



**Cheyenne - Laramie County Health Dept.**  
**Division of Environmental Health**  
100 Central Ave  
Cheyenne, Wy. 82007  
**Ph: (307) 633-4090 Fax: (307) 633-4038**  
**Website: www.laramiecountyhealth.com**

**APPLICATION FOR COMMERCIAL WASTEWATER SYSTEM PERMIT**

Application must include two copies of the application form, plus specifications, pertinent design information, and the inspection fee of \$300.00 Partial inspection fee is \$50.00 per trip.

Name of facility: \_\_\_\_\_

Address of facility: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner, company, or corporation name: \_\_\_\_\_

Location of facility: Range \_\_\_\_\_ Township: \_\_\_\_\_ Section: \_\_\_\_\_

Lot: \_\_\_\_\_ Blk.: \_\_\_\_\_ Subd.: \_\_\_\_\_

New facility: \_\_\_\_\_ Modified facility: \_\_\_\_\_ Previous permit number(s): \_\_\_\_\_

Briefly describe facilitie(s) proposed to be constructed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Applicant/Owner of record:**

Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Engineer:**

Name: \_\_\_\_\_

WY. P.E.#: \_\_\_\_\_

Engr. Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

I certify that the above described facility has been submitted in accordance with local, county, and state statutes, as required, and that said facility shall be constructed as authorized under the provisions specified in Wyoming Water Quality Rules and Regulations, Chapter III and Laramie County Small Wastewater Regulations.

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_