



Delta County Health Department



Environmental Health Division

255 W. 6th Street Delta, Colorado 81416, Ph.970-874-2165

ON-SITE WASTEWATER TREATMENT SYSTEM APPLICATION

INSTRUCTIONS

1. Please fill out the application completely.
2. Draw plot plan on space provided.
3. Fill out section 1 through 4 and plot plan sketch.

Fee: _____ Received By: _____ Date: _____ Application #: _____

1. Property Owner: _____ Phone #: _____
 Mailing Address: _____
 Applicant: _____ Phone #: _____
 Contractor: _____ Phone #: _____
 County Road Address of proposed OWTS site: _____
 Legal Description: ¼ Section: _____ Section: _____
 Township: _____ Range: _____
 Parcel #/Tax/ID #: _____
 Subdivision: _____ Lot #: _____ Block#: _____ Filing #: _____
 Parcel Size: _____ Length: _____ Width: _____
 Directions to Site: _____

2. PLEASE CHECK THE FOLLOWING THAT APPLY:

- a. Is this property located in a floodplain? _____
- b. Indicate depth of all wells within 180 feet. _____
- c. Approximate distance to the nearest community sewer system: _____
- d. Was an effort made to connect the community sewer system? Yes: _____ No: _____

SYSTEM

____ New
 ____ Replace old system
 ____ Repair (Permit #: _____)
 ____ Alteration
 ____ Vault
 ____ Privy
 ____ Other (Please Explain): _____

USE

____ Year Round
 ____ Seasonal (Indicate # days/year)
 ____ Non-Domestic

WATER SUPPLY

____ Cistern
 ____ Well (Give Depth: _____)
 ____ Spring
 ____ Surface
 ____ Public (give name of water supply): _____

3. PROPOSED USE OF THE PROPERTY: Check the following that apply.

SINGLE FAMILY

- _____ Frame
- _____ Manufactured Home
- _____ # of Bedrooms
- _____ Clothes Washer
- _____ Garbage Disposal
- _____ Basement Plumbing
- _____ # of People
- _____ # of Bathrooms

MULTI-FAMILY

- _____ # of units
- _____ # of bedrooms/unit
- _____ # of units with clothes washer
- _____ # of units with garbage grinder
- _____ Basement plumbing
- _____ # of people
- _____ # of bathrooms

COMMERCIAL

- Type of business: _____
- Maximum sewage flow rates: _____
- # of employees: _____
- Building Occupancy: _____
- # of Bathrooms: _____
- Toilets #: _____ Sinks #: _____ Showers #: _____
- Urinals #: _____ Bath #: _____ Other #: _____
- Lavatories #: _____ Wash Racks #: _____

SITE SKETCH: AN ACCURATE SITE SKETCH OR PLAT FOR SUBDIVISION IS REQUIRED FOR ALL PERMIT APPLICATIONS SUBMITTED

Please draw and label your property to the best of your ability on the space provided on the next page. The features to be included in the site sketch are listed below. Some of the features may not exist or be applicable to your development. Try to be as detailed as possible

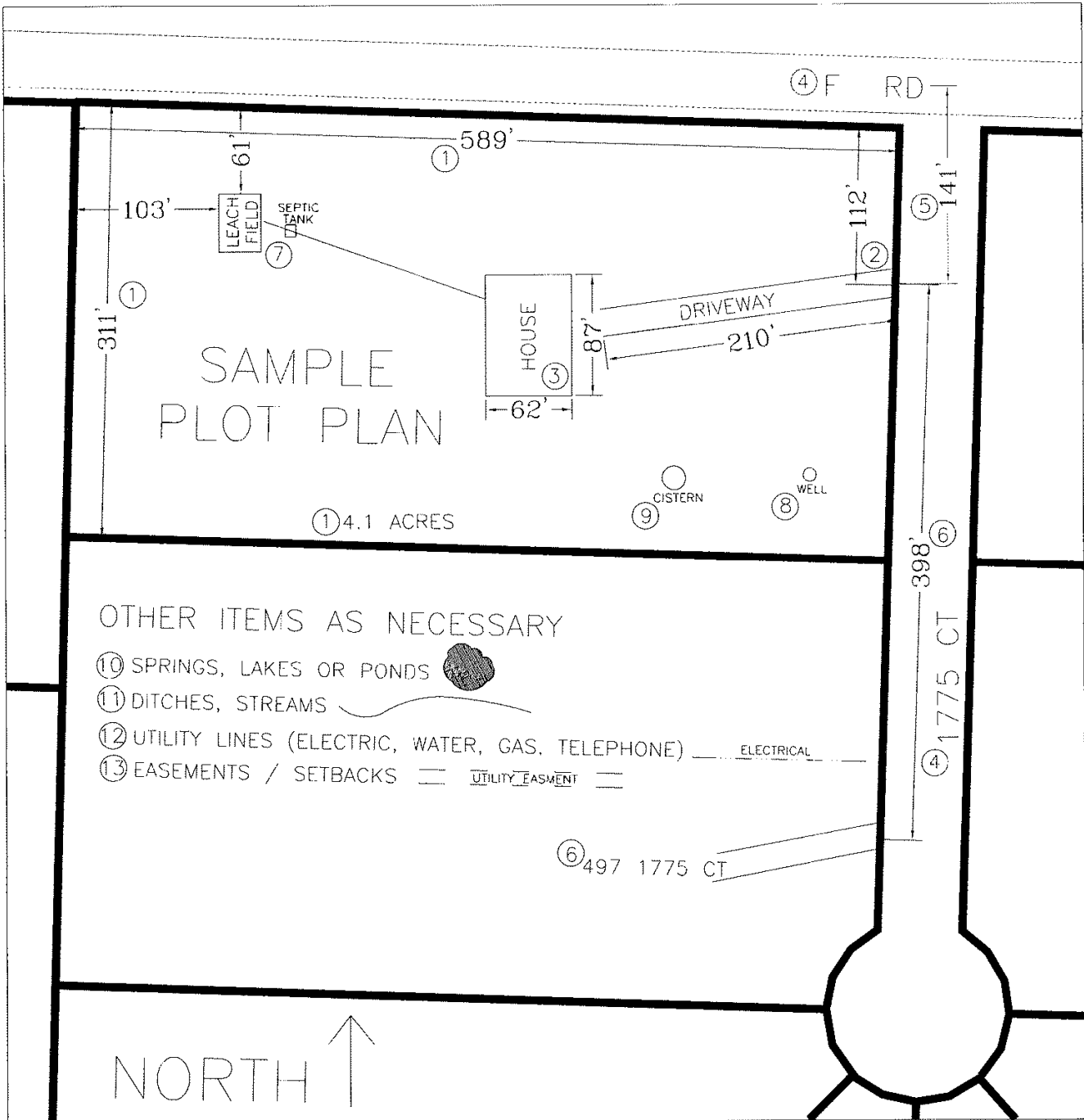
1. Property boundaries, acres, length, width	6. Distance between access and nearest neighbor's access (Include neighbors address)	11. Ditches
2. Proposed and existing accesses	7. Proposed/ existing septic and leach field location	12. Utility lines (electrical, water, gas, & telephone)
3. Proposed/ existing Buildings, Residences & Commercial buildings currently using or that will use this access	8. Wells	13. All Easements (attach recorded documentation and plat)
4. Label all County Roads.	9. Cisterns	
5. Distance between access & nearest intersecting road	10. Springs/ Ponds/ Lakes	

4. I hereby apply for a permit to construct an on-site wastewater treatment system on the above-described property and agree to construct such system in accordance with the above information, the attached plot plan and the regulations of the Delta County Department of Health-Environmental Health Division. The undersigned hereby certifies that the above information is true and correct to the best of my knowledge.

By: _____ **Date:** _____

Plot Plan





FOR OFFICE USE ONLY-SITE INSPECTION REPORT

1. SCS soil type _____
2. Depth of bedrock _____ Depth of groundwater _____
3. Estimate high seasonal water table _____
4. Limiting factors _____
5. Flood plain information & map # _____ Flood plain permit required? _____

6. Site Inspection and soil test pit or percolation test verified by;
 SITE INSPECTED BY _____ DATE _____

Professional Engineer Design Required: _____ Yes _____ No
 7. Professional Engineer design received and reviewed by;

P.E. DESIGN
 REVIEWED BY _____ DATE _____

8. Design changes required and P.E. notified;
 CHANGES: _____

— **SITE APPROVED**
 BY _____ DATE _____

Time	1	2	3	4	5

AVERAGE PERCOLATION RATE:

SOIL LOG

Office Use Only

SITE INSPECTED BY _____ DATE _____

PLANNING DEPARTMENT INFORMATION

1. Number of occupied mobile homes, RV's on the property:

2. Number of occupied dwellings on the subdivision lot:

3. Building setbacks closer than 25' from property boundary:

4. Describe any business on the property that may require a Specific Development Permit:

5. Describe possible building envelope violations on the subdivision lot:

Referral to Planning Department by:

Name

Date