FORM
1004

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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

SANITARY SURVEY FOR RESIDENTIAL STRUCTURES LOCATED ON NATIONAL FOREST LANDS
Instructions and Application Forms

USE THIS PACKET TO APPLY FOR A SANITARY SURVEY OF EXISTING CABINS, INDIVIDUAL SEWAGE DISPOSAL AND WATER SYSTEMS ON NATIONAL FOREST PROPERTIES. DO NOT USE THIS FORM TO APPLY FOR PERMITS TO INSTALL OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEMS.

Use the **Standard** application packet (FORM 100) for repairs to existing individual sewage disposal systems.

Use the **Review Case** application packet (FORM 110) if your proposed system consists of a holding tank or vaulted privy. This proposal must be heard by the Board of Health.

TO APPLY FOR YOUR SURVEY:

1. **COMPLETE PGS 1 - 3** of this application packet,

2. **INDICATE THE DATE YOU WILL BE AVAILABLE FOR A SITE INSPECTION**,

3. **SUBMIT CASH, CHECK or MONEY ORDER** payable to Jefferson County Public Health $150.00. Do NOT mail CASH.

PROCESSING TIME
The Department will contact you to schedule an inspection. An inspection report will be provided to you and a copy will be sent to the U.S. Forest Service.

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

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APPLICATION FOR SANITARY SURVEY (USFS CABINS)

Property Address				
Legal Description*	Lot(s)	Block	Unit/Filing	Subdivision Name

(*For metes and bounds descriptions please attach separate page showing complete legal)

FEE: $150.00

APPLICANT

NAME _____

MAILING ADDRESS _____

CITY STATE ZIP _____

PHONE _____ email_____

WATER SOURCE (check one)

( ) Cistern

( ) Surface water (river, stream, creek or lake)

( ) Spring (subsurface

( ) Individual well (*permit number*) _____

TERMS AND CONDITIONS OF APPLICATION

In applying for this sanitary survey I hereby authorize the health officer and / or their representative to enter onto this property to determine compliance with the Individual Sewage Disposal System Regulations pursuant to the issuance of a permit. I further acknowledge that the above information is true and correct to the best of my knowledge and that any false statement made on this application may be cause to revoke the permit issued for this property. Any violations noted during the inspection must be corrected in compliance with County individual sewage disposal system regulations.

_____ _____

OWNER / APPLICANT / AGENT **DATE**

WHEN ISSUED, APPROVAL SHOULD BE (check ONE):

( ) Mailed to APPLICANT

( ) Mailed to _____

_____

_____

( ) Held for pickup (phone) _____

( ) FAXed to _____

Revised 1/14/14

MAP TO PROPERTY

INSTRUCTIONS: Please **DRAW** a driving map to the site for the field inspectors. DO NOT JUST WRITE DIRECTIONS!

If the property is in a security or gated area, please indicate the code below or provide other instructions for entry. Remember that you must have the address posted on the property prior to our site visit and the location of the proposed well and absorption / evaporation system must also be staked. Failure to do so may result in a significant delay in processing your application!

SECURITY GATE CODE
(if applicable)