

FREMONT COUNTY
DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
WATER QUALITY CONTROL DIVISION

615 Macon Avenue, Room 212
Canon City, CO 81212
Telephone (719) 276-7460 Fax (719) 276-7461

On-Site Waste Water Treatment System
Visual Inspection Request Form:

Owner/Applicant Name: _____

Owner/Applicant Address: _____ Phone: _____

Property Address To Be Inspected: _____

Legal Description of Property: _____

PLEASE SUPPLY THE FOLLOWING ON THE BACK OF THIS FORM

- | | |
|-------------------------------|-----------------------------------|
| 1. Directions to the property | 2. Location of the septic system |
| 3. Year home was built | 4. Year existing septic installed |

Report to be: Picked up by: _____
 Mailed to: _____

Notes: _____

Fees are collected at time of request. All inspection areas shall be accessible and all animals be restrained.

FEES:

OWTS Visual Inspection \$85.00 cash check Receipt #/Date Paid: _____
Fee: _____

Additional Inspection Fee \$85.00 cash check Receipt #/Date Paid: _____
(if required): _____

Environmental Health Department Use ONLY:

- Yes No Approved permitted system?
Yes No System installed prior to requirements? (1974)
Yes No Sewage noted on the ground surface at the time of inspection?
(Note: a "NO" does not guarantee a properly functioning system)

Type of System:

- Cesspool (construction, alteration or repair of cesspool is prohibited)
 Septic tank/leach lines
 Septic/absorption bed
 Septic tank/absorption pit (drywell)
 Other (describe): _____
 Unknown

Comments: _____

Received by: _____ Date: _____
Environmental Health Technician: _____ Date: _____