



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

Permit # 7-95-292
Date Paid: 11-6-95
Check # 5226
Rec'd By: [Signature]

Application Fee: \$150

APPLICATION TO:
 INSTALL REPAIR EXPAND
AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

070117041

To Be Completed By Applicant - Please Type or Print Clearly

Address/Legal Description of Property Served by Proposed System: 1888 N. Margie Lane

Lot 21 Monte Vista

City and Zip Code: Castle Rock, CO 80104

Property Owner James L. Carter

Applicant James L. Carter

Address 1888 N. Margie Lane

Address 1888 N. Margie Lane

City Castle Rock State CO

City Castle Rock State CO

Zip 80104 Phone (303) 688-9261

Zip 80104 Phone (303) 688-9261

Installer Woodward Excavating

Design Engineer Colorado Soil

License # _____ Phone (303) 688-4759

Job # 95-633 Phone (303) 688-9475

Proposed Facility:

Facility Type: Single Family Residence Other _____ Lot Size 2 1/2 A.

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

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

General Information:

Number of bedrooms: 4 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.

[Signature]
Applicant's Signature

11-6-95
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 4 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: 4 % to SW

Type of disposal area proposed: Standard

Minimum size tank: 1250 gallons Minimum disposal area (bed): 1800 square feet

Engineer design required? No Minimum disposal area (trench): 1440 square feet

Maximum depth of disposal area: 46" (not to exceed depth of percolation test holes)

Minimum depth of installed rock: 12"

Special Permit Conditions: Assure all setbacks are met.

Design engineer inspection of the completed system required? No

Site approved by: [Signature] Date: 11-6-95

Application reviewed and approved by: [Signature] Date: 11-7-95

Site Visit Comments: Site appeared as described in soil report. [Signature]

Final Inspection

Inspection Date(s): 11-22-95 (partial), 11-28-95

Septic Tank Size (as built): 1250 gallons

Disposal Area Type: Standard Size (as built): 1840 square feet

Depth At Deepest Point: _____

Comments: Inspected tank to oval including bed. [Signature]

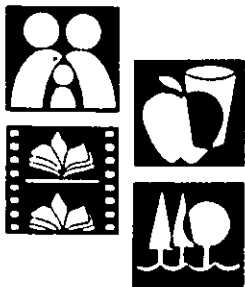
Inspected final hookup on 11-28-95. [Signature]

12-7-95

Date Of Final Approval

[Signature]

Environmental Health Specialist



Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

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

ENVIRONMENTAL HEALTH DIVISION PERMIT NO. 7-95-292

PERMIT TO REPAIR AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

OWNER: JAMES L. CARTER

LOCATION: 1888 N. MARGIE LANE

COMPOSED OF 1250 GALLON SEPTIC TANK AND ABSORPTION AREA OF
1800 SQUARE FEET

*INSURE ALL SETBACKS ARE MET.

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 12-7-95

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  OF TRI-COUNTY HEALTH
DEPARTMENT ON 11-7-95

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 #5220

RECEIVED BY LLJ ON 11-6-95

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



Tri-County Health Department

Percolation Test and Soils Data Form

Property address 1888 NO. MARGIE LANE, D.C.

Legal description MONTE VISTA ESTATES

Property Owner:

Name JAMES CARTER

Address 1888 N. MARGIE LN., CASTLE ROCK, CO. 80104

Phone 688-9261

Note:

- Percolation Test Form, Site Plan and Grain Size Distribution Curve of the Sample must be submitted with this form.
- For all Lots \leq 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

- Smearred surfaces removed: Yes No
- Sand or gravel added: Yes No
- Date and time presoak water added:
11-1-95 — 1:00
- Amount of presoak water added (gallons):
5
- Date and time percolation test is started:
11-3-95 — 6:45
- 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 3' of surface?
 Yes No

Slope determination in absorption area: 4 % to the SW (direction)

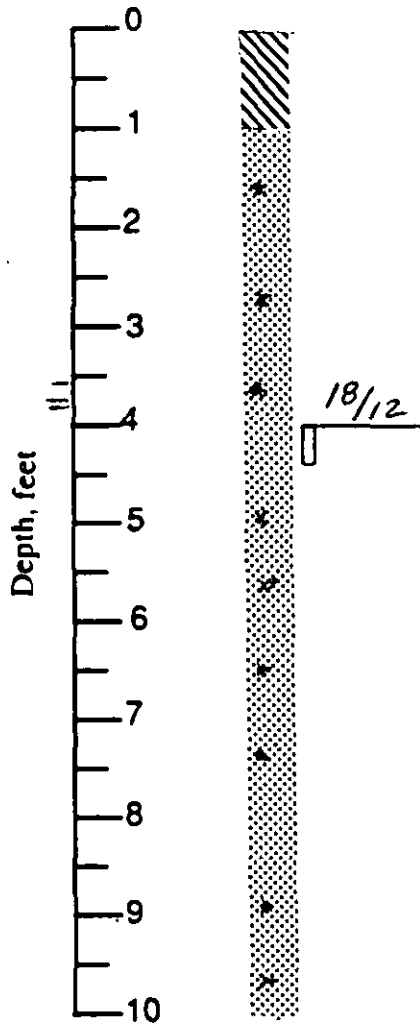
Bedrock:

- 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, BROWN

SAND: CLAYEY, GRAVELLY, MOIST,
BROWN TO LT. BROWN, (SP)

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

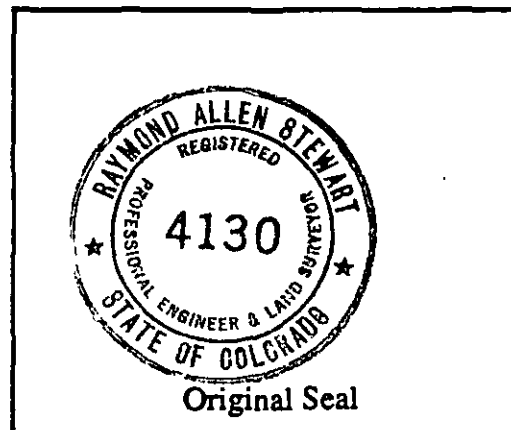
11-3-95
Date

Colorado Soil
Company Name

5 PHELPS DR., C.R.
Address

688-9475
Phone

95-633



LOCATION MAP

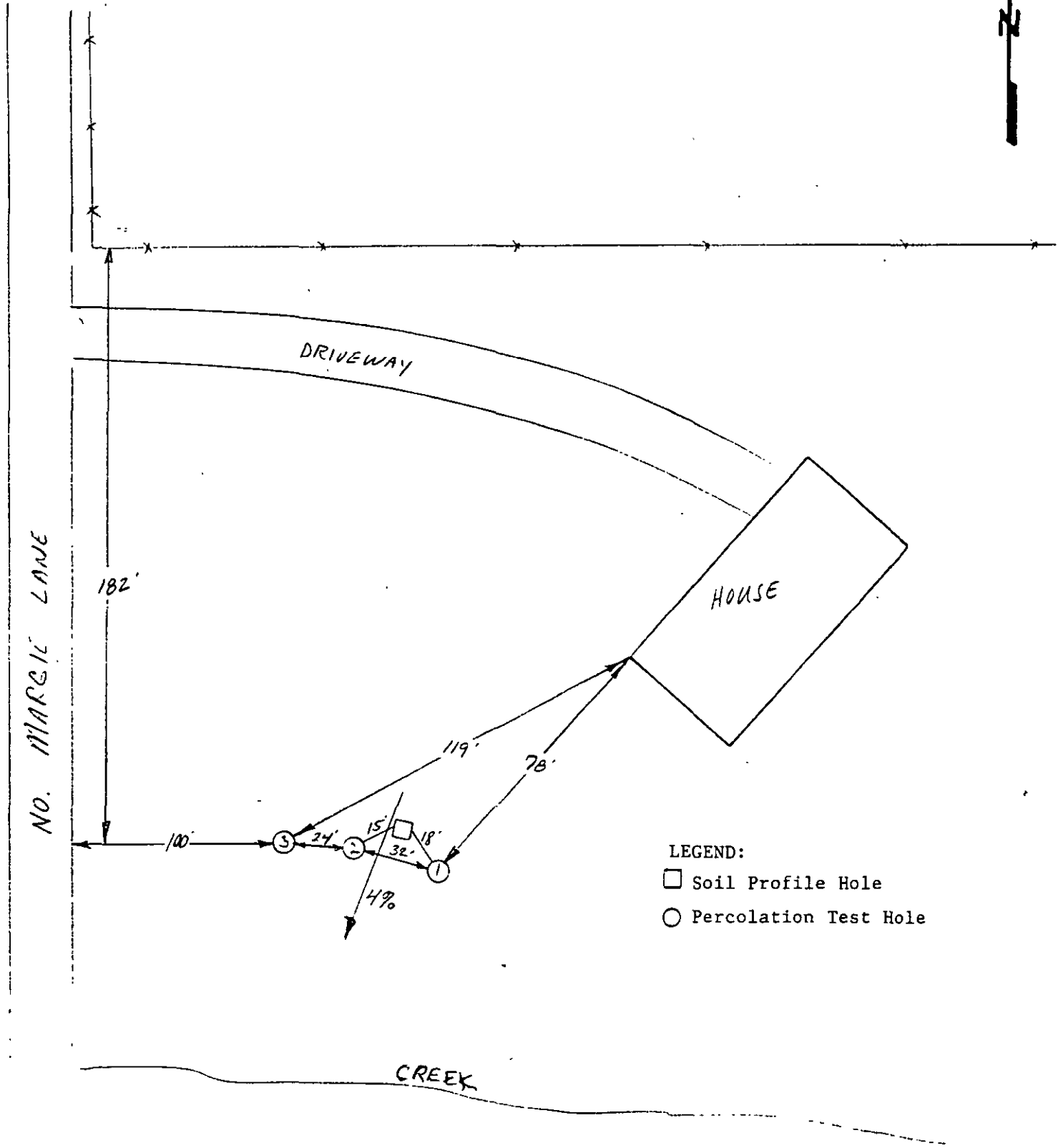
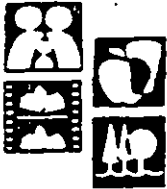


Figure 1



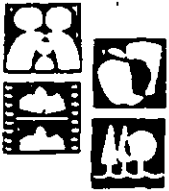
TRI-COUNTY HEALTH DEPARTMENT

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	45	30	37 ¹ / ₈	40 ³ / ₈	3 ¹ / ₄	
		30	40 ⁷ / ₈	41 ⁵ / ₈	1 ¹ / ₄	
		30	41 ⁵ / ₈	42 ⁷ / ₈	1 ¹ / ₄	
		30	42 ⁷ / ₈	43 ⁵ / ₈	3 ¹ / ₄	40
		30	43 ⁵ / ₈	44 ³ / ₄	1 ¹ / ₈	
		30	44 ³ / ₄	—	EMPTY	
		15	37 ¹ / ₂	39 ¹ / ₈	1 ⁵ / ₈	
		15	39 ¹ / ₈	40	7 ¹ / ₈	
		15	40	40 ⁵ / ₈	5 ¹ / ₈	
		15	40 ⁵ / ₈	41 ³ / ₈	3 ¹ / ₄	

*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.



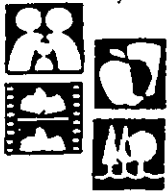
TRI-COUNTY HEALTH DEPARTMENT

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	43	30	35 ³ / ₈	—	EMPTY	
		30	35	39 ³ / ₈	4 ³ / ₈	
		30	39 ³ / ₈	42	2 ⁵ / ₈	
		30	42	—	EMPTY	
		30	35 ¹ / ₄	37 ³ / ₈	2 ¹ / ₈	
		30	37 ³ / ₈	39 ¹ / ₈	1 ³ / ₄	
		15	39 ¹ / ₈	39 ⁷ / ₈	3/4	
		15	39 ⁷ / ₈	40 ⁵ / ₈	3/4	
		15	40 ⁵ / ₈	41 ¹ / ₈	1/2	
		15	41 ¹ / ₈	41 ⁵ / ₈	1/2	30

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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	46	30	38 ³ / ₈	44 ⁵ / ₈	6 ¹ / ₄	
		30	44 ⁵ / ₈	—	EMPTY	
		30	38	41 ¹ / ₂	3 ¹ / ₂	
		30	41 ¹ / ₂	43 ³ / ₄	1 ³ / ₄	
		30	43 ³ / ₄	44 ⁷ / ₈	1 ⁵ / ₈	
		30	44 ⁷ / ₈	—	EMPTY	
		15	38 ¹ / ₂	39 ⁷ / ₈	1 ³ / ₈	
		15	39 ⁷ / ₈	40 ¹ / ₂	5 ¹ / ₈	
		15	40 ¹ / ₂	41 ¹ / ₈	5 ¹ / ₈	
		15	41 ¹ / ₈	41 ⁵ / ₈	1 ² / ₂	30

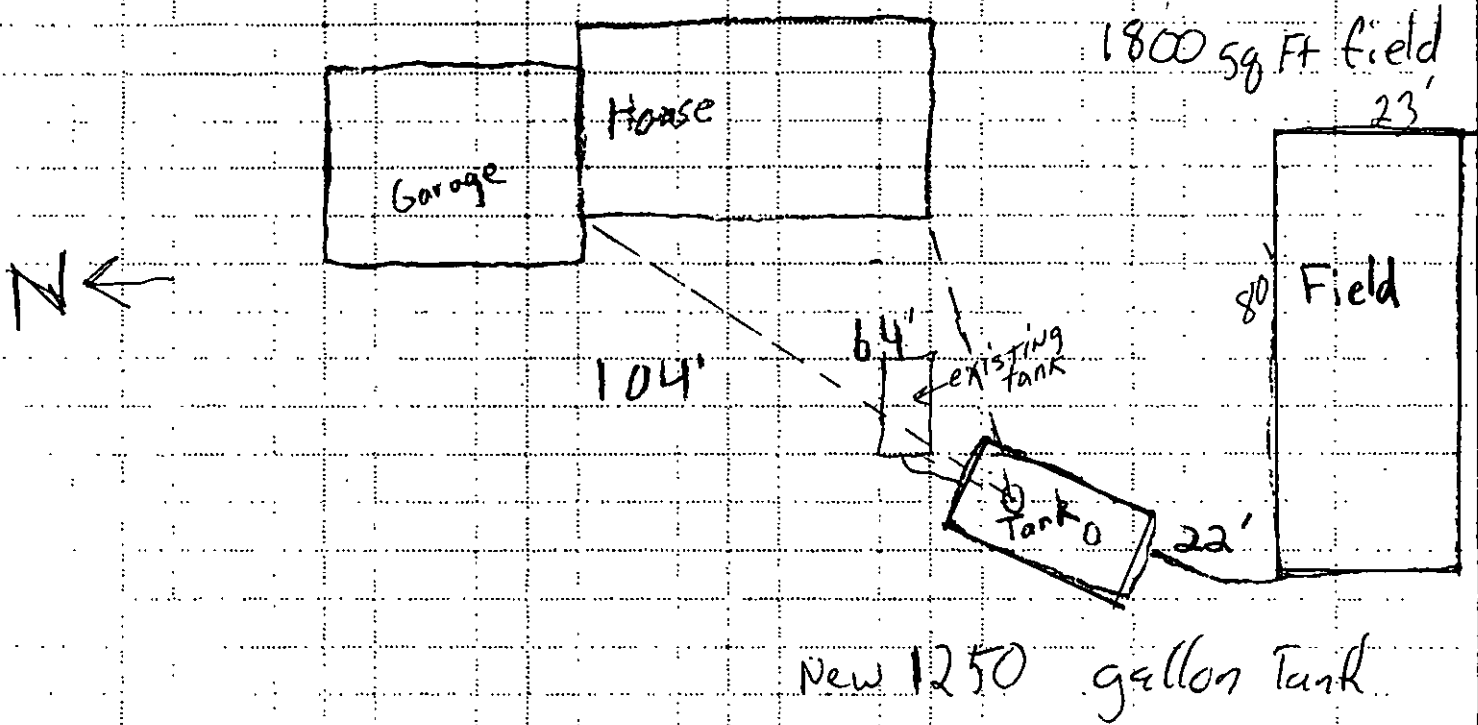
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Onsite System
As-Built
Drawing

Property Address 1888 N. Margie Lane
 Permit # 7-95-292
 Date System Completed 11/28/15
 Installer's Name Joe Woodward
 Installer's License # 6-000144
 Installer's Address and Phone 688-4759
2548 W. Wolfensberger Rd. Castle Rock, CO
 Pager: 251-3333





Tri-County Health Department

Environmental Health Services

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

FORM MUST BE COMPLETED IN FULL

Name of Applicant Darrell E. Roberts Phone (303) 688-1427

Mailing Address of Applicant 3134 W. Sugarbowl Cr., Castle Rock

Name of Present Owner James (Jim) Carter

Inspection Report To Be Sent to: Name Darrell Roberts

*Please call 660-7490
Ext. 3387 when ready,
will pick up.*

Address 3134 W. Sugarbowl Cr.

City Castle Rock State CO Zip 80104

Address and complete legal description of property for which permit is used:

1833 N. Margie Lane, Castle Rock, Co. 80104
Lot 21, Monte Vista Estates, CP #0055626, Recept. #0113585
Town/Rang 8-67, Sec 08/3

Number of Bedrooms In Home: 5

Year Home was Built: 1974/73
Moved in May 1973

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

Name of Original Homeowner (if known) James Carter

Is Residence Currently: () Occupied Vacant (specify how long) 1 week

OWNER/AGENT CERTIFICATION

(I), James L. Carter Owner (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 Nov 1995 (date). *New system installed in Nov. 1995*

7-15-98
Date

James L. Carter
Signature

A non-refundable fee of \$100.00 shall be payable to Tri-County Health Department when the application is made. If a bacteriological water test is required, please include a SEPARATE CHECK for \$13.00 payable to Colorado Department of Health Laboratories.

Check # 9334 M.O. _____ Cash _____ Rec'd by bd Date 7-15-98



TRI-COUNTY HEALTH DEPARTMENT

Inspection Report Form

Property Address: 1833 Margie Lane

Legal Description: Lot 21 Monte Vista Estates

DEPARTMENTAL RECORD SEARCH: Bucky Dutton Conducted By 7-16-98 Date

- (1) Record on File: Yes No
- (2) Original Permit #: 1361
- (3) Date of Final Inspection: 12-17-95
- (4) Tank Size: 1850 Gallon
- (5) Field Size: 1840 ~~1501~~ Sq. Ft.
- (6) # of Bedrooms: 4 OR System Capacity: _____
- (7) Original Owner: James L. Carter
- (8) Installer: Anderson Construction
- (9) Water Supply: Well
- (10) Inspections Issued: 0
Dates: _____
- (11) Repair Permits Issued: 1
Dates: 12-7-95 # 7-95-292

SITE INSPECTION

- (1) Property Permitted: Yes No
- (2) Soil Conditions at time of Inspection: Dry Wet Snow Covered
- (3) Surfacing Sewage: Yes No
- (4) Tank Tees/Baffles: new tank installed Dec 95.
- (5) # of Bedrooms In Home: 5 OR System Capacity: _____
- (6) Property Sized Based Upon # Bedrooms OR system capacity: Yes No
- (7) Did TCHD representative take a water sample: Yes No

COMMENTS: the septic system was designed for a four bedroom house. The house now has five bedrooms. The system was designed to accommodate up to eight people.

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 7-20-98 Signature [Signature]
Environmental Health Specialist

TRI-COUNTY DISTRICT HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

*Ready Wednesday afternoon
12-27-72*

*347
1361
Lot 21*

ADAMS CITY
4301 East 72nd Ave.
288-6816

ENGLEWOOD
4857 So. Broadway
761-1340

AURORA
1633 Florence St.
366-1561

DOUGLAS COUNTY
4857 So. Broadway
761-1340

APPLICATION FOR PERMIT TO CONSTRUCT, REMODEL, OR INSTALL A WASTE DISPOSAL SYSTEM

Address (Legal Description) LOT 21 MONTE VISTA ESTATES 1833 Margie Ln
Owner JAMES L. CARTER Address 10793 W. 67th Pl. Telephone No. 424-5733
Installed by ANDERSON CONST. Address BOX 23 MITCHELL Telephone No. 674-4075
OKO.

GENERAL INFORMATION

Type of Waste System: Residence Commercial _____ Other _____
Size of Lot APPROX 2.0 ACRES
Percolation Rate #1 2 #2 21 #3 4 #4 1 #5 _____ #6 _____
Average 5 minutes per inch. Depth of 1st Ground Water _____
Soil Profile 1' to 10' _____
Source of Domestic Water: Public (name) _____
Private well Depth 280' Distance from Sewage System 150'
Estimated Daily Sewage Flow _____ G.P.D.

RESIDENCE

Number of Bedrooms 3 Tubs or Showers 2 Toilets 3 Lavatory 4 Sinks 1

COMMERCIAL or Other: Attach estimated daily sewage flow data.
Depth of Building Drain _____

CONSTRUCTION INFORMATION

Septic Tank Capacity 1200 gallons Material Concrete
Inlet 7 Outlet 7
Soil Absorption System Trench _____ Bed 10 Pit _____
Required Absorption Area in square feet 1000 Filler Material Size 1/4" Depth 3"
Distribution Line Material PVC Diameter 3"

For other type disposal system attach complete design and specification data.

Owner or Agent John M. Eilers Date JULY 17, 1972

Tri-County District H.D. _____ Date _____

Water Pollution Control Comm. _____ Date _____

Local Building & Zoning _____ Date _____

Public Water & Sewer District _____ Date _____
Permit Issued By [Signature] (health officer) 7-17-72 Date _____
Supporting data (attached) _____ Soil Profile _____
Plot Plans _____ Special Design Data _____
Percolation Data _____

The construction of this nonmunicipal waste disposal system will comply with TCDHD Reg. #2/69 and all other applicable laws, ordinances, standards or resolutions _____ Owner.
System inspected and approved (date) 12-27-72 Sanitarian R.V. [Signature]
Permit File No. 1341 Fiscal Control No. 2389

