

# Delta County Health Department

## Environmental Health Division

255 W. 6<sup>th</sup> Street Delta, Colorado 81416, Ph.970-874-2165

### APPLICATION ON-SITE WASTEWATER TREATMENT SYSTEM

#### 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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email 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

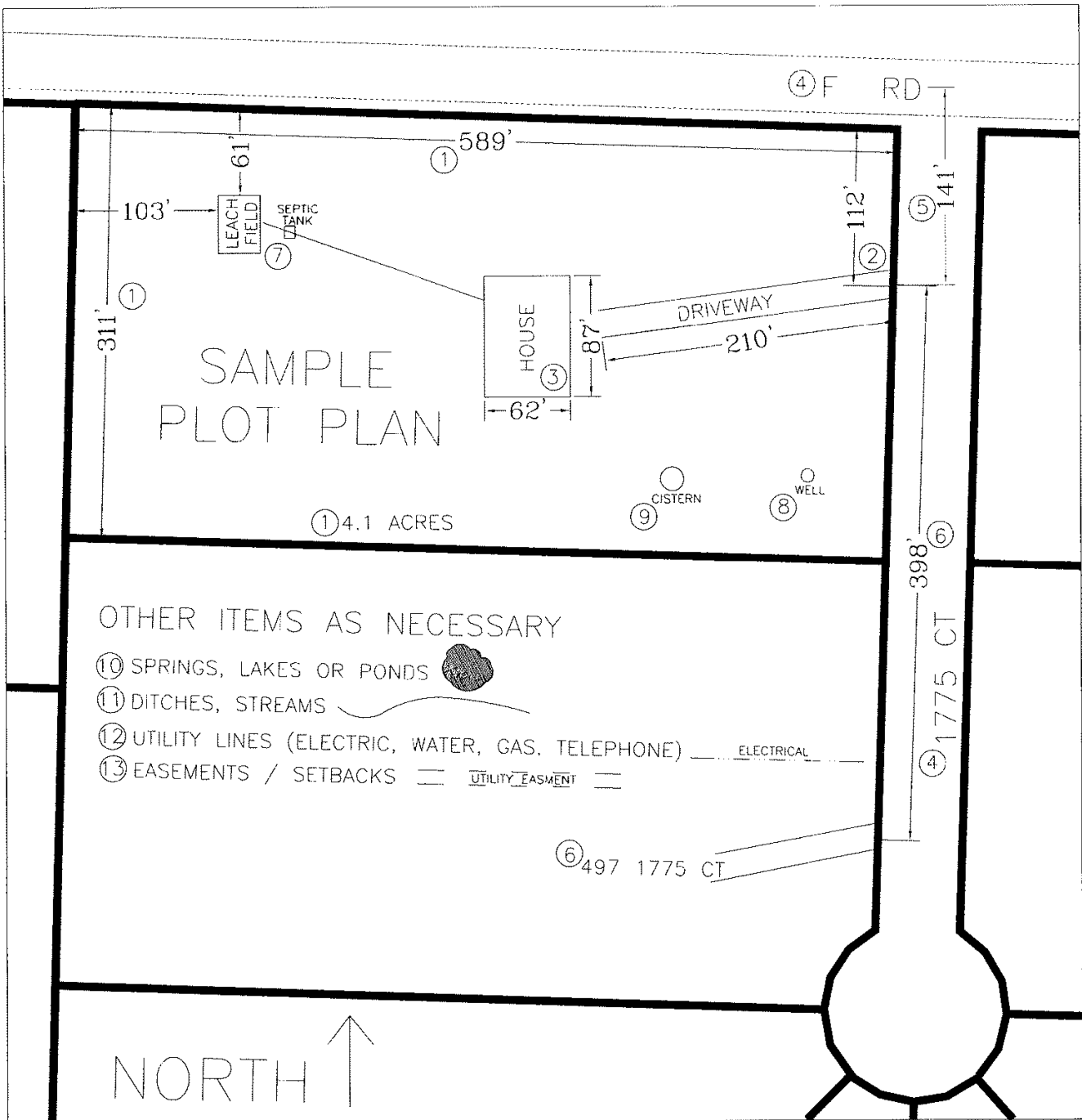
1. Property boundaries, acres, length, width	6. Distance between access and nearest neighbor's access (Include neighbors address)	11. Ditches
2. Proposed and existing accesses	7. Proposed/ existing septic and leach field location	12. Utility lines (electrical, water, gas, & telephone)
3. Proposed/ existing 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