

TRI-COUNTY DISTRICT HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

No 9617

ADAMS CITY
4301 E. 72nd Ave
Adams City, 80022
288-6816

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

ENGLEWOOD
4857 S. Broadway
Englewood, 80110
761-1340

BRIGHTON
22 S. 4th Ave., Suite 301
Brighton, 80601
659-8333

CASTLE ROCK
355 S. Wilcox
Castle Rock, 80104
688-5145

Repair

PERMIT

TRI-COUNTY DISTRICT HEALTH DEPARTMENT (FILE) NO 9617

PERMIT TO () CONSTRUCT (~~XXX~~) REMODEL A NON-MUNICIPAL WASTE DISPOSAL SYSTEM FOR Danny Hancock

(Name)

AT 1210 Madge Gulch Rd. Sedalia, Co Douglas County

(Address or Legal Description)

COMPOSED OF 1000 GALLON SEPTIC TANK AND A SOIL ABSORPTION AREA 1230 SQ. FT.
~~Another septic tank must be added between existing tank and field. Minimum of 500 gal.~~

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

NOTE: THIS PERMIT EXPIRES ON 10-21-87

Construction Requirements & 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.

ISSUED BY H.H. Rehner, M.D. PUBLIC HEALTH OFFICER, TRI-COUNTY DISTRICT HEALTH DEPARTMENT BY

John P. Lechner

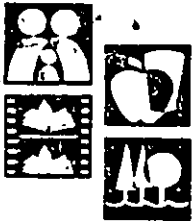
DATE 9-21-87

(Sanitarian)

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

PERMIT FEE OF \$ 150.00 FOR NEW SYSTEM, CHECK NO. 1178 M.O. NO. _____ CASH _____

RECEIVED BY rb DATE 9-21-87



Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

File No. 9617

Fiscal Control No. _____

APPLICATION TO () INSTALL (X) REPAIR () EXPAND AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

TO BE COMPLETED BY APPLICANT

Please Print Clearly

Application Fee: _____

Install (New): ~~_____~~ \$150.00
Repair, expand, remodel: ~~_____~~ \$150.00

Legal Description/Address: SE 1/4 SW 1/4 Sec 5 T8S R68W
1210 Madge Child Rd.
 Owner Danny D. Hancock + Patricia Hancock Installer Patterson Lic. No. _____ Year _____
 Address P.O. Box #5 SEDALIA Phone 688-2037 Address _____ Phone _____
 Applicant SAMR Design Engineer _____ Job No. _____
 Address _____ Phone _____ Address _____ Phone _____

LOCATION OF PROPOSED FACILITY:

County Douglas City or Town (if within City or Town limits) NO Lot size _____

WASTE TYPE: () Domestic (X) Non-domestic _____

SOURCE AND TYPE OF WATER SUPPLY: (X) Well () Community () Other _____

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

GENERAL INFORMATION: Number of Bedrooms 3 Basement Plumbed? NONE

FOR OFFICE USE ONLY

System designed for _____ gallons per day.

SOILS DATA: Depth to bedrock 8 1/2' Depth to ground water 8 1/2' Percent ground slope: 8% to NW

Percolation Rate: #1 40 #2 27 #3 30 #4 _____ #5 _____ #6 _____

AVERAGE PERCOLATION RATE 32

Is this system within a municipal sewage district? NO Distance to nearest municipal sewer line N/A

TYPE OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM PROPOSED Standard FINAL DISPOSAL BY absorption

SYSTEM DESIGN INFORMATION 1000 single compartment existing

Minimum septic tank _____ gallons. Minimum absorption area 1,230 square feet.

Maximum depth of absorption area 3 1/2' (not to exceed depth of percolation test holes).

Filler material size: 1/2 inch to 2 1/2 inch diameter. Minimum depth of filler material below distribution pipe 6 inches. Minimum depth of filler material over pipe 2 inches. Total depth of rock to be 12 inches.

SPECIAL DESIGN Another Septic tank must be added between existing tank & field. Minimum of 500 Gal.

Will design engineer inspect the completed system? _____

I the undersigned hereby certify that all information and data provided is correct and true to the best of my knowledge. Also, I agree that the construction of this individual sewage disposal system will comply with Tri-County Health Department regulation #1-85 and all other applicable laws and regulations.

Applicant's Signature Patricia Hancock Date 11-25-87

Date system inspected and approved _____ Application Reviewed and Approved John Kleckner Date 9-21-87

Public Health Sanitarian John Kleckner

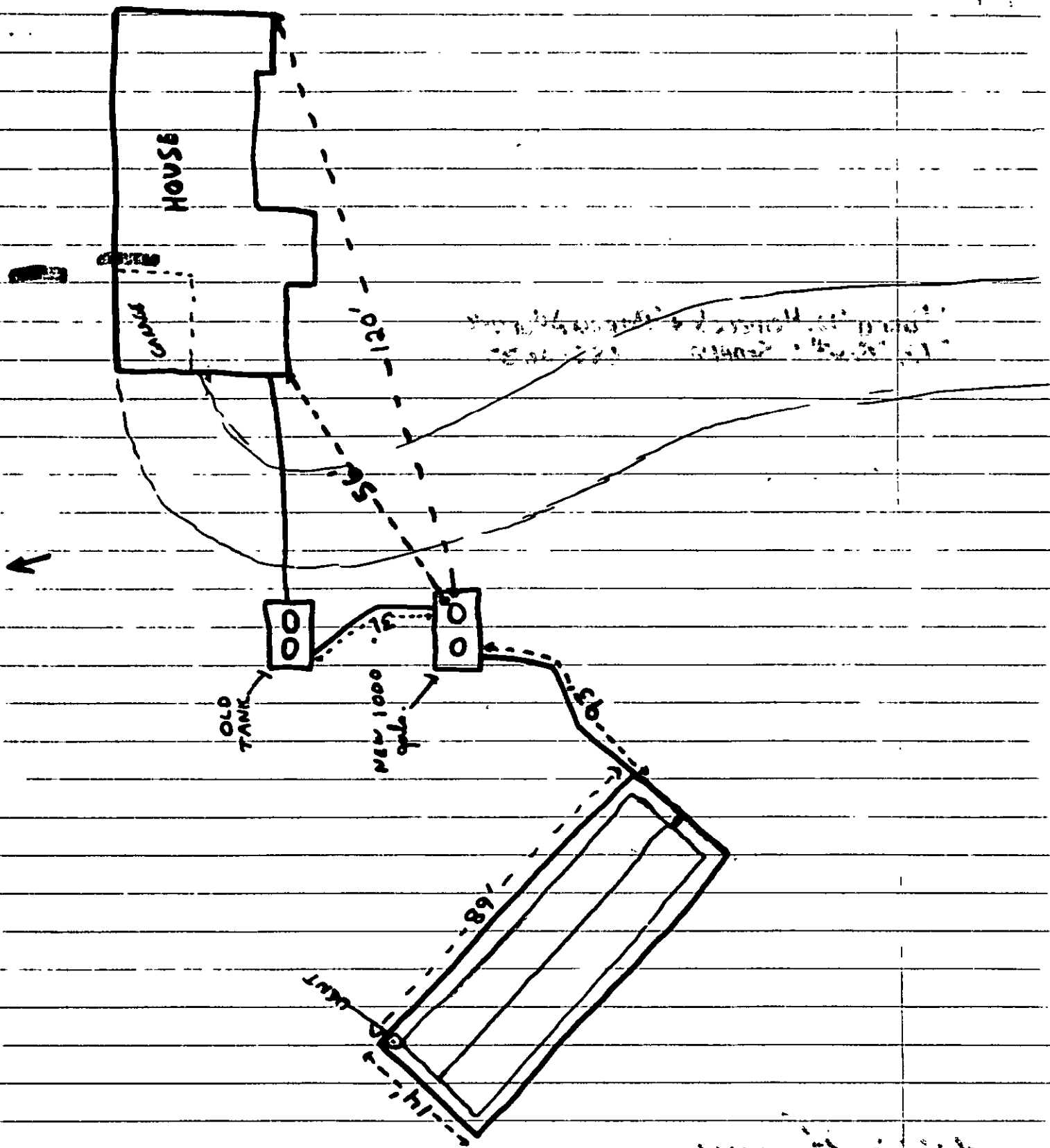
Adams City
4301 E. 72nd Ave.
Adams City, CO 80022
288-6816

Aurora
15400 E. 14th Place
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Aurora, CO 80011
341-9370

Brighton
22 S. 4th Ave.
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659-8333

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355 S Wilcox
Castle Rock, CO 80104
688-5145

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



9-21-87 Site investigation. Approved. J.K.

Danny Hancock
1210 Madge Gulch Rd.
Sedilia, CO 80135
688-2037

PERCOLATION TESTS

File #87-31

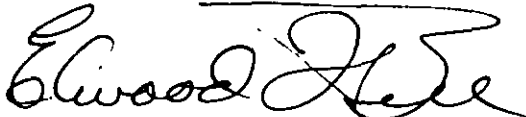
The following percolation tests were made in accordance with the Rules and Regulations of the TRI 185 County Health Department. The percolation rate recorded, measured as Minutes Per Inch, is the highest rate measured in the bottom 2 to 4 inches of water in the percolation hole. The field percolation rate is the average of all the percolation rates determined. Percolation hole locations and rates are illustrated on Sheet 1.


PERC HOLE #1	<u>40</u>	(<u>3½</u> ' deep)	PERC HOLE # 7	_____	(_____ deep)
PERC HOLE #2	<u>27</u>	(" deep)	PERC HOLE # 8	_____	(_____ deep)
PERC HOLE #3	<u>30</u>	(" deep)	PERC HOLE # 9	_____	(_____ deep)
PERC HOLE #4	_____	(_____ deep)	PERC HOLE #10	_____	(_____ deep)
PERC HOLE #5	_____	(_____ deep)	PERC HOLE #11	_____	(_____ deep)
PERC HOLE #6	_____	(_____ deep)	PERC HOLE #12	_____	(_____ deep)

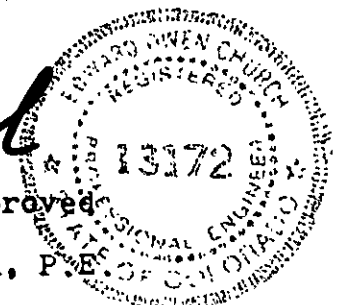
FIELD PERCOLATION RATE : 33 mpi

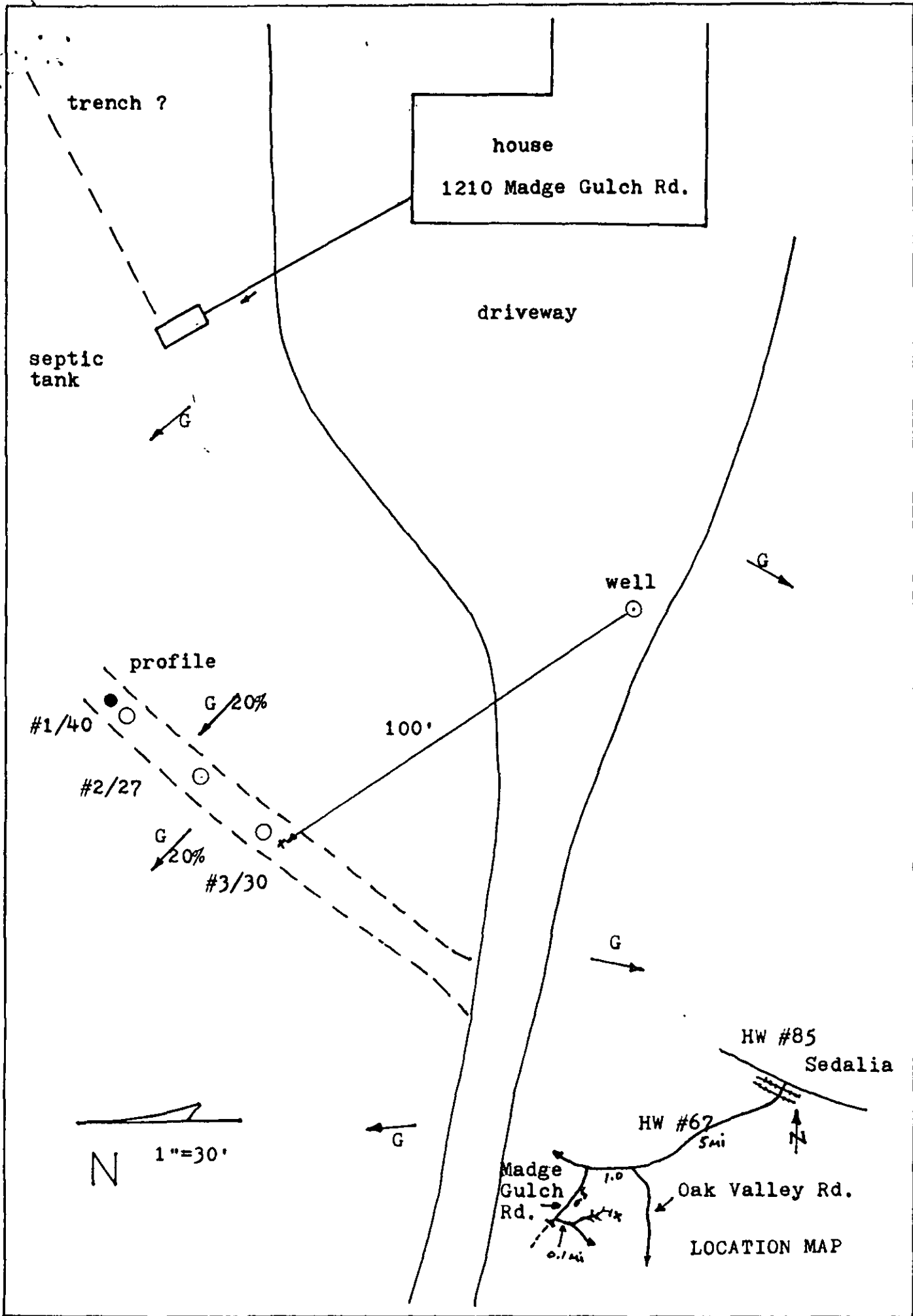
The profile hole evaluates the different soil conditions encountered during drilling. The results are illustrated on Sheet . A summary of the evaluation of the soil conditions are:

1. Depth to bedrock: not encountered
 2. Depth of watertable : " "
 3. Special Conditions: Repair
-
4. Profile: 0 - 4' silty sand
4 - 8½' highly fractured, weathered metamorphic


Elwood I. Bell, M. S.
Professional Geologist and Sanitarian
Bell Geotechnical Services, Inc.


Reviewed and Approved
Edward O. Church, P.E.





File No. 87-31

Test Holes

Client: Danny Hancock

BELL GEOTECHNICAL SERVICES, INC

Date: 9-3-87

Sheets & Sheet 1

BELL GEOTECHNICAL SERVICES, INC.

7162 Wolff
Westminster, Colorado 80030
(303) 429-3010

Elwood I. Bell, M.S.
President

FIELD PERCOLATION TEST DATA FORM

Klaretta L. (Kay) Bell
Secretary-Treasurer

DATE 9-1-87

JOB # 87-31

NAME DANNY HANCOCK

LOCATION 1210 MADGE GULCH RD

SOIL PROFILE DEPTH
0-4' ±

SOIL DESCRIPTION

silty sand

4-8 1/2'

highly fractured, weathered metamorphic rock

PERCOLATION TEST BY Elwood I. Bell

PERCOLATION TEST MEASUREMENTS

#	Time at start of interval	Time at end of interval	Length of time interval	Depth of water at start	Depth of water at end	Drop in water level	Rate-- minutes per inch
Recharge 3 1/2'	1	1225	15	10	12 3/4	2 3/4	6
					14		
					15 1/2		
					16 3/4		
					17 1/2		
					18 1/8		
					18 5/8		(40)
3 1/2'	2	1225	15	10	16 1/8	6 1/8	3
					18 1/4		
					19 3/8		
					20 1/2		
					21 1/2		
					22 3/4		
					23 3/4		(27)
3 1/2'	3	1225	15	10	12 3/4		
					13 1/2		
					14 1/2		
					15		
					15 3/4		
					16 1/4		
					16 5/8		(30)

9617

10/23/87

To Whom It May Concern,
Regarding: Septic Tank Permit.

Please give me an extension for
the permit, as my wife was hospitalized
and operated on, and I was unable
to get the estimator out to give me
his appraisal of the job to be done.

Thank You
Harry Hancock
688-2037

Jack:-

Both were ill - Wife had surgery
Husband has M.S.

Apology for being late. -

977

TRI-COUNTY DISTRICT HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

No Record

APPLICATION FOR USE PERMIT
FOR EXISTING DOMESTIC AND NON-MUNICIPAL SEWAGE DISPOSAL SYSTEMS

ADAMS CITY 4301 E. 72nd Ave. 288-6816	AURORA 15400 E. 14th Pl. Suite 309 341-9370	BRIGHTON 22 S. 4th Ave. Suite 301 659-8333	CASTLE ROCK 355 S. Wilcox 688-5145	ENGLEWOOD 4857 S. Broadway 761-1340
---	--	---	--	---

FORM MUST BE COMPLETED IN FULL

Name of Applicant Danny D. & Patricia A Hancock Phone 688-2037

Mailing Address of Applicant P.O. Box #5 SEDALIA Colo 80135

Permit to be Sent to:
Name Danny D Hancock

Address P.O. Box #5 SEDALIA Colo 80135

Street Address & Complete Legal Description of Property for Which Permit is being Requested (Attach legal if necessary) 1210 No. Madge Gulch Rd.

SE 1/4 SW 1/4 5-8-68

PROVIDE MAP OR DIRECTIONS FOR LOCATING PROPERTY ON REVERSE SIDE OF THIS APPLICATION.

Source of Water: Private Well Public (Specify) _____

Name of Original Home Owner (If Known) Burton Fosnot

Contractor who Installed System (If Known) NOT KNOWN

A non-refundable fee of \$50.00 shall be payable when the application is made. The permit issued as a result of this application shall remain valid until the property is sold or otherwise altered from domestic use or until the sewage disposal system fails to operate in an approved manner.

* * * * *

OWNER/AGENT CERTIFICATION

(I), Patricia A Hancock Owner/Agent of the dwelling at the location described in this application do hereby certify that the sewage disposal system has been in continuous use, operating satisfactorily, and without malfunction. The septic tank was pumped March 7, 1986 (Date). REGULATIONS REQUIRE SEPTIC TANKS BE PUMPED EVERY FOUR (4) YEARS.

DATE March 28, 1986 SIGNATURE Patricia A Hancock

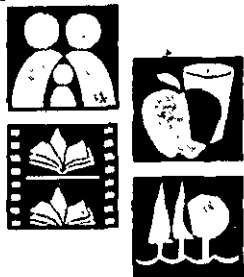
* * * * *

Inspection Date 3-27-86 Approved () Denied ()

Public Health Sanitarian John Kleckner

Permit Fee \$ 50.00 Check No. 753 M.O. Cash Rec'd by: sk Date 3-27-86
6.00 — 754

An inspection was made on 3-28-'86
Tulsa County has no records on the septic system.
It appears to be (absorption area) a single trench of
minimal size and was ^{slightly} damp, although no water
was surfacing at time of inspection.



Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

Hugh Rohrer, M.D. MPH.
Director

April 2, 1986

Danny D. Hancock
P. O. Box 5,
Sedalia, CO 80135

RE: SE $\frac{1}{4}$, SW $\frac{1}{4}$, Sec 5, T8S, R68W
AKA 1210 No. Madge Gulch Rd.
Douglas County

Dear Sir:

An inspection has been made, March 28, 1986 of the individual sewage disposal system located on the above listed property.

A water sample was taken on the same date, results will be mailed directly from the lab to you.

Records on size and location of septic system are not available. The absorption area appears to be a single trench of minimal size. The area was slightly damp, although no water was surfacing at the time of inspection.

The septic tank was pumped and cleaned March 7, 1986 by Honeydew Co. of Parker, Colorado.

Sincerely Yours,

John Kleckner, Public Health Sanitarian
Environmental Health Services

JK/sb

TRI-COUNTY DISTRICT HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

727

APPLICATION FOR USE PERMIT
FOR EXISTING DOMESTIC AND NON-MUNICIPAL SEWAGE DISPOSAL SYSTEMS

ADAMS CITY 4301 E. 72nd Ave. 288-6816	AURORA 15400 E. 14th Pl. Suite 309 341-9370	BRIGHTON 22 S. 4th Ave. Suite 301 659-8333	CASTLE ROCK 355 S. Wilcox 688-5145	ENGLEWOOD 4857 S. Broadway 761-1340
---	--	---	--	---

FORM MUST BE COMPLETED IN FULL

Name of Applicant Burton H. Fossett Phone 688-0550

Mailing Address of Applicant 120A Madge Gulch Rd. P.O. Box 366
Permit to be Sent to: Sedalia, Mo. 64135 Co.
Name Same

Address

Street Address & Complete Legal Description of Property for Which Permit is being Requested (Attach legal if necessary) SW 1/4 Section 5 Township 8 South Range 6 West of 6 P.M. Douglas County

PROVIDE MAP OR DIRECTIONS FOR LOCATING PROPERTY ON REVERSE SIDE OF THIS APPLICATION.
Source of Water: Private Well Public (Specify) _____

Name of Original Home Owner (If Known) Unknown

Contractor who Installed System (If Known) Unknown

A non-refundable fee of \$40.00 shall be payable when the application is made. The permit issued as a result of this application shall remain valid until the property is sold or otherwise altered from domestic use or until the sewage disposal system fails to operate in an approved manner.

* * * * *

OWNER/AGENT CERTIFICATION

(I), Burton Fossett Owner/Agent of the dwelling at the location described in this application do hereby certify that the sewage disposal system has been in continuous use, operating satisfactorily, and without malfunction. The septic tank was pumped 6/26/84 (Date). REGULATIONS REQUIRE SEPTIC TANKS BE PUMPED EVERY FOUR (4) YEARS.

DATE 6/26/84 SIGNATURE Burton Fossett

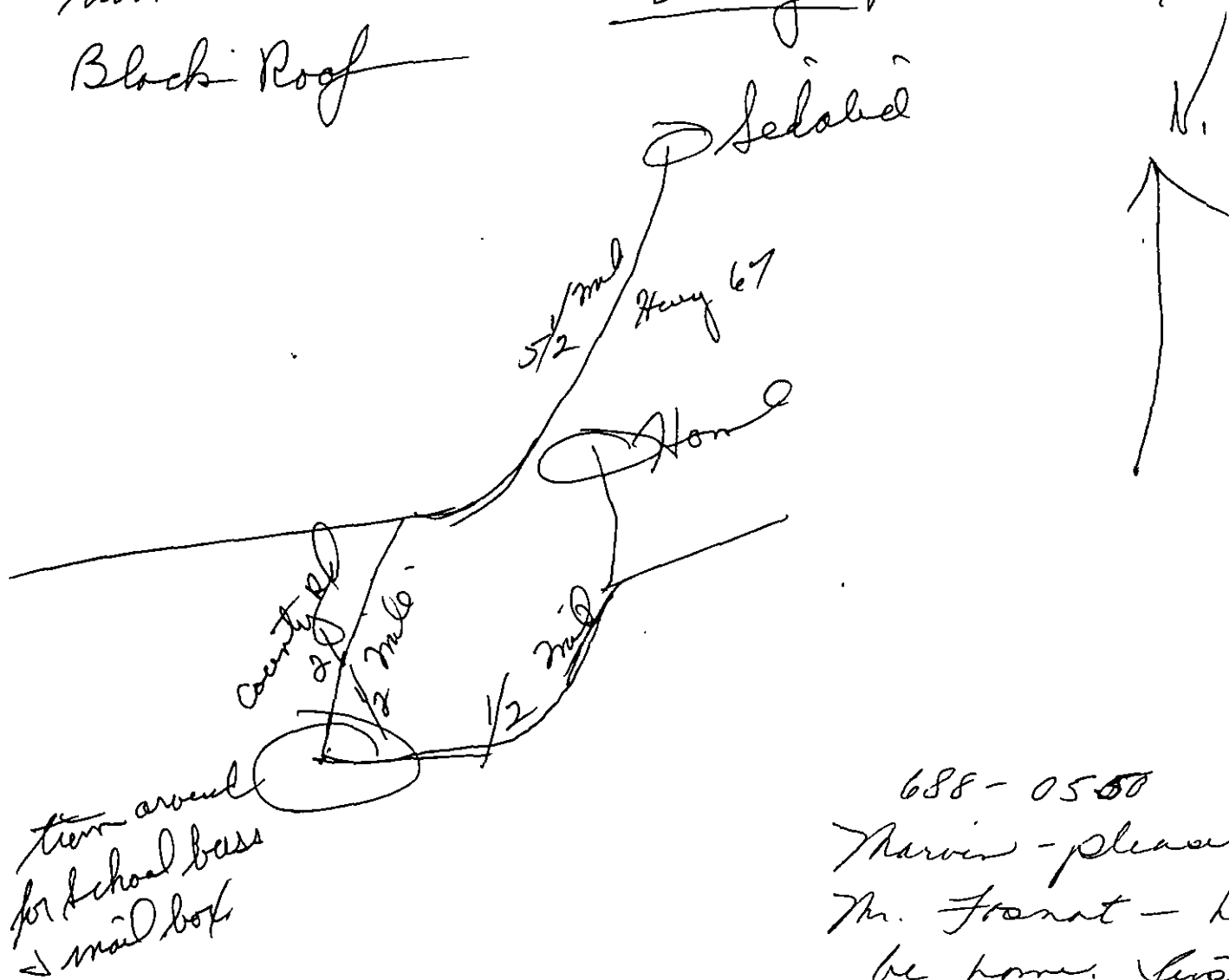
* * * * *

Inspection Date 28 June 84 Approved Denied ()

Public Health Sanitarian MB

Permit Fee \$ 40.00 Check No. 2492 M.O. 2493 Cash _____ Rec'd by _____ Date 6-27-84

From Sedalia take Hwy 67 South
 West approx $5\frac{1}{2}$ miles to County Rd
 21. turn Left and go approx $\frac{1}{2}$ mile to
 School Bus turn around and mail boxes
 100 ft before coming to mail boxes. make sharp ~~right~~
 Left turn, take next left and go approx $\frac{1}{2}$ mile
 you will come to fork in Road. take left
 turn and home is 2 story pink in color and
 Black Roof



turn around
 for school bus
 ↓ mail box

688-0550
 Marvin - please call
 Mr. Frost - he will
 be home. System
 pumped today -
 is uncovered



TRI-COUNTY DISTRICT HEALTH DEPARTMENT

355 SO. WILCOX
CASTLE ROCK, COLORADO 80104
303 688-5145

June 29, 1984

Burton H. Fosnot
1210 North Madge Gulch Road
Sedalia, CO 80135

RE: SW $\frac{1}{4}$, Sec. 5, T8S, R68W of 6 PM
Douglas County

Dear Sir:

An inspection has been made, June 28, 1984 of the individual sewage disposal system located on the above listed property.

A water sample was taken on the same date, results will be mailed directly from the lab to you.

Tri-County District Health Department has no records as to size of tank and absorption area. It appears that the absorption area is a single trench of minimal size and was damp.

The tank was pumped on June 26, 1984 and the owner has records of capacity.

Sincerely,

M.L. Berglund, Public Health Sanitarian
Environmental Health Services

MLB/ep

89-177



Tri-County Health Department Environmental Health Services

Application for Loan Inspection
For Existing Domestic and Non-Municipal Sewage Disposal Systems

FORM MUST BE COMPLETED IN FULL

Name of Applicant THOMAS M. SMITHWICK Phone 688-8627

Mailing Address of Applicant 801 GIGI ST.

Name of Present Owner VETERANS ADMINISTRATION

Loan Inspection Report to be sent to: Name JOAN SKARDA

CPU 12/28

contact when finished →

Address W-688-2202/H-688-3724

City _____

State _____ Zip _____

Address and complete legal description of property

1210 MADGE GULCH RD.

SE 1/4 SW 1/4 Sec 5 T85 R68W

Bedrooms in Home 3 Year House was built 1973

Source of Water: Private Well () Public (specify) _____

Name of Original Homeowner (if known) BURTON H + MYRTLE A FOSNOT

Is Residence () Occupied Vacant (specify how long) 13 MONTHS

OWNER/AGENT CERTIFICATION

(I), _____ Owner/Agent (circle one) of the dwelling at the location described in this application do hereby certify that the sewage disposal system has been operating satisfactorily without malfunction. The septic tank was pumped and inspected on 12/21/89 (date).

12/20/89
Date

Thomas M. Smithwick
Signature

A non-refundable fee of \$75.00 shall be payable to Tri-County Health Dept. when the application is made. If a bacteriological water test is required, please include a SEPARATE CHECK for \$6.00 payable to Colorado Department of Health Labs.

Check # 1140 M.O. Cash _____ Rec'd by ea Date 12/20/89

TRI-COUNTY HEALTH DEPARTMENT

Loan Inspection Report Form

Property Address 1210 Madge Gulch Road

Legal Description SE 1/4 SW 1/4 Section 5 T8S Range 68W

DEPARTMENTAL RECORD SEARCH: Gene Angus 12/20/89
Conducted BY Date

- (1) Record on File Yes () No
- (2) Original Permit # unknown
- (3) Date of Final Inspection: unknown
- (4) Tank Size: 2000 gal
- (5) Field Size: 1246 sqft
- (6) # Bedrooms: 3 OR System Capacity: _____
- (7) Original Owner: unknown
- (8) Installer: Patterson
- (9) Water Supply: well
- (10) Loan Inspections Issued: yes
Dates: 6/28/84 and 3/27/86
- (11) Repair Permits Issued: yes
Dates: 11/25/87

SITE INSPECTION:

- (1) Properly Permitted: Yes () No
- (2) Soil Conditions at time of Inspection: () Dry () Wet Snow Covered
- (3) Surfacing Sewage: () Yes No
- (4) Tank Tees/Baffles: See pumpers report
- (5) # of Bedrooms in Home: 3 OR System Capacity _____
- (6) Properly sized based upon number of bedrooms OR system capacity
() Yes () No
- (7) Did TCHD representative take a water sample: () Yes No

COMMENTS

Septic leach field showed no apparent evidences of malfunction at time of inspection although the house has been vacant for 13 mos. Could not find well head.

Neither Tri-County Health Department nor any of its agents or employees undertake or assume any liability to the owner of the above property, to any purchaser of the above property or to any lending agency making a loan on the above property in connection with either its examination of the property or in the report.

This inspection was conducted solely for the purpose of detecting health hazards observable at the time of inspection, and does not constitute a warranty that the system is without flaw or that it will continue to function in the future. Inspections requested during periods of rain, snow cover or when a residence is unoccupied, may be of questionable value.

Date: 12-27-89 Signature John Clarke
Environmental Health Specialist

THURS

Honeydew Company

P.O. Box 1
Parker, CO 80134
(303) 841-3554

INVOICE #: **002002**

Date 21 DEC 1989

SMITHWICK, THOMAS M.
801 Gigi
CASTLE ROCK

"At Honeydew We Take
Our Job Very Seriously!"

W-688-3167
H-688-8627

SPECIALIZING IN SEPTIC TANK CLEANING

DESCRIPTION	AMOUNT
<p>RES at 1210 MADGE GULCH Rd SEDALIA</p> <p>INSPECT SEPTIC TANK</p> <p style="text-align: center;">INSPECTION</p> <p>Type of Tank <u>2 compartment</u></p> <p>Tank Construction <u>concrete</u></p> <p>Condition of Tank <u>good</u></p> <p>Type of Tees <u>plastic</u></p> <p>Condition of Tees <u>good</u></p> <p>Note <u>LAST PUMPED BY HONEYDEW 17 NOV 88</u></p> <p>Signed <u>John Birch</u></p>	<p>25.00</p>

Please pay from this invoice

TOTAL

25.00

Pay in FULL

Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

File No. 9617

Fiscal Control No. _____

APPLICATION TO () INSTALL (X) REPAIR () EXPAND AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

TO BE COMPLETED BY APPLICANT

Please Print Clearly

Application Fee:

Install (New): \$150.00
Repair, expand, remodel: \$150.00

Legal Description/Address: SE 1/4 SW 1/4 Sec 5 T8S R68W
1210 Madge Gulch Rd.

Owner: Danny D. Hancock + Patricia Hancock Installer _____ Lic. No. _____ Year _____

Address: P.O. Box #5 SEDALIA Phone 688-2032 Address _____ Phone _____

Applicant: SAM K Design Engineer _____ Job No. _____

Address _____ Phone _____ Address _____ Phone _____

LOCATION OF PROPOSED FACILITY:

County: Douglas City or Town (if within City or Town limits): NO Lot size _____

WASTE TYPE: () Domestic (X) Non-domestic _____

SOURCE AND TYPE OF WATER SUPPLY: (X) Well () Community () Other _____

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

GENERAL INFORMATION: Number of Bedrooms 3 Basement Plumbed? NONE

FOR OFFICE USE ONLY

System designed for _____ gallons per day.

SOILS DATA:

Depth to bedrock 8 1/2' Depth to ground water 8 1/2' Percent ground slope: 8% to NW

Percolation Rate: #1 40 #2 27 #3 30 #4 _____ #5 _____ #6 _____

AVERAGE PERCOLATION RATE 32

Is this system within a municipal sewage district? NO Distance to nearest municipal sewer line N/A

TYPE OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM PROPOSED Standard FINAL DISPOSAL BY absorption

SYSTEM DESIGN INFORMATION 1000 single compartment existing

Minimum septic tank _____ gallons. Minimum absorption area 1,230 square feet.

Maximum depth of absorption area 3 1/2 (not to exceed depth of percolation test holes).

Filler material size: 1/2 inch to 2 1/2 inch diameter. Minimum depth of filler material below distribution pipe 6 inches. Minimum depth of filler material over pipe 2 inches. Total depth of rock to be 12 inches.

SPECIAL DESIGN Another Septic Tank must be added between existing tank & field. Minimum of 500 Gal.

Will design engineer inspect the completed system? _____

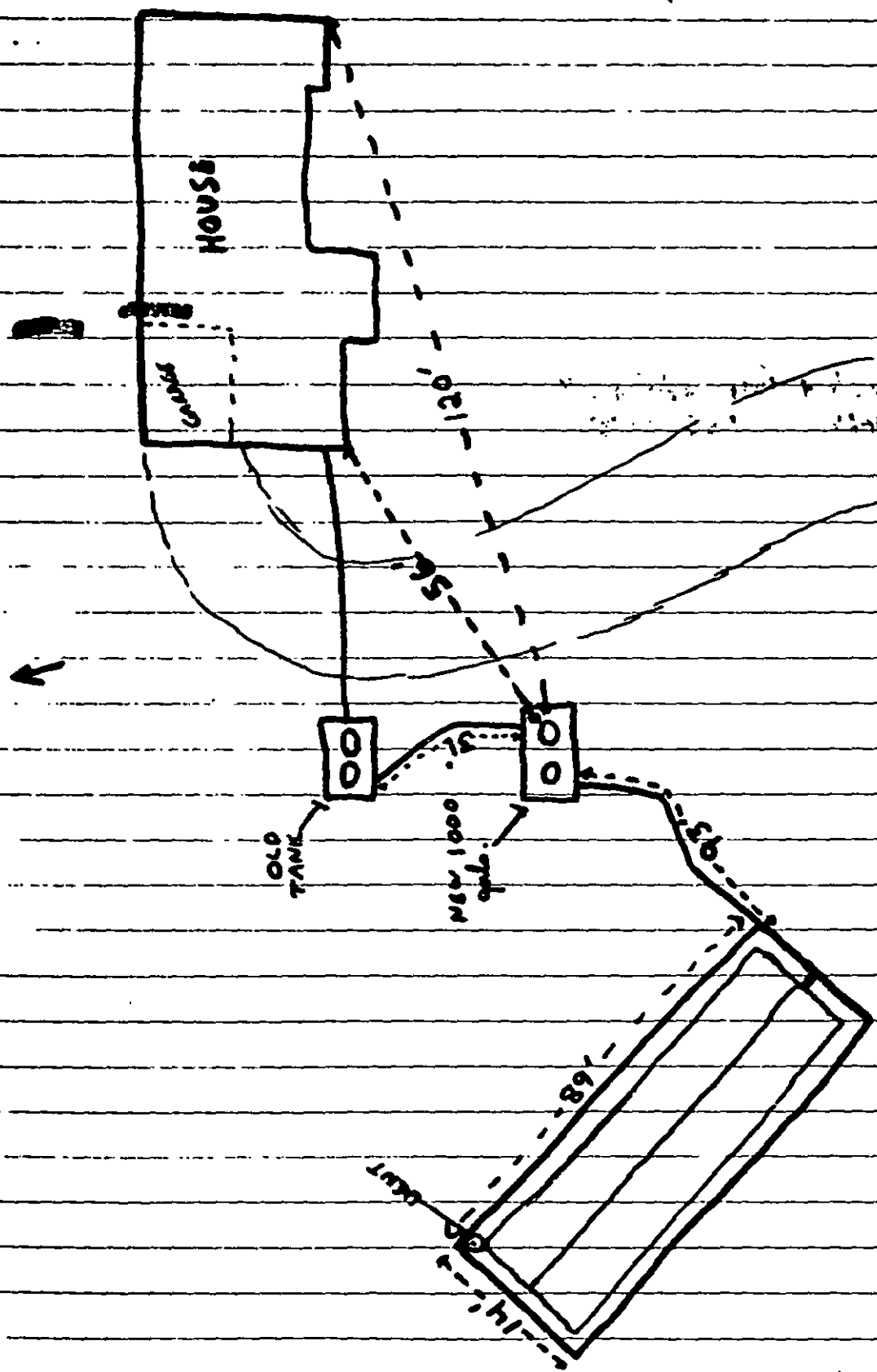
I the undersigned hereby certify that all information and data provided is correct and true to the best of my knowledge. Also, I agree that the construction of this individual sewage disposal system will comply with Tri-County Health Department regulation #1-85 and all other applicable laws and regulations.

Applicant's Signature: [Signature] Date: _____

Application Reviewed and Approved: [Signature] Date: 9-21-87

Date system inspected and approved: 11-25-87

Public Health Sanitarian: [Signature]



9-21-87 Site investigation. Approved. J.K.

0930 Monday

001133



P.O. Box 1
Parker, CO 80134
(303) 841-3554

INVOICE #:

Date 14 NOV 1988

HORNER, DAN
PO Box 7098
CONT STN 6
L. Hleton, Co 80123

Handwritten signature/initials

"At Honeydew We Take
Our Job Very Seriously!"

Emergency Pumps - Cheryl
688-9211

SPECIALIZING IN SEPTIC TANK CLEANING

DESCRIPTION	AMOUNT
Res at 1210 MADGE Gulch Rd SEDALIA Co 80135	39-2-057072
Pump 2 SEPTIC TANKS @ 100.00	100.00

We were able to pump both
tanks in one load because they
were only half full so only one charge

*Thanks for the call
Gie's*

Handwritten signature
RD 11/21/88
CK# 7875

All charge invoices are payable net 10 days
from end of month following date of invoice.

TOTAL 100.00

Received By: _____