOCATION

Job Address: _____

Assessor's Parcel Number: _____ Sub. _____ Lot _____ Block _____

Building or Service Type: _____ #Bedrooms: _____ Garbage Grinder _____

Distance to Nearest Community Sewer System: _____

Was an effort made to connect to the Community Sewer System: _____

Type of ISDS	<input type="checkbox"/> Septic Tank				<input type="checkbox"/> Aeration Plant	<input type="checkbox"/> Vault	<input type="checkbox"/> Vault Privy	<input type="checkbox"/> Composting Toilet	
	<input type="checkbox"/> Recycling, Potable Use		<input type="checkbox"/> Recycling	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Incineration Toilet				
	<input type="checkbox"/> Chemical Toilet		<input type="checkbox"/> Other _____						
Ground Conditions	Depth to 1 st Ground water table _____				Percent Ground Slope _____				
Final Disposal by	<input type="checkbox"/> Absorption trench, Bed or Pit		<input type="checkbox"/> Underground Dispersal		<input type="checkbox"/> Above Ground Dispersal				
	<input type="checkbox"/> Evapotranspiration		<input type="checkbox"/> Wastewater Pond		<input type="checkbox"/> Sand Filter				
	<input type="checkbox"/> Other _____								
Water Source & Type	<input type="checkbox"/> Well	<input type="checkbox"/> Spring	<input type="checkbox"/> Stream or Creek		<input type="checkbox"/> Cistern				
	<input type="checkbox"/> Community Water System Name _____								
Effluent	Will Effluent be discharged directly into waters of the State?							<input type="checkbox"/> Yes	<input type="checkbox"/> No

CERTIFICATION

Applicant acknowledges that the completeness of the application is conditional upon such further mandatory and additional test and reports as may be required by the local health department to be made and furnished by the applicant or by the local health department for purposed of the evaluation of the application; and the issuance of the permit is subject to such terms and conditions as deemed necessary to insure compliance with rules and regulations made, information and reports submitted herewith and required to be submitted by the applicant are or will be represented to be true and correct to the best of my knowledge and belief and are designed to be relied on by the local department of health in evaluating the same for purposes of issuing the permit applied for herein. I further understand that any falsification or misrepresentation may result in the denial of the application or revocation of any permit granted based upon said application and legal action for perjury as provided by law.

I hereby acknowledge that I have read and understand the Notice and Certification above as well as have provided the required information which is correct and accurate to the best of my knowledge.

Property Owner Print and Sign

Date

OFFICIAL USE ONLY

Special Conditions:

Permit Fee:	Perk Fee:	Total Fees:	Fees Paid:
Building Permit	Septic Permit:	Issue Date:	Balance Due:

BLDG DIV: _____

APPROVAL DATE