

APPLICATION FOR INSPECTION AND RECORD
VERIFICATION FOR AN EXISTING INDIVIDUAL
SEWAGE DISPOSAL SYSTEM
Instructions and Application Forms

If an existing dwelling or structure is has been or will be removed or demolished, the existing individual sewage disposal system may be used for the new structure provided that it meets all of these criteria:

- 1. the system meets current size, capacity and configuration requirements for the septic tank and absorption system (as documented by Department records) based on the number of bedrooms in the proposed structure,*
- 2. the system is not subject to an Official Notice, Cease and Desist Order, or Notice of Noncompliance, and*
- 3. the system has been inspected and approved by a representative of the Department*

Use this packet to apply for the record review and inspection.

ADDRESS: You must have an approved County address for the property before applying. Call the Planning Department at 303 271-8700 if the property does not have an address.

FEE: \$80.00 – Make Check Payable to “Jefferson County Treasurer”

INSTRUCTIONS

1. Complete pages 1-3 of this form, including the driving map and directions.
2. Submit the completed form to the Department. A staff member will perform the file research and site inspection and contact you within ten (10) business days.

STAFF CONTACTS: LINDA JONES (303 271-5756)
ljones@jeffco.us

CRAIG SANDERS (303 271-5759)
csanders@jeffco.us

**APPLICATION FOR INSPECTION and RECORD VERIFICATION FOR AN
 EXISTING INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

Property Address					City	Zip
Legal Description	Lot(s)	Block	Unit	Subdivision Name		
	(or) Quarter Section(s)		Section(s)	Township	Range	

APPLICANT NAME _____

MAILING ADDRESS _____

CITY STATE ZIP _____

PHONE _____ email _____

STATUS of EXISTING or PREVIOUS STRUCTURE

- EXISTING STRUCTURE STILL PRESENT ON SITE
- STRUCTURE DEMOLISHED due to snow, wind or other natural event
 - structural fire / explosion
 - wild land fire
 - other (specify) _____

If the current or former structure is /was a single family dwelling, how many bedrooms? _____

Are you aware of any damage to the existing individual sewage disposal system?
 NO YES, if so, what was damaged? _____

TYPE OF PROPOSED STRUCTURE

- Barn / Stable (commercial)
- Barn / stable – (personal use)
- Dwelling – Bed & Breakfast
- Dwelling – multifamily w ___ bdrms
- Dwelling – multiple structures w ___ bdrms
- Dwelling – single family w ___ bdrms
- Fire station
- Garage (commercial)
- Garage (personal use)
- Other commercial use (specify) _____
- Other personal use (specify) _____
- Other public use (specify) _____
- Office
- Recreational (public)
- Recreational (commercial)
- Religious Institution
- Restaurant
- Retail Facility
- Studio / shop (commercial)
- Studio / shop (personal)

TERMS AND CONDITIONS OF APPLICATION

I hereby request and authorize Jefferson County Public Health to inspect the individual sewage disposal system at the above address for the specific purpose of obtaining a building permit. I further understand that if it is determined that my individual sewage disposal system is not functioning in accordance with Jefferson County regulations it must be repaired, replaced, or upgraded as necessary.

OWNER / APPLICANT / AGENT

DATE

* * * * *

BELOW LINE FOR DEPARTMENT USE

1. ISDS RECORD SEARCH

- Original ISDS records found? **NO (cannot be approved)** YES – complete below
- File Number (physical file location of Original ISDS file: _____)

2. CURRENT VIOLATIONS

- Official Notice or C&D? NO **YES: (cannot be approved)**
- Notice of Non-Compliance? NO **YES (cannot be approved)**

3. TANKAGE INFORMATION

- Tank 1 _____ gallons ____ compartments Effluent. Filter? YES NO
- Tank 2 _____ gallons ____ compartments Effluent. Filter? YES NO

4. ABSORPTION / EVAPORATION SYSTEM INFORMATION

- System type: _____ Total system size _____ sq. ft.

5. SITE VISIT

- ISDS damaged or compromised? NO YES (comments) _____

5. APPROVALS

ITEM	NO	YES
1. Original Installation Records Located		
2. No Violations or Non-Compliance Forms on Record		
3. Existing Tankage meets current Regulations		
4. Existing Absorp / Evap System meets current Regulations		
5. Site Inspection Acceptable		
FINAL APPROVAL		

COMMENTS (for approval document): _____

Environmental Health Specialist

Inspection Date

MAP TO PROPERTY

INSTRUCTIONS: Please **draw** a driving map to the site for the field inspectors. If the property security or gated area, please indicate the code below or provide other instructions for entry.

SECURITY GATE CODE
(if applicable)