

MONTROSE COUNTY P&D DEPARTMENT
“OWTS PERMIT”

949 N 2nd ST
Montrose, CO 81401
Phone: 970-249-6688

OWTS Permit No.: _____
Building Permit No.: _____
Fee: _____
Received By: _____

Site Address _____ Section _____ Twmsp. _____ Range _____

Owner _____ Address _____ Phone _____

Subdivision _____ Lot # _____ Water Supply _____

OWTS Engineer _____ Address _____ Phone _____

Systems Installer _____ Address _____ Phone _____

New Structure _____ Existing Structure _____ Occupancy Use of Structure _____ # of Persons _____

Bedrooms _____ Clothes Washer _____ Dishwasher _____ Disposal _____ Other _____ Lot Size _____

Applicant acknowledges that approval of this permit and system does not guarantee the system against failure. This permit is void if installation is not completed within 12 months after application date.

OWNER/APPLICANT SIGNATURE _____ **DATE** _____

TO BE FILLED IN BY SANITARIAN

Soil Profile _____

Perc. Rate _____ Bedrock Depth _____ Water Table Depth _____ Percent Slope _____

Engineer Design Required _____ Type of System _____ Treatment Tank Size _____

Soil Absorbance System Size _____

Comments _____

OWTS Plans and specifications have been reviewed for installation: Signed _____ Date _____

OWTS has been certified properly installed as per reviewed plans and specifications: Signed _____ Date _____

Note: County needs to inspect system prior to backfilling. 252-4547