



**DELTA COUNTY, COLORADO**  
**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**ENVIRONMENTAL HEALTH DIVISION**

255 WEST 6<sup>TH</sup> STREET, DELTA, CO 81416  
PHONE : (970) 874-2165 FAX: (970) 874-2175

**Individual Sewage Disposal System**  
**Soils and Site Evaluation**

Fee: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_ App. # \_\_\_\_\_

1. Applicant's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

2. Property Owner's Name: \_\_\_\_\_

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

3. Legal Description (1/4 Section): \_\_\_\_\_ Section: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_

4. Subdivision Name: \_\_\_\_\_ Lot(s) #: \_\_\_\_\_

5. Parcel Size: \_\_\_\_\_

6. Site Location-County Road Address: \_\_\_\_\_

7. Directions to Site: \_\_\_\_\_

\_\_\_\_\_

8. Intended Use of Land: \_\_\_\_\_

9. Domestic Water Source: Domestic: \_\_\_\_\_ Well: \_\_\_\_\_

Spring: \_\_\_\_\_ Cistern: \_\_\_\_\_

10. The Soils and Site Evaluation report will be kept on file for 1 year, at the end of the year it may be renewed.

11. Soils and Site Fees and ISDS Fees are non-refundable in the event that the project is not completed.

**12. The fee of the Soils and Site Evaluation will be applied to the cost of the ISDS Permit. You must fill out an application for an ISDS permit and submit the application along with the fee prior to construction of the system. When the ISDS permit is issued specific design requirements for the system will be stated in the permit.**

**I am requesting a Soils and Site Evaluation for the above property. I have completed this application and understand the information it contains. I have permission from the owners of this property to allow this inspection, to dig the test holes, and to have the Department of Health and Human Services- Environmental Health Division perform the percolation test.**

**Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**FOR OFFICE USE ONLY**  
**SITE INSPECTION REPORT**

**SCS Soil Type:** \_\_\_\_\_

**Depth to Bedrock:** \_\_\_\_\_

**Depth to Ground water:** \_\_\_\_\_

**Estimated High Seasonal Water Table:** \_\_\_\_\_

**Limiting Factors:** \_\_\_\_\_

**Flood Plain Information & Map #:** \_\_\_\_\_ **Flood Plain permit required?** \_\_\_\_\_

**Engineering Design Required:** \_\_\_\_\_

| <b>Time</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |  |
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**Average Percolation Rate:** \_\_\_\_\_

**Site Inspected By:** \_\_\_\_\_ **Date:** \_\_\_\_\_