

Adams County Health Department
Environmental Health
7190 Colorado Blvd.
Commerce City, CO 80022
303-288-6816
adamscountyhealthdepartment.org

Date:

Name: dba: Address:

City: State: Zip:

Email:

Account ID:

Dear Licensed Cleaner:

Please Note: Adams County Health Department (ACHD) requires that licensed

Cleaners complete the <u>National Association of Wastewater Technicians</u> (NAWT) Vacuum Truck Training Course or Operation and Maintenance 1 <u>Course</u>. A valid certification must be provided in order to obtain renewal of their license for the <u>2023 calendar year</u>. More information on taking

the course can be found at www.cpow.net.

Your Cleaners license from ACHD will expire December 31, 2023. The fee to renew your license is \$35.00. If you wish to renew your license with ACHD, please review the following pre-printed application. If the information is still correct please sign and date the application. If any of your information has changed or is not provided on the pre-printed portion of the application, please update that information in the space provided. Please remember when submitting your application we will also need a copy of your waste disposal contract (where you dispose of your waste); this <u>must</u> accompany the application.

Please submit the renewal to ACHD by March 30, 2023 via one of the 3 options below:

E-mail Scan and attach the application and a copy of your waste disposal

contract to an email and send it to ehwaterprogram@adcogov.org. After receipt of both items, we will contact you to arrange payment. You may also contact the office to pay by credit card (303-288-6816).

Mail In Submit the completed, signed application, contract and payment to:

Adams County Health Department 7190 Colorado Blvd Commerce City, Colorado 80022

Walk In Take the application and payment to the Adams County Health

Department location listed at the top of this page.

Please note: No application will be processed without a copy of your waste disposal contract.

For those with an email address, a license will be emailed after receipt of the application, contract and payment. If no business email address is available, we will mail the license.

Please make checks payable to ADCO Health.

For any questions, please contact Brian Mead at (303) 288-6816 or bmead@adcogov.org.

Sincerely,

Brian Mead

Water Program Supervisor

APPLICATION FOR A LICENSE TO CLEAN ONSITE WASTEWATER TREATMENT SYSTEMS

TCHD/ACHD License 1 Applicant: Company Name: Company Address:	No:			
City, State, Zip: Phone: Email:				
Is above information still	l correct?		Yes ply sign an	□ No d date) (if "No" please update below)
Name of Applicant:				
Company Name:				
Name of Owner:				
Company Address:				
				Phone:
	City	State	Zip	
Email Address:				
Wastewater Treatmensystems in compliance	t Systems R with the re	Regulation O-22	2, and will	County Health Department On-Site clean all onsite wastewater treatment ealth Department.
Name of Applicant (ple	ase print)			
Date	Sig	nature of Appli	icant	
IMPORTANT:	of their con the upcomi	tract of all the s	ites utilized osing of pu	ne applicant must list <i>and</i> attach a copy d in the last year and sites to be used in mping's. This application <i>will not</i> be
* * * * * *	*BELOV		R ACHD	OFFICE USE* * * * * *
License issued for 2022:	υΥ	Zes .	□ No	
Date Received:		Health Departs	ment Verifi	cation:

LIST AND ATTACH A COPY OF THE CONTRACT OF BE USED IN THE COMING YEAR FOR DISPOSING	ST YEAR AND TO