



**ONSITE WASTEWATER TREATMENT SYSTEM (OWTS)
Operating Permit Application
\$100**

SITE INFORMATION

OWNER(S): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PHYSICAL ADDRESS OF PROPERTY: _____

LEGAL DESCRIPTION OR PARCEL #: _____

SERVICE PROVIDER INFORMATION

COMPANY NAME: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INSPECTOR: _____

CERTIFYING AGENCY: _____ CERTIFICATION NUMBER: _____

CONTRACT START DATE: _____ CONTRACT EXPIRATION: _____

BY SIGNING THIS APPLICATION I CERTIFY I AM THE OWNER OF THE ABOVE PROPERTY. I UNDERSTAND THAT THIS IS A REQUIREMENT OF THE CLEAR CREEK COUNTY ON-SITE WASTEWATER TREATMENT SYSTEM REGULATIONS SECTION 6 FOR THE TYPE OF SYSTEM THAT MY PROPERTY WAS PERMITTED TO UTILIZE. I UNDERSTAND THAT MAINTENANCE REPORTS NEED TO BE SUBMITTED EVERY SIX (6) MONTHS FOR THE DURATION OF THIS PERMIT. I UNDERSTAND THAT IF AT ANYTIME I CANCEL MY CONTRACT WITHOUT SUBMITTING A NEW CONTRACT, I WILL BE IN VIOLATION OF THE CLEAR CREEK COUNTY ON-SITE WASTEWATER TREATMENT SYSTEM REGULATIONS. I UNDERSTAND THAT THE ISSUED PERMIT WILL ONLY BE VALID FOR THE DURATION OF MY OPERATIONS AND MAINTENANCE CONTRACT.

Signature

Printed Name

Date

Refer to the Clear Creek County On-site Wastewater Treatment System Regulations Section 6 for Operating Permit requirements. A copy of the current contract must be submitted with this application.