

**COSTILLA COUNTY
PLANNING & ZONING DEPARTMENT
INDIVIDUAL SEWAGE DISPOSAL SYSTEM
PERMIT APPLICATION**

Application No. _____

Fees \$400.00 new
\$225.00 repair
\$400.00 State Certified

NOTE: (If applicant is not the owner of the property, then a copy of a contract for sale or lease between applicant and owner, or a notarized letter from the owner consenting to this application must be submitted. NO REFUNDS ON DEVELOPMENT PERMITS.)

APPLICANT: _____ **OWNER Y** ___ **N** _____
ADDRESS: _____ **STATE:** ___ **ZIP:** _____
Physical Address of Development: _____
Sub-division or Area: _____
TELEPHONE: _____ **Fax:** _____

PERMIT REQUIREMENT

Type of Installation: ___ New ___ State Certified ___ Repair ___ Other: _____
 Contractor Name: _____ Lic#: _____
 Address: _____ Telephone: _____
 Estimated Cost of Project: _____ Size: (Gals.) _____
Article 5 (A) (3) (b): "ISDS will not be allowed on parcels less than 1 acre in size"

Service Data: ___ Private Residence ___ Seasonal Use ___ Other: Describe ___ Commercial ___ Institutional
Is system designed for 2,000 gallons per day or less? ___ Y ___ N
 Number of Bedrooms ___ Number of persons: ___
 ___ Bath ___ Kitchen ___ Garbage Grinder ___ Washer ___ Dishwasher
Source and Type of Water Supply: ___ Well ___ Spring ___ Cistern ___ Holding Tank
 Well Permit No. _____ Well Depth _____ ft.
If Supplied by Community Name of Supplier: _____

OFFICE USE ONLY

Type of soil or soil classification: _____
 Depth of Bedrock: _____ ft. Depth of Ground Water Table: _____ ft.
 Percent Ground Slope: _____ % Distance to nearest Community Sewer System: _____ .
Type of Individual Sewage Disposal System Proposed: () Septic () Aeration () Vault
 () Silt Trench () Sand Filter Trenches () Subsurface Sand Filter
Proposed Design of System: _____
 Is effluent to be discharged into water of the State? ___ Y ___ N
 Was system designed by a Registered Professional Engineer? ___ Y ___ N
 If yes, Attach copy of Engineer's Design Report. Attach Site Plan Sheet

Soil Percolation Test Results

Hole No. 1 ___ Minutes per inch **Hole No. 2** ___ Minutes per inch **Hole No. 3** ___ Minutes per inch
Health Inspector Signature: _____ **Date:** _____

If this permit is granted, I understand that I will be responsible for the operation, maintenance, and performance of the system.
Applicant Signature: _____ **Date:** _____
Approved: _____ **Date:** _____
 Costilla County Land Use Administrator