

APPLICATION # 9308PERMIT # 224**DELTA COUNTY HEALTH DEPARTMENT**255 West 6th Street
Delta, Colorado 81416
874-2165**DELTA COUNTY INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT AND OCCUPANCY PERMIT**ISSUED TO: Tenence I. LeeLOCATION (COUNTY ROAD ADDRESS): 93 1200 Dune Delta

SUBDIVISION: _____ LOT: _____ BLOCK: _____

QUARTER SECTION: SW 1/4 SECTION: 17 TOWNSHIP: 51N RANGE: R 11W

3493 - 173 - 00 - 018

The Individual Sewage Disposal System Permit (ISDS) Is Granted For The Following Use:

1, Residential 3-Bedroom Frame Home
(Residential, commercial, business, industrial, institution, other; Indicate # of people served, flow, or # of units)**REQUIREMENTS OF PERMIT****INTENDED ACTIVITY**INSTALLATION X

ALTERATION OF EXISTING SYSTEM _____

REPAIR _____

EMERGENCY PERMIT _____

PREVIOUS PERMIT # _____

EXPIRATION DATE 8/13/98

(INSTALLATION MUST BE COMPLETED BY THE ABOVE DATE)

MINIMUM CONSTRUCTION REQUIREMENTSSEPTIC TANK SIZE 1,000 GAL
ABSORPTION AREA 600 SQ. FT.
AMOUNT OF ROCK 22 CU. YDS.SUGGESTED DIMENSIONS 18' x 33 w/ 3
Dist. line or 12' x 50 w/
If needed: 2 Dist. linesEngineer design: Job # _____
Firm: _____OTHER REQUIREMENTS: _____

In addition to the provisions set forth on the reverse hereof, this permit is subject to the following terms and conditions:

Occupancy of any dwelling prior to final approval of the permit is a violation of 135-10-111 (2) C.R.S. 1973. This permit shall not be transferred without approval of the issuing agency and expires on the date noted above if construction has not been completed.

CONDITIONAL APPROVAL; BY: K. Abbott

Environmental Health Specialist

DATE: 8/13/97

Before issuing final approval of this permit, the Delta County Health Department reserves the right to impose additional terms and conditions required to meet its applicable regulations on a continuing basis. Monitoring and testing requirements may also be imposed. The Health Department shall be notified not less than 24 hours prior to backfilling or closing up the work which would prevent inspection of components installed in places otherwise inaccessible following such backfilling or closure.

This permit is issued in reliance upon the accuracy and completeness of information supplied by the applicant and is conditioned upon construction, installation, repair, use, and operation in accordance with this information and representations made by the applicant or its agents.

This permit may be revoked or suspended by the issuing agency for reasons set forth in the regulations of Delta County Health Department or the State Board of Health, as applicable, including failure to meet any terms or condition imposed thereon during temporary approval or upon final approval.

Each and every condition of this permit is a material part hereof and is not severable. Any challenge to, or appeal of, a condition hereof shall constitute a rejection of the entire permit and upon such occurrence this permit shall be deemed denied ab initio.

This permit does not constitute a guarantee or representation that the system will continue to function properly or that the system is free from deficiencies.

The issuance of this permit does not imply compliance with other state or local regulatory or building requirements, nor shall it act to certify that the subject system will operate in compliance with applicable state and local regulations adopted pursuant to Article 10, Title 25, C.R.S. 1973, as amended, except for the purposes of establishing final approval of an installed system for issuance of a local occupancy permit pursuant to C.R.S. 1973, 25-10-111 (2).

SKETCH OF INSTALLED SYSTEM:

_____ Sq. ft.

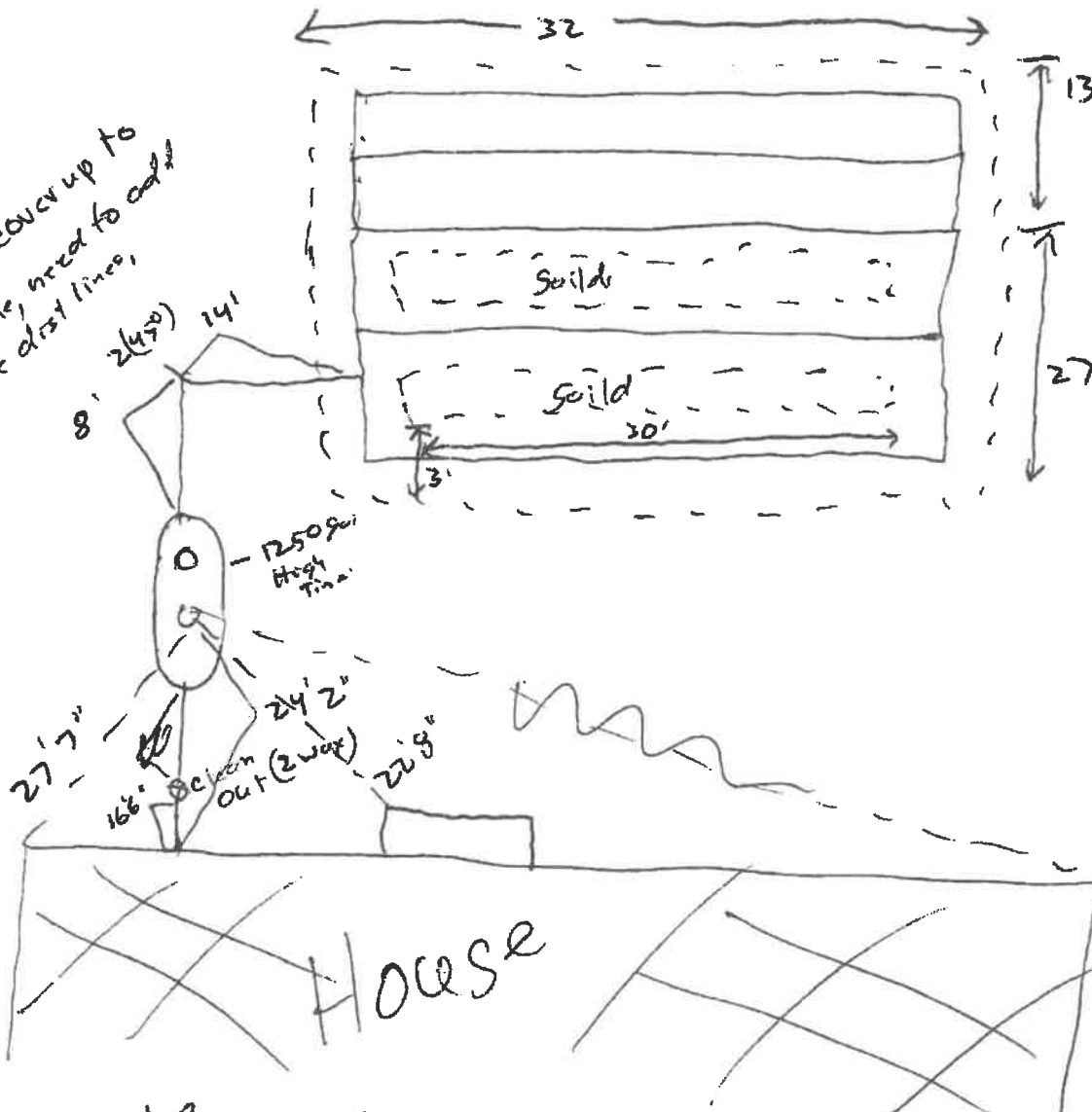
_____ Amount of Rock

Installed by:

OWNEr

4 N

Outs cover up to
end line, need to add
Two more dist lines,



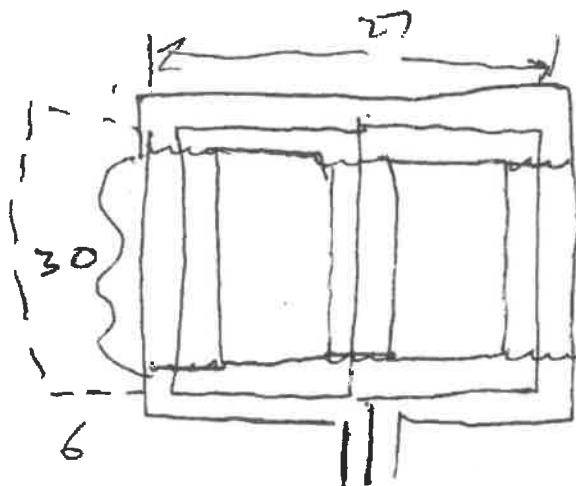
FINAL APPROVAL BY:

Larry Hudnall

DATE:

10/8/97

Area of Lee Trench system



width of Trench 3'

3 = lengths of

$$3 \times 30 = 90$$

$$3 \times 3 \times 90 = 270$$

$$3 \times 27 = 70$$

180

180

270

76

3,40

short

260 feet

2 more lines added

on to already 3-

12' x 36 =

60

90

150

100

30

90

180

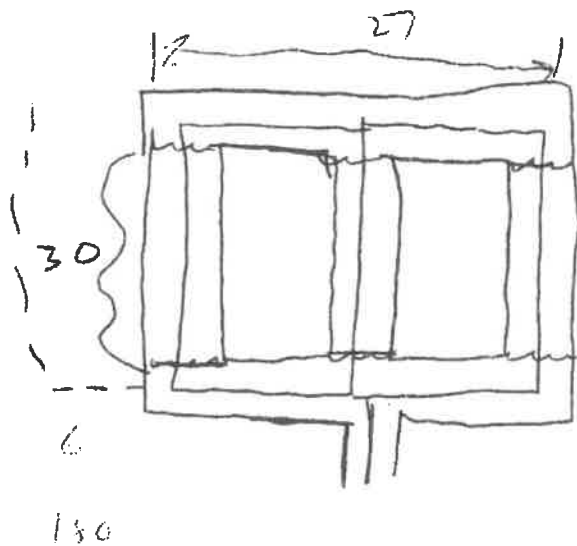
80

6 x

$$\begin{array}{r} 320 \\ 260 \\ \hline 60 \end{array}$$

$$\begin{array}{r} 36 \\ 12 \\ \hline 72 \\ 46 \\ \hline 532 \end{array}$$

Area of Lee Trench system



width of Trench 3'

3: length of

$$3 \times 30 = 90$$

$$3 \times 30 = 90 \quad 270$$

$$3 \times 27 = 70$$

$$270$$

$$70$$

$$340$$

Short 260 feet

2-More lines added

on to already 3-

$$12' \times 36 =$$

$$60$$

$$60$$

$$120$$

$$60$$

$$30$$

$$90$$

$$320$$

$$460$$

$$6 \times$$

$$136$$

$$12$$

$$72$$

$$46$$

$$532$$

$$336$$

$$6$$

$$216$$

DELTA COUNTY HEALTH DEPARTMENT
255 West 6th Street
Delta, CO 81416
(970) 874-2165

APPLICATION
FOR
Individual Sewage Disposal System

Fee 150.00
Received by KG
Date 8-8-97
Application# 9308

INSTRUCTIONS:

1. Please fill out all applicable information completely.
2. Draw plot plan on space provided on reverse side.
3. Fill out section 1 thru 4 and plot plan.

Owner Terrence J. Lee Phone 874-2561
Address 93-1200 Dr. Delta Co, 81416
Applicant Joshua M. Kilbane Phone 874-2561
Contractor 11 Phone 11 11

Construction Location: County Road Address 93-1200 Dr

Legal description: (1/4 Sec.)
Township _____ Range _____ Section _____

Subdivision _____ Lot# _____ Block# _____ Filing _____

Parcel Size: Acres 9.6 Length _____ Width _____

Directions to site take 348 to Church of 1st turn, go straight 1 1/2 miles, left on 1300ad, (28 mesquite)
right on 1200

2. PLEASE CHECK THE FOLLOWING THAT APPLY.

- a. Is this property located in a floodplain? no
- b. Indicate depth of all wells within 180 feet of the system none
- c. Approximate distance to the nearest community sewer system 8 miles 33
- d. Was an effort made to connect the community sewer system? Yes _____ No x

SYSTEM

- ☒ New
☐ Replace old System
☐ Repair (Permit # _____)
☐ Alteration
☐ Vault
☐ Privie
☐ Other (please explain) _____

USE

- ☒ Year Around
☐ Seasonal
(indicate #days/year _____)
☐ Non-Domestic

WATER SUPPLY

- ☐ Cistern
☐ Well (give depth) _____
☐ Spring
☐ Surface
☒ Public (give name of supply) Tri-County

3 PROPOSED USE OF PROPERTY--Check the following that apply

SINGLE FAMILY

- ☒ Frame
☐ Mobile Home
3 # of bedrooms
☒ Clotheswasher
☐ Garbage disposal
☒ Basement plumbing
5 # of people
3 # of bathrooms

MULTI-FAMILY

- _____ # of units
_____ # of bedrooms/unit
_____ # of units with clotheswasher
_____ # 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 # _____ Washracks # _____

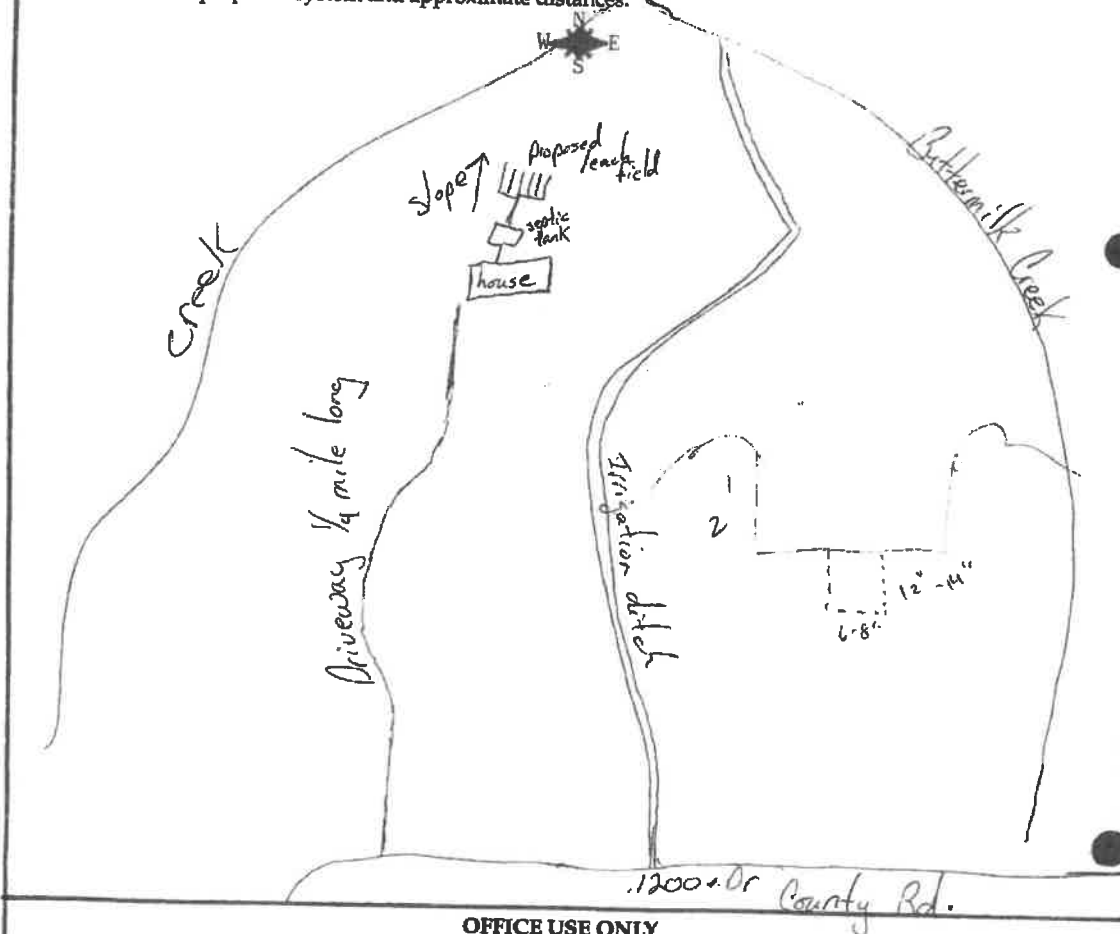
List permanent water conservation devices: _____

4. I hereby apply for a permit to construct an individual sewage disposal 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 Health Department. The undersigned hereby certifies that the above information is true and correct to the best of my knowledge.

By Joshua M. Kilbane DATE 8-8-97

NOTE: A permit to install the system will not be issued until this application, along with the permit fee, is returned to the health department.

PLOT PLAN: Please draw to the best of your ability, a plot plan of the area surrounding the system. Show property boundaries and include buildings, wells, driveways, springs, lakes, ditches, waterlines, cisterns, subsoil drains, water courses and dry gulches. Show location of proposed system and approximate distances.



OFFICE USE ONLY
SITE INSPECTION REPORT

SCS soil type mo c
 Depth to bedrock >10
 Depth to groundwater >10
 Estimated high seasonal watertable >10
 Limiting factors -
 Flood plain information & map # -
 Engineering design required -
 Flood plain permit required? -

Time	1	2	3	4	5
9:42	29 ^{3/8}	25 ^{5/8}	21 ^{1/8}		
9:52	33	30			
10:02	34 ^{5/8}				
10:12		↓	↓		

AVERAGE PERCOLATION RATE 5 gpi
 Site Inspection by Kurt J. Jorgensen
 DATE 8/13/97