



JACKSON COUNTY, COLORADO
BOARD OF HEALTH
 PO Box 1019, Walden, CO 80480
 970-723-8580

APPLICATION FOR
INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Date: _____

Permit Number: _____

Type of Permit (Check One):	Fees	
	Installation	123.00
Alteration	25.00	
Repair	25.00	
Total Fee Amount		\$ -

Applicant/Owner: _____
 Address & Phone: _____

Physical Address: _____
 Legal Address: _____

Zoning District: _____
 Size in Acreage: _____

Agent/Contractor: _____
 Address & Phone: _____

System Contractor: _____
 Address & Phone: _____

System Designer: _____
 Address & Phone: _____

Use of Building:	Residence (type):	Business (specify):	Other:
	Single Family		

Source & Type of Water Supply:	Well	# of People Served:	
Number of Bedrooms:		# of Bathrooms:	
Miscellaneous Appliances:	Dishwasher:	Washer:	Other:

 Signature of Applicant

TO BE FILLED OUT BY THE DESIGNATED AGENT:

Type of Soil or Soil Classification: _____

Soil Percolation or Hydraulic Conductivity Tests: _____

Name of Person Who Made Soil Absorption Tests: _____
Address & Phone: _____

Proximal Location of Bedrock: _____

Proximal Location of Ground Water Table: _____

Type of Individual Sewage Disposal System Proposed: _____

Comments of Jackson County Board of Health (made by the designated agent):

Application: Approved: _____ Denied: _____

Date: _____
_____ Signature & Title

If rejected, give reason: _____

Grounds for Appeal To Jackson County Board of Health:

Date & Location of Public Hearing: _____

Variance: Approved: _____ Denied: _____

_____ Signature & Title

Action by Colorado Water Quality Control Commission:

Approved: _____ Denied: _____

_____ Signature & Title

FINAL APPROVAL DATE: _____

SIGNATURE & TITLE: _____