

**JEFFERSON COUNTY PUBLIC HEALTH
Environmental Health Services Division**

645 Parfet Street, Lakewood, CO 80215

(303) 232-6301 FAX (303) 271-5760

jeffco.us/public-health**TERRALIFT® TREATMENT PROCESS
Instructions and Application Forms**

USE THIS PACKET TO REQUEST A PERMIT TO EMPLOY THE TERRALIFT® PROCESS TO REPAIR AN EXISTING INDIVIDUAL SEWAGE DISPOSAL SYSTEM THAT IS CURRENTLY MALFUNCTIONING. The TERRALIFT® TREATMENT MUST BE PERFORMED ONLY BY A LICENSED SYSTEMS CONTRACTOR IN JEFFERSON COUNTY.

A permit is not required to use the Terralift® treatment process on an individual sewage disposal system that is not malfunctioning.

APPLICATION FORMS / FEES

Please check that you have the following **BEFORE** coming in to apply for your permit:

- You have verified that you have a **LEGAL ADDRESS** through the Jefferson County Planning and Zoning Department (303) 271-8700.
- PGS 1 - 4** of this application packet have been completely filled out.
- FEE: \$250.00 payable to Jefferson County Treasurer**

PROCESSING TIME

Allow five (5) working days to process your application – the Terralift® process cannot be performed until a permit is issued.

FOLLOW-UP DOCUMENTATION AND INSPECTION

Within 21 days after treatment the contractor must submit the Terralift® Treatment Report (page 5) to the Department.

The Department will re-inspect the system within 30 days after receipt of that Report. If the system is still malfunctioning at the time of this follow-up inspection you must then undertake a full and complete repair in accordance with the Jefferson County Individual Sewage Disposal System Regulations.

If you have any questions regarding this application procedure, please call Linda Jones at (303) 271-5756.

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APPLICATION FOR TERRALIFT® TREATMENT

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

FOLDER TYPE: OW (Onsite Wastewater)

FEE: **\$250.00**

APPLICANT (if different from above)

NAME _____

MAILING ADDRESS _____

CITY STATE ZIP _____

PHONE _____ email _____

STRUCTURAL TYPE

- | | |
|---|--|
| <input type="checkbox"/> *Barn / Stable (commercial) | <input type="checkbox"/> *Office |
| <input type="checkbox"/> Barn / stable – (personal use) | <input type="checkbox"/> *Recreational (public) |
| <input type="checkbox"/> *Dwelling – Bed & Breakfast | <input type="checkbox"/> *Recreational (commercial) |
| <input type="checkbox"/> *Dwelling – multifamily | <input type="checkbox"/> *Religious Institution |
| <input type="checkbox"/> *Dwelling – multiple structures | <input type="checkbox"/> *Restaurant |
| <input type="checkbox"/> Dwelling – single family | <input type="checkbox"/> *Retail Facility |
| <input type="checkbox"/> *Fire station | <input type="checkbox"/> *Studio / shop (commercial) |
| <input type="checkbox"/> *Garage (commercial) | <input type="checkbox"/> Studio / shop (personal) |
| <input type="checkbox"/> Garage (personal use) | |
| <input type="checkbox"/> *Other commercial use <i>(specify)</i> _____ | |
| <input type="checkbox"/> Other personal use <i>(specify)</i> _____ | |
| <input type="checkbox"/> *Other public use <i>(specify)</i> _____ | |

WATER SOURCE (check one)

- () Cistern
- () Individual well (*permit number*) _____
- () Public system (*name of supply*) _____

USE PERMIT INSPECTIONS

Was the problem with the system discovered as a result of an inspection for a Use Permit?
() YES () NO

SANITATION DISTRICT

Is this property in a sanitation district and within 400 of a sewer line? () YES () NO

(If 'yes', you must attach a letter from the sanitation district stating that they have no objection to the Terralift® treatment of the existing system.)

OWNER STATEMENT

Application is hereby submitted for a permit to use the TERRALIFT® system process to repair the individual sewage disposal system at the above location. I understand that the Jefferson County Department of Health and Environment has not evaluated the long term suitability of the TERRALIFT® process and makes no representation, warranty, or endorsement of the system.

I agree that only a contractor licensed by the Department will be retained for this repair. I further acknowledge that the Department will inspect the individual sewage disposal system after the TERRALIFT® process treatment and that if the system continues to malfunction, I will be ordered to make a full and complete repair, up to and including replacement of the system.

APPLICANT/OWNER OR RESPONSIBLE PARTY

DATE

COMPLETED PERMIT TO BE SENT:

- () SENT TO APPLICANT
- () FAXED TO _____
- () HELD FOR PICKUP (call) _____

**DRAW MAP TO PROPERTY
(for follow-up inspections)**

DRAW map to the site – DO NOT JUST WRITE DIRECTIONS! Please provide security code for access, if necessary.

Security Code, if gated

TERRALIFT® TREATMENT REPORT
(To be completed by contractor after treatment)

AMANDA PERMIT NUMBER

(Staff Use Only)

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Form 400

This report must be filed with the Department (FAX or by mail) within three weeks (21) days of treatment of the system.

DATE OF TREATMENT _____

On the above date, the individual sewage disposal system was treated with the TERRALIFT® system in the following manner (describe):

We observed the following results during and after treatment (describe):

I understand that the system will be inspected by the Department within thirty (30) days. In the event that the system continues to malfunction, the Department will notify the contractor and applicant. Failure to repair the system may result in the issuance of an OFFICIAL NOTICE to the homeowner ordering that repairs be made.

Systems contractor

Lic No.

Date