FORM 101

JEFFERSON COUNTY PUBLIC HEALTH
Environmental Health Services Division
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PHONE 303-271-5700 FAX 303-271-5760
www.jeffco.us/health

FORM 101

OWNER - INSTALLER AFFIDAVIT

Owners wishing to install their own individual sewage disposal system must complete this form after the permit is issued, but prior to commencing any work on the permitted system.

"By signing below, I acknowledge that I am the owner of the following property:

ADDRESS _____

and that I can and will perform the work necessary to install the individual sewage disposal system (PERMIT NUMBER _____) in accordance with the terms and conditions of said permit and the requirements of the Jefferson County Individual Sewage Disposal System Regulations.

"I understand that I may not subcontract any portion of the installation (excluding electrical work, if applicable) to any person who will be financially compensated unless they hold a current Jefferson County Systems Contractor license.

"I understand that all work performed under this permit must be inspected according to permit inspection requirements set forth on the permit, including at a minimum, final inspection of the installed system prior to placing the final backfill.

"I understand that I am responsible for scheduling inspections, correcting deficiencies, and verifying compliance before proceeding with the next stage of construction."

_____ _____
Signed Date

PRINT NAME: _____

MAILING ADDRESS _____

_____

PHONES: Hm _____ wk _____ cell _____

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DEPARTMENT USE ONLY

Approved by: _____ _____
Staff Date

Revised 6/6/2009