

Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

Hugh Rohrer, M.D., M.P.H.
Director

ENVIRONMENTAL HEALTH DIVISION PERMIT NO. 7-95-189

PERMIT TO CONSTRUCT AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

OWNER: GAYLORD G. & DONA J. KLEIN

LOCATION: 9979 DELBERT ROAD

COMPOSED OF 1000 GALLON SEPTIC TANK AND ABSORPTION AREA OF
450 SQUARE FEET
*INSTALL MIN. 36" MAX 60".

A PERMIT TO CONSTRUCT SHALL EXPIRE ONE YEAR FROM THE DATE OF
ISSUANCE UNLESS EXTENDED TO A FIXED DATE UPON REQUEST BY THE
APPLICANT AND APPROVAL BY TRI-COUNTY HEALTH DEPARTMENT. A
PERMIT TO REMODEL EXPIRES TWO WEEKS FROM THE DATE OF
ISSUANCE.

THIS PERMIT EXPIRES ON 7-14-96

NOTE: Construction requirements and special conditions relative
to this permit are presented on the accompanying application.
This permit shall not be valid unless a copy of the application
is attached to it.

ISSUED BY Gary L. Hansen OF TRI-COUNTY HEALTH
DEPARTMENT ON 7-14-95

OWNER MUST MAKE SURE THAT THIS ENTIRE WASTE DISPOSAL SYSTEM
REMAINS OPEN FOR INSPECTION UNTIL IT HAS RECEIVED APPROVAL BY
TRI-COUNTY HEALTH DEPARTMENT. TRI-COUNTY HEALTH DEPARTMENT
CANNOT ASSUME RESPONSIBILITY IN CASE OF FAILURE OR INADEQUACY OF
A WASTE DISPOSAL SYSTEM BEYOND CONSULTING IN GOOD FAITH WITH THE
PROPERTY OWNER.

PERMIT FEE OF \$150 CHECK #10893

RECEIVED BY LLJ ON 7-10-95

() Owner Copy () Bldg. Dept. Copy () Installer Copy () H.D.



Tri-County Health Department
Serving Adams, Arapahoe and Douglas Counties

Permit # 7-95-189

Date Paid: 7-10-95

Check # 10893

Rec'd By: RJ

Application Fee: \$150

APPLICATION TO:
 INSTALL **REPAIR** **EXPAND**
AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

0000 98971

To Be Completed By Applicant - Please Type or Print Clearly

Address/Legal Description of Property Served by Proposed System: THE EAST 1/2, EAST 1/2 of the WEST 1/2 of the southwest 1/4 Section 28, TOWNSHIP 6 SOUTH, RANGE 65 WEST of the 6th P.M., COUNTY OF DOUGLAS STATE OF COLORADO.
City and Zip Code: 9979 - DELBERT ROAD PARKER, CO 80134

Property Owner GAYLORD G + DONA J. KLEIN
Address 3338 - S. LAREDO CT.
City AURORA State CO.
Zip 80013 Phone () 690-2001

Applicant AETNA HOUSING
Address 6001 - ~~FEDER~~ FEDERAL BLVD
City DENVER State COLORADO
Zip 80221 Phone () 657-1500
X22

Installer BACKHADE SERVICES
License # #170 Phone () 303 644 3666
1M-877-4822

Design Engineer COLORADO SOIL
Job # 95-291B Phone () 688.9475

Proposed Facility:
Facility Type: Single Family Residence Other 482^m Lot Size 20A 330x2640

Source/Type of Water Supply: On Site Well Community Other

If supplied by community water, give name of supplier: _____

General Information:
Number of bedrooms: 1 Basement: Full Walkout Basement Plumbed? Yes No

Are Additional Bedrooms Planned? Yes No Is this property within 400 feet of a sewer line? No

If so, will that sewage district provide service? _____ (attach letter from sewage district)

Is lot marked and are percolation holes staked? YES

I the undersigned hereby certify that all information and data provided is correct and true to the best of my knowledge. I agree that the construction of this individual sewage disposal system will comply with Tri-County Health Department's Regulation I-88 and all other applicable laws and regulations.

Applicant's Signature Gordon Hyatt Date 7/10/95

- Commerce City
4301 E. 72nd Ave.
Commerce City, CO 80022
288-6816
- Aurora
15400 E. 14th Pl.
Suite 309
Aurora, CO 80011
341-9370
- Castle Rock
413 Wilcox St.
Castle Rock, CO 80104
688-5145
- Englewood
4857 S. Broadway
Englewood, CO 80110
761-1340
- Northglenn
10190 Bannock St.
Suite 100
Northglenn, CO 80221
452-9547

For Department Use Only
Design Installation Requirements

All applicable design/installation requirements of Regulation 1-88 shall be complied with in the installation of this system

System designed for: _____ gallons per day and/or 3 ^{1.64} bedrooms

Soils data: (See attached Percolation Test and Soil Data Form)

Average percolation rate: 21 (minutes per inch) Depth to groundwater: 210'

Depth to bedrock: 210' Ground slope: 5 % to NE

Type of disposal area proposed: Conventional

Minimum size tank: 1000 gallons Minimum disposal area (bed): 1350 ⁶⁴ 450 square feet

Engineer design required? NO Minimum disposal area (trench): 1080 ⁶⁴ 360 square feet

Maximum depth of disposal area: _____ (not to exceed depth of percolation test holes)

Minimum depth of installed rock: 12"

Special Permit Conditions: Install min. 36" max 60"

Med 15 units for
270 ft² inf. need for field

Design engineer inspection of the completed system required? NO

Site approved by: Y J Hanzen Date: 7/13/95

Application reviewed and approved by: Y J Hanzen Date: 7/12/95

Site Visit Comments: Site is OK

Final Inspection

Inspection Date(s): 8/24/95

Septic Tank Size (as built): 1250 gallons

Disposal Area Type: infiltration Size (as built): 20 units ^{360 ft²} square feet

Depth At Deepest Point: 36"

Comments: Inspection made Cole Gorb will send a letter (attached)
as Bld attached & u

11/21/95
Date Of Final Approval

Y J Hanzen
Environmental Health Specialist

TRI COUNTY HEALTHS COPY

Also needs a Plot Plan drawn to scale
showing proposed location of:

House - which needs to be 20 feet from field
Leach Field - which needs to be 100 feet from well
Septic Tank - which needs to be 50 feet from well
and 5 feet from the house.



Tri-County Health Department

Percolation Test and Soils Data Form

Customer KLEIN

Property address _____

Legal description A TRACT OF LAND LOCATED IN THE E 1/2 OF THE E 1/4 OF THE W 1/2 OF THE SW 1/4 OF SEC 7, T28N, R65W, D.C.

Property Owner:

Name AETNA HOUSING

Address 6001 Federal Blvd., Denver, Co 80221

Phone 657-1500

Note:

- Percolation Test Form, Site Plan and Grain Size Distribution Curve of the Sample must be submitted with this form.
- For all Lots \leq across the site plan must include the entire lot. Test locations must be accurately tied to lot corners or other permanent markers.

Saturation and Swelling

- Smear surfaces removed: Yes No
- Sand or gravel added: Yes No
- Date and time presoak water added:
6-30-95 — 2:30
- Amount of presoak water added (gallons):
5
- Date and time percolation test is started:
7-3-95 — 7:15
- Did water remain in hole after the overnight swelling period:

Hole 1	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hole 2	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hole 3	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Percolation Rate Measurement

Percolation Rate (min./in.)	Hole 1	<u>24</u>
	Hole 2	<u>20</u>
	Hole 3	<u>20</u>
	Average	<u>21</u>

Groundwater:

- Encountered @ _____ feet.
- Estimated depth to maximum seasonal water table if not encountered in profile: 10'
- Is area believed to be subject to seasonal fluctuations which could result in a seasonal water table within 3' of surface?
 Yes No

Slope determination in absorption area: 5 % to the NE (direction)

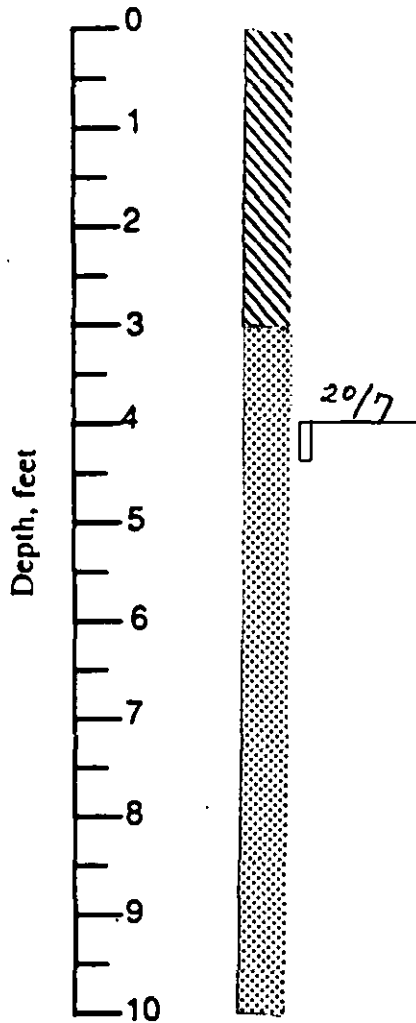
Bedrock:

- Encountered @ _____ feet.
- Estimated depth if not encountered in profile: 10'
- Type of bedrock: _____ Sandstone
_____ Claystone _____ Siltstone
_____ Other
- Is bedrock fractured or weathered?
 Yes No
- Is bedrock believed to be permeable? (Perc rate \leq 50 min./in.)
 Yes No

Profile Hole Information (Cont.)

(Soils must be classified using Unified System ASTM D2487)

Profile Hole Log



clay: Sandy, Moist, BRN.

SAND: clayey, moist, TAN to GRAY (SC)

Certification

I certify that the above information is correct and complete to the best of my knowledge and that all tests were performed in accordance with the provisions of Tri-County Health Department Regulation I-88 by myself or under my supervision!

Raymond A. Stewart
Original Signature

7-5-95
Date

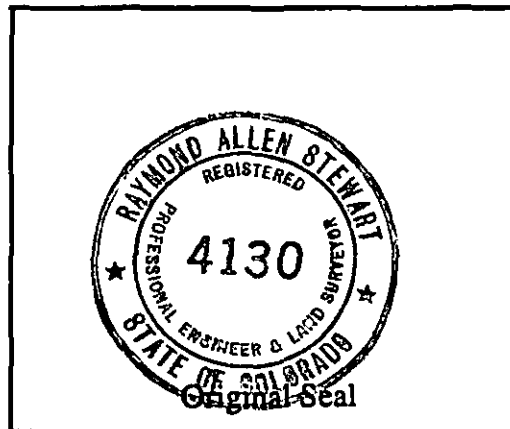
Colorado Soil
Company Name

5 PHOLPS DR., C.R.
Address

688-9475
Phone

95-291B

FOR: Gaylord Clyne Klein



LOCATION MAP

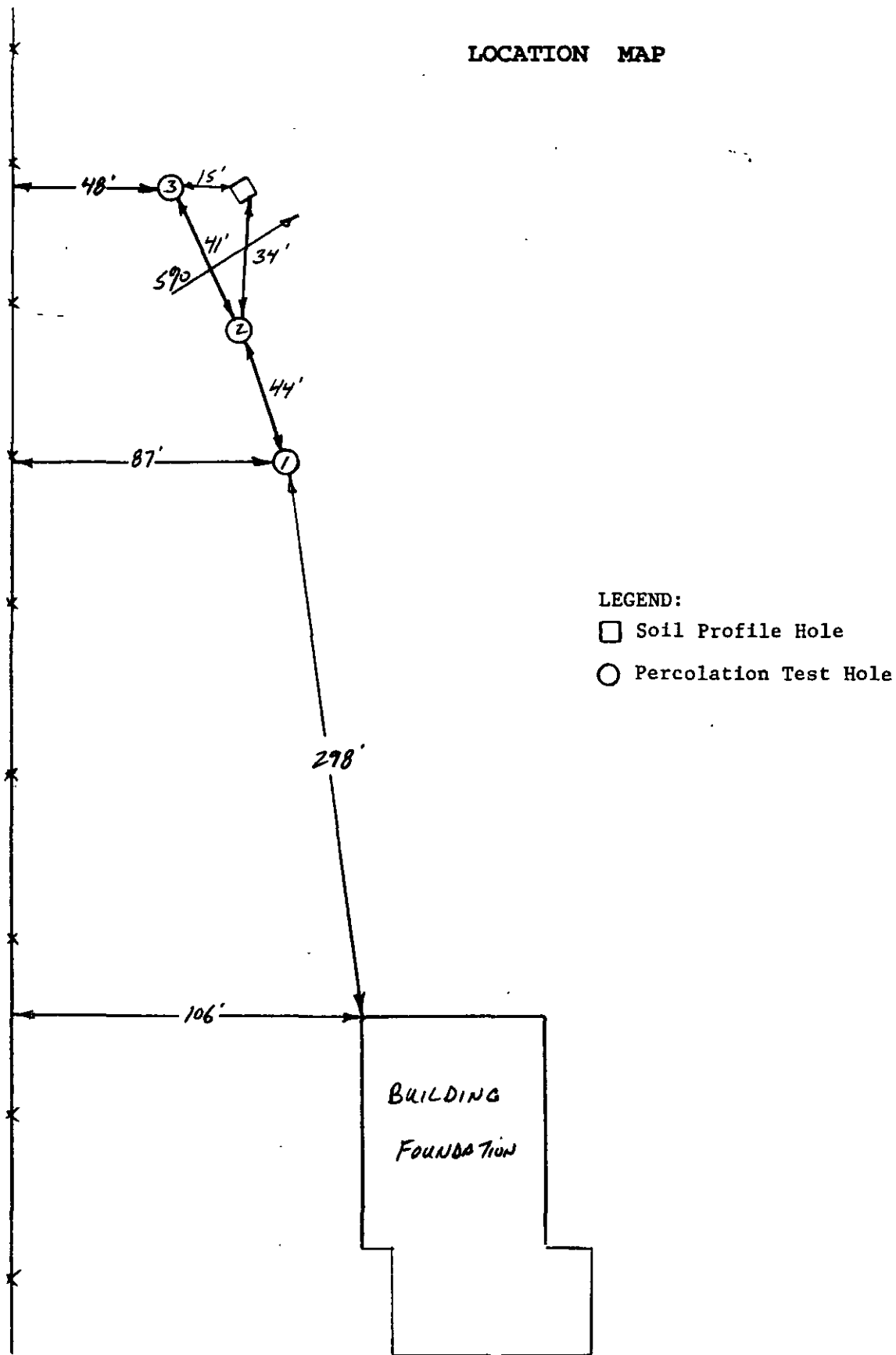
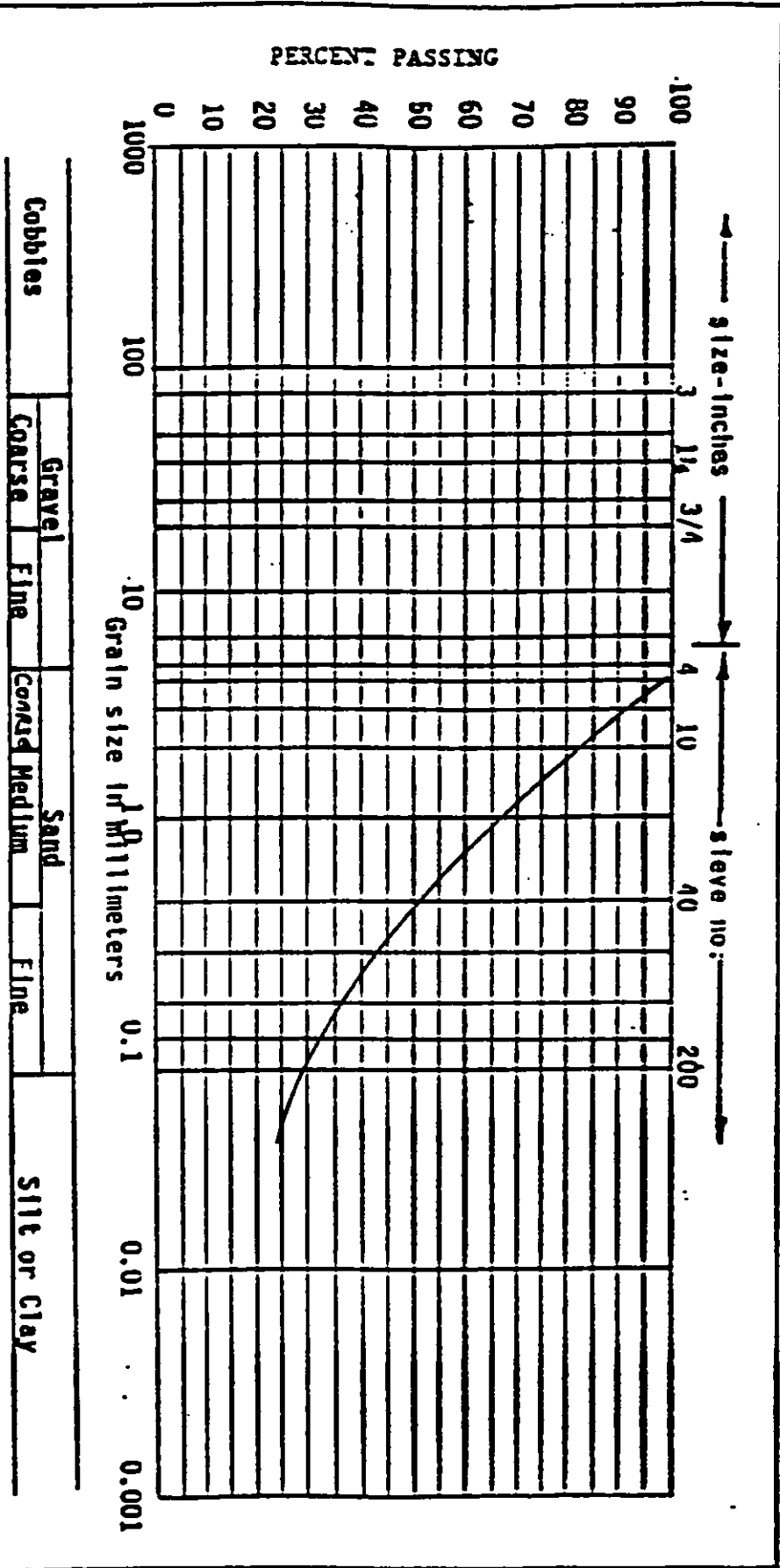
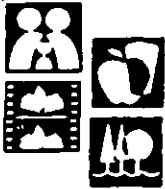


Figure 1

U S STANDARD SIEVE SIZE



NAME: AETNA Housing
 REPORT NO. 95-R118
 S.P.H. 3'-10'



TRI-COUNTY HEALTH DEPARTMENT

Percolation Test Result Form

Hole No.	Hole Depth (in.)	Length of Interval (min.)	Water Depth @ Start of Interval (in.)	Water Depth @ End of Interval (in.)	Drop In Water Level (in.)	Percolation Rate @ Final Interval (min./in.)
1	51	30	43 1/8	46	2 7/8	
		30	46	48	2	
		30	48	50 5/8	2 5/8	
		30	50 5/8	—	EMPTY	
		30	43	46	3	
		30	46	48 1/2	2 1/2	
		15	48 1/2	48 3/4	5/8	
		15	48 3/4	49 1/2	3/4	
		15	49 1/2	50 1/8	5/8	
		15	50 1/8	50 3/4	5/8	24

*Field Notes shall be recorded on this form or in this format; typed copies of field records may be submitted on this form.

*A four hour test must be conducted unless (a) water remains in the hole after the presoak in which case one 30 min. interval is sufficient, (b) the first 6" of water seeps away in <30 minutes in which case a one-hour test of 6 - 10 minute time intervals may be used, (c) the test is being conducted in sand in which case a one-hour test of 6 - 10 minute time intervals may be used, (d) three successive water level drops do not vary by more than 1/16 inch in which case a two hour test may be conducted.



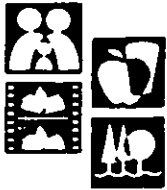
TRI-COUNTY HEALTH DEPARTMENT

Percolation Test Result Form

Hole No.	Hole Depth (in.)	Length of Interval (min.)	Water Depth @ Start of Interval (in.)	Water Depth @ End of Interval (in.)	Drop In Water Level (in.)	Percolation Rate @ Final Interval (min./in.)
2	56	30	48	53	5	
		30	53	55 3/4	2 3/4	
		30	55 3/4	—	EMPTY	
		30	48 1/4	51 1/2	3 1/4	
		30	51 1/2	53 5/8	2 1/8	
		30	53 5/8	55 3/8	1 3/4	
		15	55 3/8	—	EMPTY	
		15	48 1/2	50	1 1/2	
		15	50	51	1	
		15	51	51 3/4	3/4	20

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*A four hour test must be conducted unless (a) water remains in the hole after the presoak in which case one 30 min. interval is sufficient, (b) the first 6" of water seeps away in <30 minutes in which case a one-hour test of 6 - 10 minute time intervals may be used, (c) the test is being conducted in sand in which case a one-hour test of 6 - 10 minute time intervals may be used, (d) three successive water level drops do not vary by more than 1/16 inch in which case a two hour test may be conducted.



TRI-COUNTY HEALTH DEPARTMENT

Percolation Test Result Form

Hole No.	Hole Depth (in.)	Length of Interval (min.)	Water Depth @ Start of Interval (in.)	Water Depth @ End of Interval (in.)	Drop In Water Level (in.)	Percolation Rate @ Final Interval (min./in.)
3	66	30	58 ³ / ₈	—	EMPTY	
		30	58	62 ⁵ / ₈	4 ⁵ / ₈	
		30	62 ⁵ / ₈	65 ⁷ / ₈	3 ¹ / ₄	
		30	65 ⁷ / ₈	—	EMPTY	
		30	56	59 ¹ / ₂	3 ¹ / ₂	
		30	59 ¹ / ₂	62	2 ¹ / ₂	
		15	62	63 ¹ / ₂	1 ¹ / ₂	
		15	63 ¹ / ₂	64 ¹ / ₂	1	
		15	64 ¹ / ₂	64 ⁷ / ₈	³ / ₄	
		15	64 ⁷ / ₈	65 ⁵ / ₈	³ / ₄	20

*Field Notes shall be recorded on this form or in this format; typed copies of field records may be submitted on this form.

*A four hour test must be conducted unless (a) water remains in the hole after the presoak in which case one 30 min. interval is sufficient, (b) the first 6" of water seeps away in <30 minutes in which case a one-hour test of 6 - 10 minute time intervals may be used, (c) the test is being conducted in sand in which case a one-hour test of 6 - 10 minute time intervals may be used, (d) three successive water level drops do not vary by more than 1/16 inch in which case a two hour test may be conducted.



Permit # _____
Date Paid: 5-12-95
Check # 000 9612
Rec'd By: [Signature]

Application Fee: \$150

APPLICATION TO:
 INSTALL **REPAIR** **EXPAND**
AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

To Be Completed By Applicant - Please Type or Print Clearly

Address/Legal Description of Property Served by Proposed System: <u>9999 DELBERT RD</u> <u>E 1/2 E 1/2 W 1/2 SW 1/4 S-28 T5S R165W DC</u>	
City and Zip Code: <u>PARKER CO 80134</u>	
Property Owner <u>GAYLORD + DONA KLEIN</u>	Applicant <u>AETNA HOUSING (Aurora) (Cliff)</u>
Address <u>5061 PARKER</u>	Address <u>1001 N FEDERAL</u>
City <u>AURORA</u> State <u>CO</u>	City <u>DENVER</u> State <u>CO</u>
Zip <u>80015</u> Phone <u>(303) 486-4571</u>	Zip <u>80221</u> Phone <u>(303) 657-1500</u>
Installer <u>BACKHOE SERVICES</u>	Design Engineer <u>COLO SALT</u>
License # _____ Phone <u>(303) 644-4130</u>	Job # <u>95-291</u> Phone <u>(303) 688-9475</u>
Proposed Facility:	
Facility Type: <input checked="" type="checkbox"/> Single Family Residence <input type="checkbox"/> Other _____ Lot Size <u>2610x 330</u>	
Source/Type of Water Supply: <input checked="" type="checkbox"/> On Site Well <input type="checkbox"/> Community <input checked="" type="checkbox"/> Other _____	
If supplied by community water, give name of supplier: _____	
General Information:	
Number of bedrooms: <u>1</u> Basement: <input type="checkbox"/> Full <input checked="" type="checkbox"/> Walkout Basement Plumbed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are Additional Bedrooms Planned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this property within 400 feet of a sewer line? <u>No</u>	
If so, will that sewage district provide service? _____ (attach letter from sewage district)	
Is lot marked and are percolation holes staked? <u>yes</u>	
I the undersigned hereby certify that all information and data provided is correct and true to the best of my knowledge. I agree that the construction of this individual sewage disposal system will comply with Tri-County Health Department's Regulation I-88 and all other applicable laws and regulations.	
<u>[Signature]</u> Applicant's Signature	<u>Supr</u> <u>5/12/95</u> Date

Commerce City
4301 E. 72nd Ave.
Commerce City, CO 80022
288-6816

Aurora
15400 E. 14th Pl.
Suite 309
Aurora, CO 80011
341-9370

Castle Rock
413 Wilcox St.
Castle Rock, CO 80104
688-5145

Englewood
4857 S. Broadway
Englewood, CO 80110
761-1340

Northglenn
10190 Bannock St.
Suite 100
Northglenn, CO 80221
452-9547

For Department Use Only
Design Installation Requirements

All applicable design/installation requirements of Regulation I-88 shall be complied with in the installation of this system

System designed for: _____ gallons per day and/or _____ bedrooms

Soils data: (See attached Percolation Test and Soil Data Form)

Average percolation rate: 33 (minutes per inch) Depth to groundwater: >10'

Depth to bedrock: >10' Ground slope: 5 % to NW

Type of disposal area proposed: Standard

Minimum size tank: _____ gallons Minimum disposal area (bed): _____ square feet

Engineer design required? No Minimum disposal area (trench): _____ square feet

Maximum depth of disposal area: 3-4 Ft. (not to exceed depth of percolation test holes)

Minimum depth of installed rock: 12"

Special Permit Conditions: _____

Design engineer inspection of the completed system required? N/A

Site approved by: _____ Date: _____

Application reviewed and approved by: John Kleckner Date: 5-16-95

Site Visit Comments: _____

Final Inspection

Inspection Date(s): _____

Septic Tank Size (as built): _____ gallons

Disposal Area Type: _____ Size (as built): _____ square feet

Depth At Deepest Point: _____

Comments: _____

Date Of Final Approval

Environmental Health Specialist

TRI COUNTY HEALTHS COPY

Also needs a Plot Plan drawn to scale
Showing Proposed Location of:

House - which needs to be 20 feet from field
Leach Field - which needs to be 100 feet from well
Septic Tank - which needs to be 50 feet from well
and 5 feet from the house.



Tri-County Health Department

Percolation Test and Soils Data Form

Property address A Tract of land in the E 1/2 E 1/2 W 1/2 SW 1/4

Legal description S-28 T55 R65W DC.

Property Owner:

Name Aetna Housing

Address 6001 Federal Blvd. Denver 80221

Phone 657-1500

Note:

- Percolation Test Form, Site Plan and Grain Size Distribution Curve of the Sample must be submitted with this form.
- For all Lots <5 acres the site plan must include the entire lot. Test locations must be accurately tied to lot corners or other permanent markers.

Saturation and Swelling

- Smear surfaces removed: Yes No
- Sand or gravel added: Yes No
- Date and time presoak water added:
5-9-95 3:00
- Amount of presoak water added (gallons):
5
- Date and time percolation test is started:
5-10-95 11:10
- Did water remain in hole after the overnight swelling period:

Hole 1	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hole 2	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hole 3	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Percolation Rate Measurement

Percolation Rate (min./in.)	Hole 1	<u>40</u>
	Hole 2	<u>30</u>
	Hole 3	<u>30</u>
	Average	<u>33</u>

Groundwater:

- Encountered @ feet.
- Estimated depth to maximum seasonal water table if not encountered in profile: 10'+
- Is area believed to be subject to seasonal fluctuations which could result in a seasonal water table within 8' of surface?
 Yes No

Slope determination in absorption area: 5 % to the NW (direction)

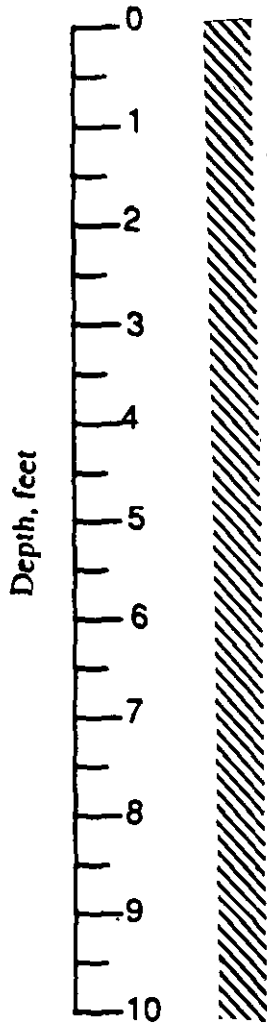
Bedrock:

- Encountered @ feet.
- Estimated depth if not encountered in profile: 10'+
- Type of bedrock: Sandstone
 Claystone Siltstone
 Other
- Is bedrock fractured or weathered?
 Yes No
- Is bedrock believed to be permeable? (Perc rate <50 min./in.)
 Yes No

Profile Hole Information (Cont.)

(Soils must be classified using Unified System ASTM D2487)

Profile Hole Log



Clay: sandy, moist
Lt Brown, Tan - Gray
(CL)

Certification

I certify that the above information is correct and complete to the best of my knowledge and that all tests were performed in accordance with the provisions of Tri-County Health Department Regulation I-88 by myself or under my supervision.

Raymond A. Stewart

Original Signature

5-10-95

Date

Colorado Soil

Company Name

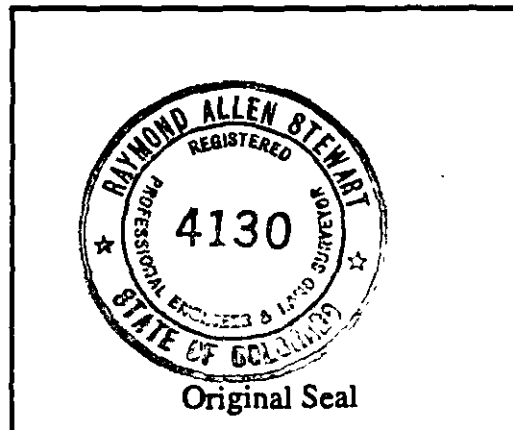
5 Phelps Dr C.R.

Address

689-9475

Phone

95-291



LOCATION MAP

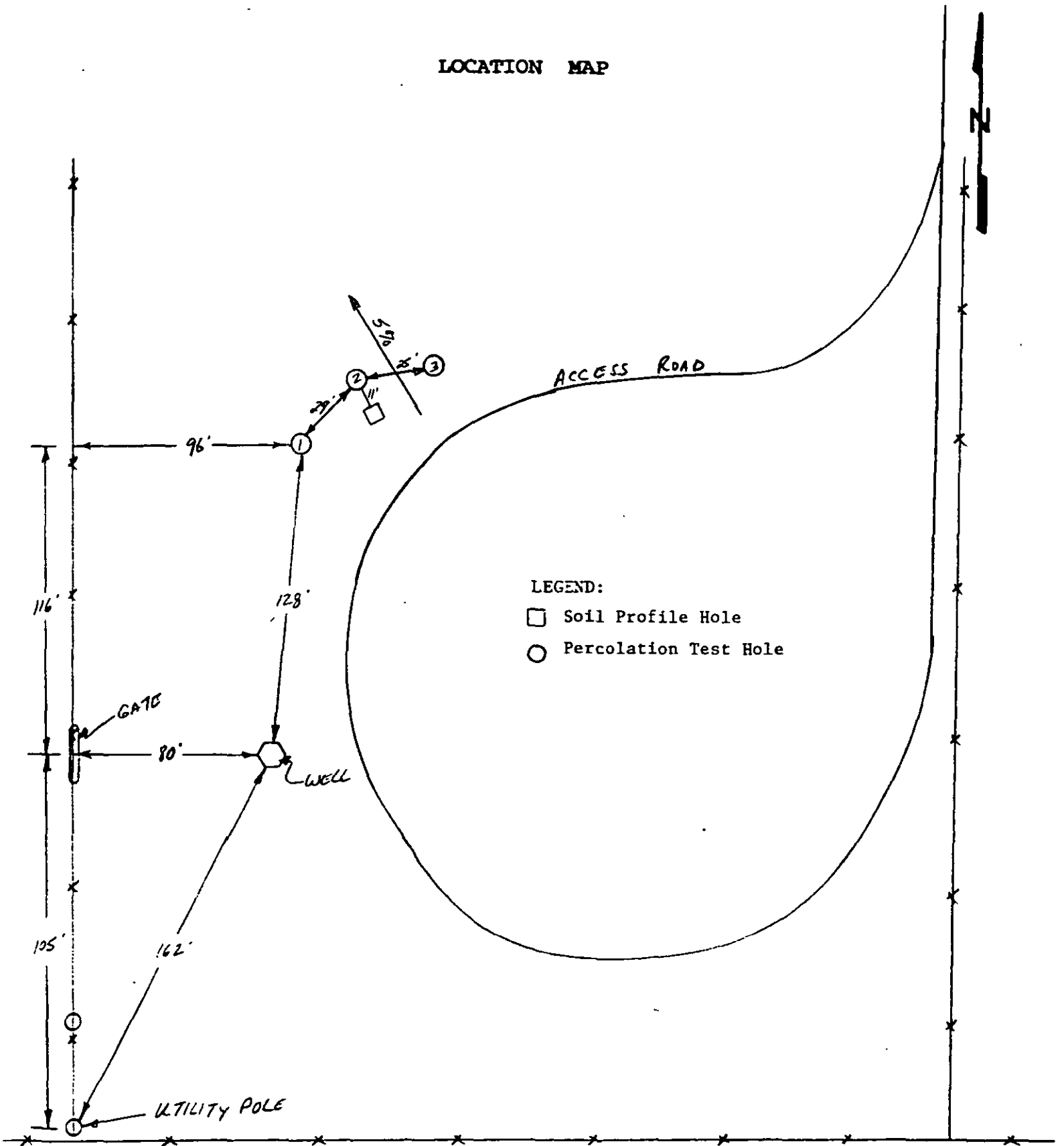
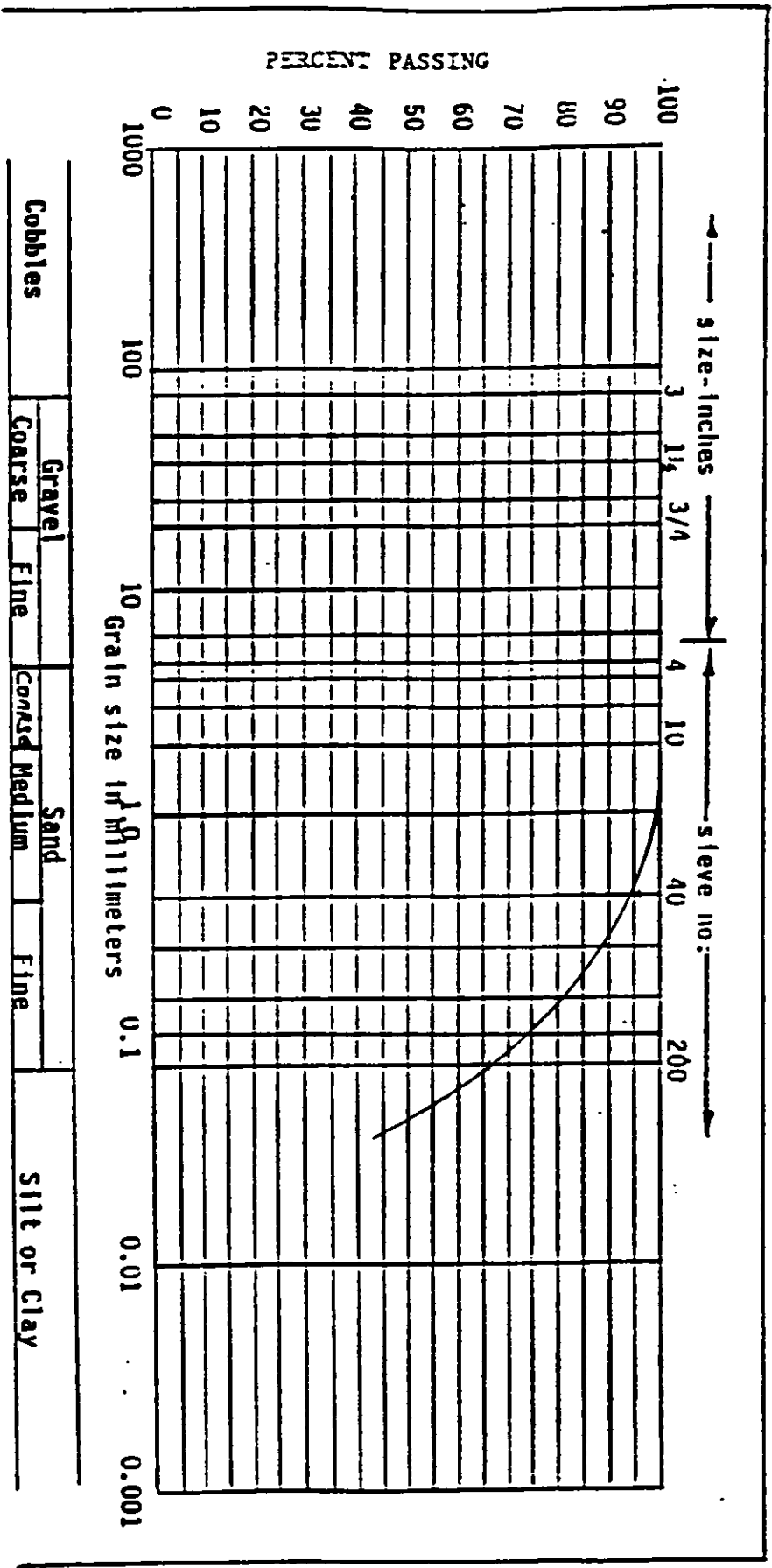
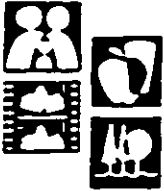


Figure 1

U S STANDARD SIEVE SIZE



NAME: *AETNA Housing*
 REPORT NO. *95-291*
 S.P.H. *3'-10'*



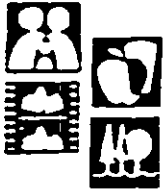
TRI-COUNTY HEALTH DEPARTMENT

Percolation Test Result Form

Hole No.	Hole Depth (in.)	Length of Interval (min.)	Water Depth @ Start of Interval (in.)	Water Depth @ End of Interval (in.)	Drop In Water Level (in.)	Percolation Rate @ Final Interval (min./in.)
1	40	30	32 ³ / ₈	36 ³ / ₈	4	
		30	36 ³ / ₈	38 ³ / ₈	2	
		30	38 ³ / ₈	—	Empty	
		30	32	34 ³ / ₈	2 ³ / ₈	
		30	34 ³ / ₈	36	1 ⁵ / ₈	
		30	36	37 ⁵ / ₈	1 ⁵ / ₈	
		15	37 ⁵ / ₈	38 ¹ / ₈	1/2	
		15	38 ¹ / ₈	38 ⁷ / ₈	3/4	
		15	38 ⁷ / ₈	39 ¹ / ₄	3/8	40
		15	39 ¹ / ₄	39 ³ / ₄	1/2	
					-	

*Field Notes shall be recorded on this form or in this format; typed copies of field records may be submitted on this form.

*A four hour test must be conducted unless (a) water remains in the hole after the presoak in which case one 30 min. interval is sufficient, (b) the first 6" of water seeps away in <30 minutes in which case a one-hour test of 6 - 10 minute time intervals may be used, (c) the test is being conducted in sand in which case a one-hour test of 6 - 10 minute time intervals may be used, (d) three successive water level drops do not vary by more than 1/16 inch in which case a two hour test may be conducted.



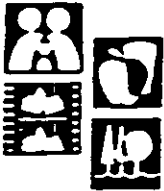
TRI-COUNTY HEALTH DEPARTMENT

Percolation Test Result Form

Hole No.	Hole Depth (in.)	Length of Interval (min.)	Water Depth @ Start of Interval (in.)	Water Depth @ End of Interval (in.)	Drop In Water Level (in.)	Percolation Rate @ Final Interval (min./in.)
2	42	30	34 1/8	39	4 7/8	
		30	39	41 3/4	2 3/4	
		30	41 3/4	—	EMPTY	
		30	34 1/4	36 1/4	2	
		30	36 1/4	37 7/8	1 5/8	
		30	37 7/8	39 1/4	1 3/8	
		15	39 1/4	39 3/4	1/2	
		15	39 3/4	40 1/2	9/4	
		15	40 1/2	41 1/4	3/4	
		15	41 1/4	41 3/4	1/2	30
					-	

*Field Notes shall be recorded on this form or in this format; typed copies of field records may be submitted on this form.

*A four hour test must be conducted unless (a) water remains in the hole after the presoak in which case one 30 min. interval is sufficient, (b) the first 6" of water seeps away in <30 minutes in which case a one-hour test of 6 - 10 minute time intervals may be used, (c) the test is being conducted in sand in which case a one-hour test of 6 - 10 minute time intervals may be used, (d) three successive water level drops do not vary by more than 1/16 inch in which case a two hour test may be conducted.



TRI-COUNTY HEALTH DEPARTMENT

Percolation Test Result Form

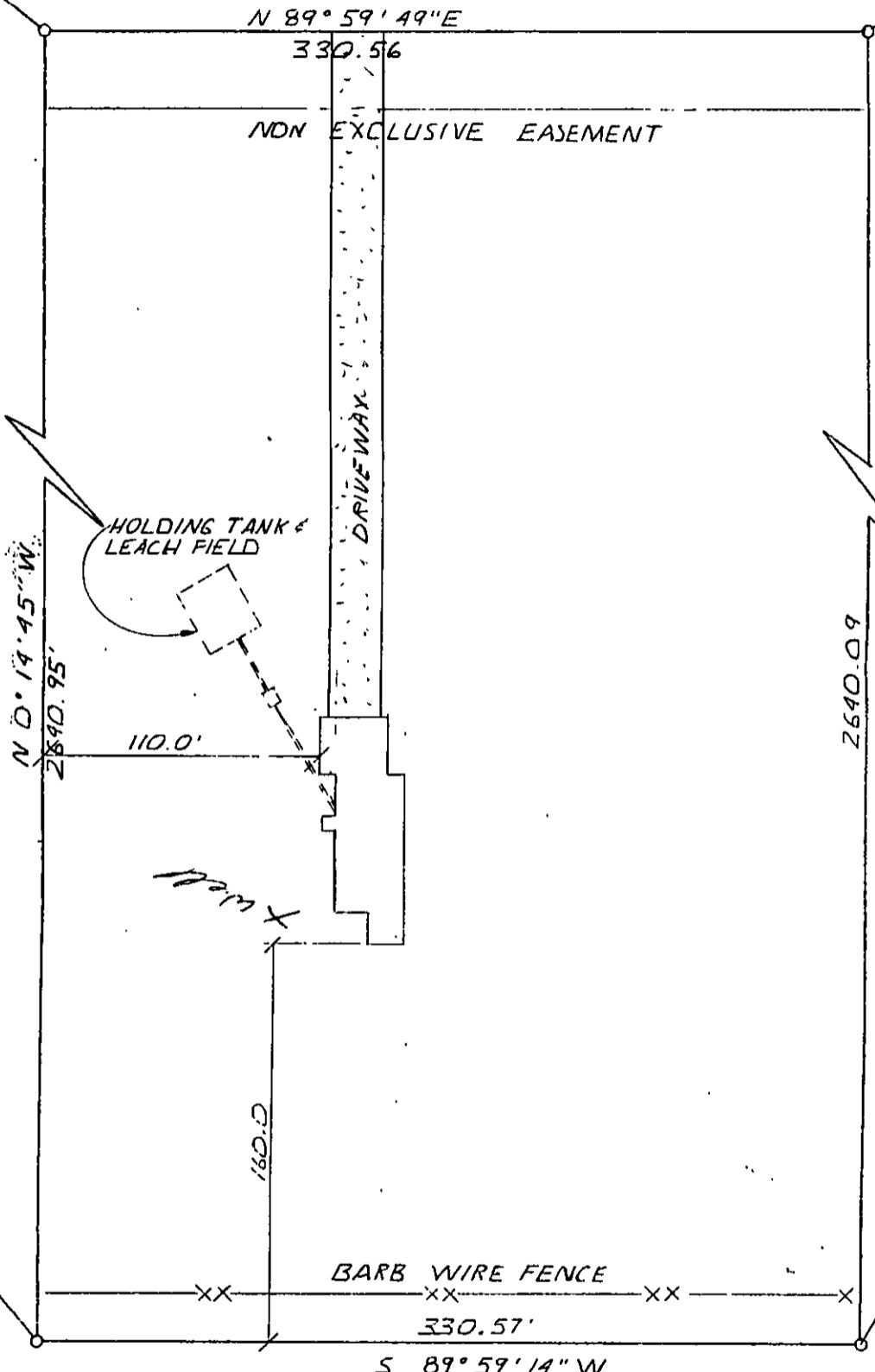
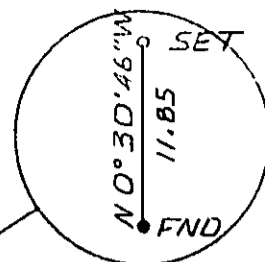
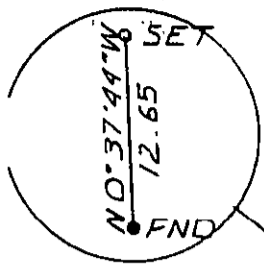
Hole No.	Hole Depth (ft.)	Length of Interval (min.)	Water Depth @ Start of Interval (in.)	Water Depth @ End of Interval (in.)	Drop In Water Level (in.)	Percolation Rate @ Final Interval (min./in.)
3	42	30	34 1/4	37	2 3/4	
		30	37	39 1/2	2 1/2	
		30	39 1/2	41 1/2	2	
		30	41 1/2	—	empty	
		30	34	36 3/8	2 3/8	
		30	36 3/8	38	1 5/8	
		15	38	38 3/4	3/4	
		15	38 3/4	39 1/2	3/4	
		15	39 1/2	40	1/2	
		15	40	40 1/2	1/2	30
					-	

*Field Notes shall be recorded on this form or in this format; typed copies of field records may be submitted on this form.

*A four hour test must be conducted unless (a) water remains in the hole after the presoak in which case one 30 min. interval is sufficient, (b) the first 6" of water seeps away in <30 minutes in which case a one-hour test of 6 - 10 minute time intervals may be used, (c) the test is being conducted in sand in which case a one-hour test of 6 - 10 minute time intervals may be used, (d) three successive water level drops do not vary by more than 1/16 inch in which case a two hour test may be conducted.



SCALE: 1"=50.0'



Copy Also
5/15/95



AETNA HOUSING INC
KLEIN RESIDENCE
JAN. 5 1995
BY F.W. HAYES
REVISED 5-14-95



Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

7-24-95

Gary - The check for this request will be mailed in 7-25-95

Donna

CHECK REQUEST

Date: 7-18-95

Amount: \$ 100.00

Payee: CLIFF OLSON

Address: Aetna Housing
6001 Federal Bldg.
Denver, CO 80221

Date Required: ASAP

MAIL CHECK TO PAYEE

REQUESTER WILL DELIVER CHECK TO PAYEE

Workshop Cost Reimbursement

Vacation Advance

Consultation Cost

Other (Explain below) THE APPLICANT PAID twice for AN ISDS installation permit. We ALSO MADE AN EXTRA FIELD VISIT (\$50) &w

Registration or Tuition Cost

Explanations: Aetna Housing made duplicate

Applications with 2 checks for \$1500 each
(#10893 + #0009612), a field visit was done
for each application, so \$50.00 was deducted from
the cost of one application. (Refund \$100.00)
(9979 Dellbert Rd)

Program To Be Charged: 6800-500000

Expense Is Covered By Budget Yes No

Requested By: Gary L. Harber

Approved By: Bruce W. Wilson
DIVISION DIRECTOR

Audited By: _____

Approved By: _____
DIRECTOR

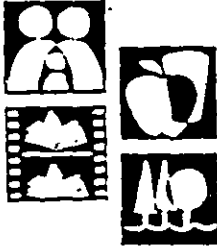
Do not use this Form to request travel cash advances—use Form A-35, or expenditures requiring a purchase order—request a P.O. from Purchasing Agent.

SEE INSTRUCTIONS ON BACK FOR PROCESSING

Forward All Copies To Business Office

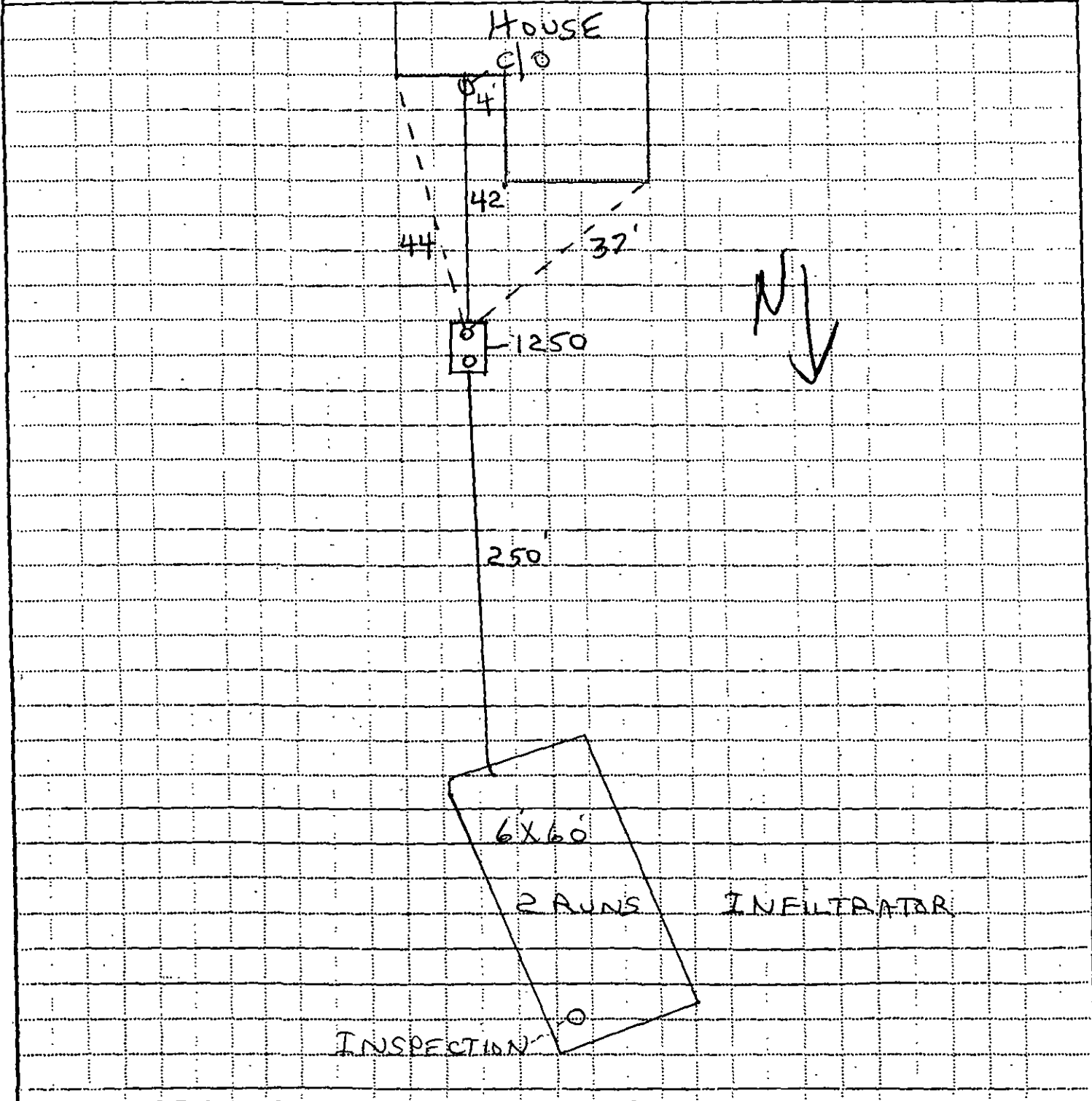
INSTRUCTIONS FOR USE OF CHECK REQUEST FORM

1. This form is to facilitate paying for goods or services which are not ordered on a Purchase Order.
2. This form may be used to request a check to cover educational or professional meeting registration, workshop fees, vacation advances, ad hoc consultation or speaker fees and any other valid need which requires making a payment for goods or services
3. **PLEASE NOTE.** When a number of staff will be attending a seminar, workshop or meeting it is requested that the Division or Project Leader coordinate and request one check to cover the expense for the whole group authorized to attend
4. Staff attending a seminar, workshop or meeting out-of-state will use TCHD Form A-35, Rev. 4/88, to request a cash advance for travel. Do not use this Check Request Form for travel cash advances.
5. Requests for a check should be substantiated with proper documentation
6. Send the original and second copy to the Division Director for approval
7. The Division Director will determine if the transaction is covered by Budget
 - A. If the expenditure is covered by Budget, it is not necessary to send the request for Director approval.
 - B. If the expenditure is not included in the budget and exceeds \$500.00, the Director's approval will be required.
8. The Division Director will send both copies to the Business Office for processing
9. The Business Office will cut a check and either mail it to the payee or send it back to the requester to deliver to the payee.
10. The requesters copy of the form (2nd copy) will be returned to notify requester of action taken. When requested, the check will be sent to the requester to deliver to payee with the requesters copy of the check request form.



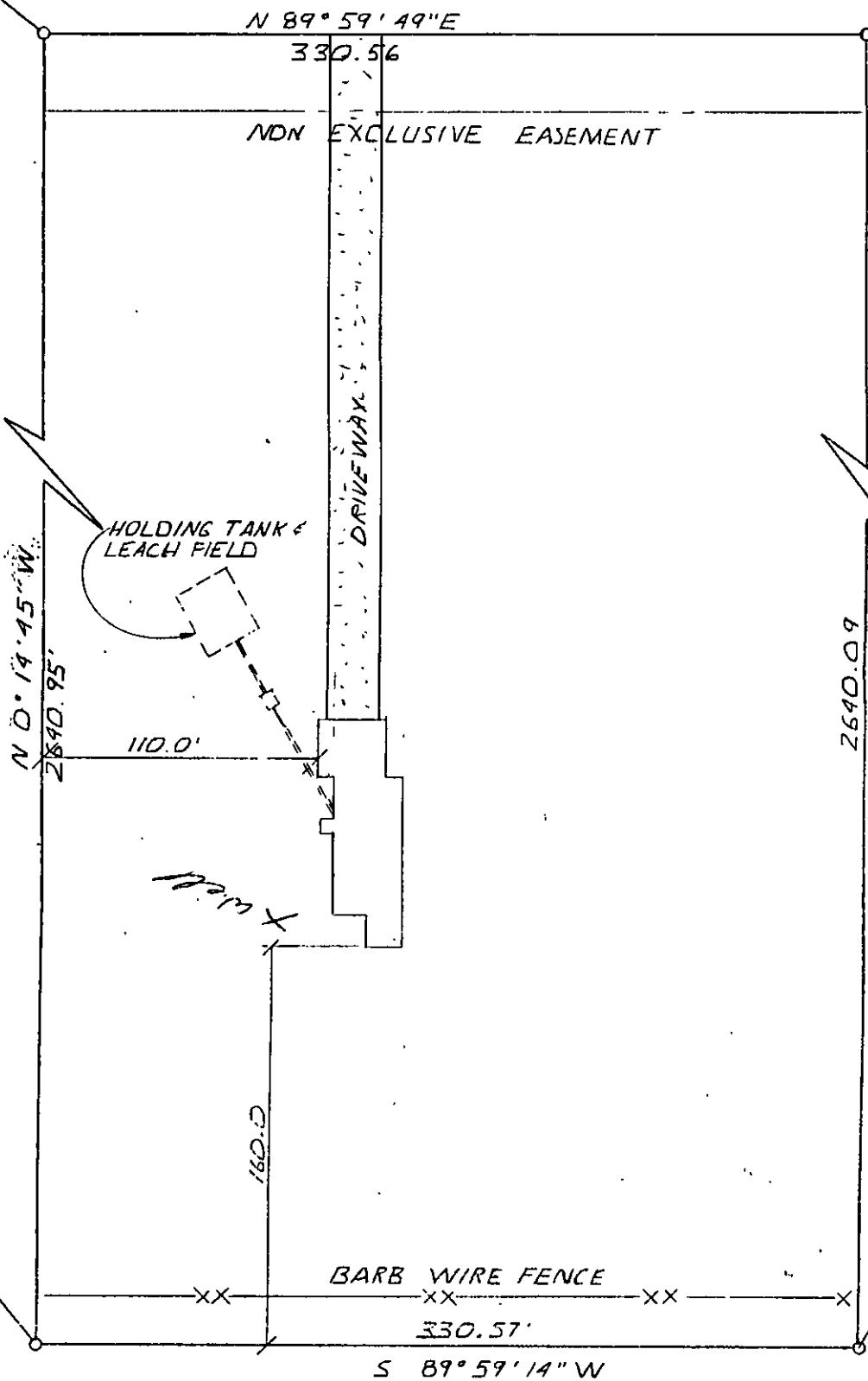
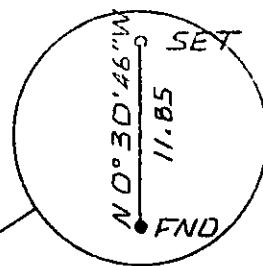
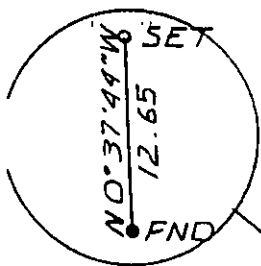
Onsite System
As-Built
Drawing

Property Address 9979 DELBERT
Permit # 7-95-189
Date System Completed AUG 23-95
Installer's Name BACKHOE
Installer's License # 000162
Installer's Address and Phone BENNETT
Well 644-4130





SCALE: 1"=50.0'

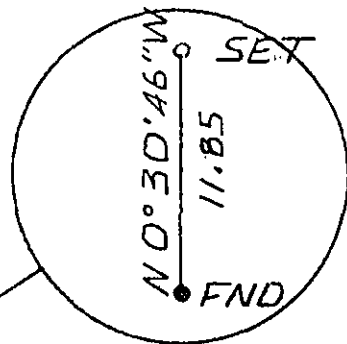
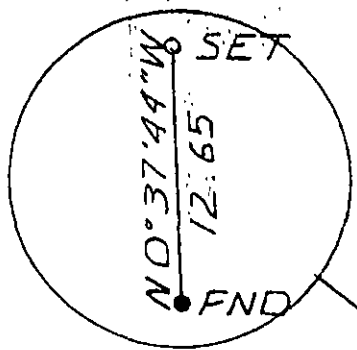


Handwritten signature
5/15/95



AETNA HOUSING INC
KLEIN RESIDENCE
JAN. 5 1995
BY F.W. HAYES
REVISED 5-14-95

N
SCALE: 1"=50.0'



N 89° 59' 49" E
330.56

NON EXCLUSIVE EASEMENT

DRIVEWAY

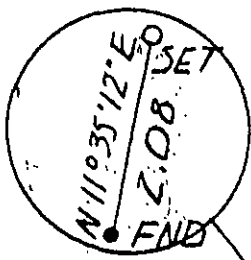
HOLDING TANK &
LEACH FIELD

N 0° 14' 45" W
2840.95'

110.0'

2640.09
S 0° 14' 47" E

WELL



160.0

BARB WIRE FENCE

330.57'

S 89° 59' 14" W

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