

JEFFERSON COUNTY PUBLIC HEALTH

Environmental Health Services Division
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jeffco.us/public-health

FORM
100-H
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SUPPLEMENTAL FORM FOR HIGHER LEVEL TREATMENT UNITS

Use this form as a supplement to FORM 100 when the design includes a higher level treatment unit.

INSTRUCTIONS: Complete Page 1 and submit it with FORM 100 and any other required documents—there are no additional fees required.

Property Address	
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TYPE OF HIGHER LEVEL TREATMENT UNIT

- Proprietary (manufactured) units *(complete items 1-4)*
 Public Domain treatment units *(complete items 1-2 and also submit FORM 100-B)*

1. **TREATMENT LEVEL ANTICIPATED** TL2 TL2N TL3 TL3N
2. **TREATMENT LEVEL FROM** Jefferson County OWTS Regulation, Table 13-2
 Jefferson County OWTS Regulation, Table 17-1
 CDPHE Technology Review and Acceptance Process

3. **PRODUCT DISTRIBUTOR:** _____

4. **INITIAL WARRANTY PERIOD:** years after unit placed in service

WARRANTY SERVICE PROVIDER	
Name	
Mailing Address	City State Zip
Phone	Email
Statement of Qualifications:	

- FOR PROPRIETARY UNITS, ATTACH A COPY OF THE MANUFACTURERS MAINTENANCE AND SERVICE REQUIREMENTS, or FOR PUBLIC DOMAIN SYSTEMS, MAINTENANCE AND SERVICE REQUIREMENTS AS DETERMINED BY THE DESIGN ENGINEER.

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