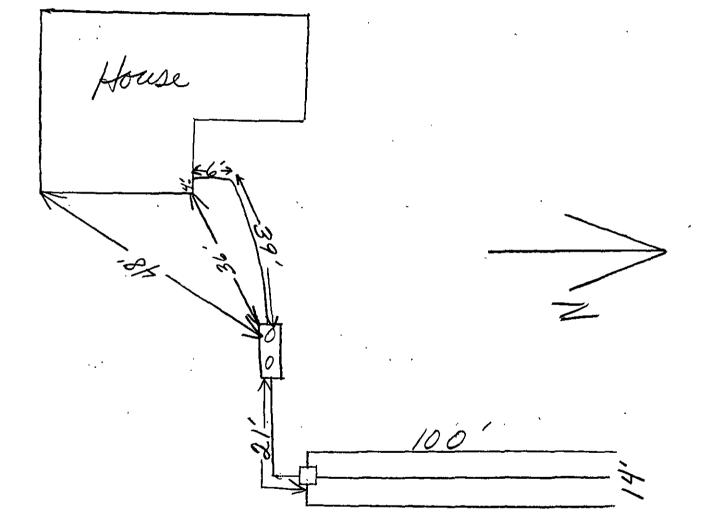
Adams City Englewood Brighton 4301 E. 72nd Ave. 4857 So. Broadway 1895 Egbert 288-6816 761-1340 659-4000 Aurora Office Castle Rock West Adams City 15400 E. 14th Place 502 3rd St. 7475 Dakin 341-9370 688-5145 428-8543 12365 Mesc View Rd APPLICATION FOR PERMIT TO CONSTRUCT, REMODEL, OR INSTALL & WASTE DISPOSAL SYSTEM Lot 10 Mesa Grande Address (Legal Description) 40 Owner the balley Hamgs Wellox Address 3/2 Telephone No. Installed by Telephone No. 681 Address Kallsaur GENERAL INFORMATION <___ ____Commercial_ Type of Waste System: Residence Other Size of Lot /C acres 39 Percolation Rate #1 #3 #5 #2 38 #4 #6 minutes per inch. Average 38 Depth of 1st Ground Water coil Profile 1' to 10' Ne Soil Source of Domestic Water: Public (name) LEEN Private well 425 Distance from Sewage System Depth Estimated Daily Sewage Flow G.P.D. RESIDENCE Number of Bedrooms 3 Tubs or Showers 2 Toilets 2 Lavatory Z____Sinks_ COMMERCIAL or Other: Attach estimated daily sewage flow data. Depth of Building Drain_ CONSTRUCTION INFORMATION 1000 20mp Concrete. gallons Material Septic Tank Capacity Outlet Inlet Soil Absorbtion System Trench Bed 🚽 Pit Filler Material Size 320 Depth Required Absorbtion Area in square feet Diameter Distribution Line Material for other type disposal system attach complete design and specification data. IL. Owner or Agent 0 Date Tri-County District H.D. Date Water Pollution Control Comm. Date Local Building & Zoning Date Public Water & Sewer District Date UN A コーロウ (health officer) Date Permit Issued Supporting data (attached) Soil Profile _____Special Design Data___ Plot Plans 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) 6 - 28 - 78 sanitarian Permit File No. 🖊 Piscal Contro¥ No.

TCDHD S-48



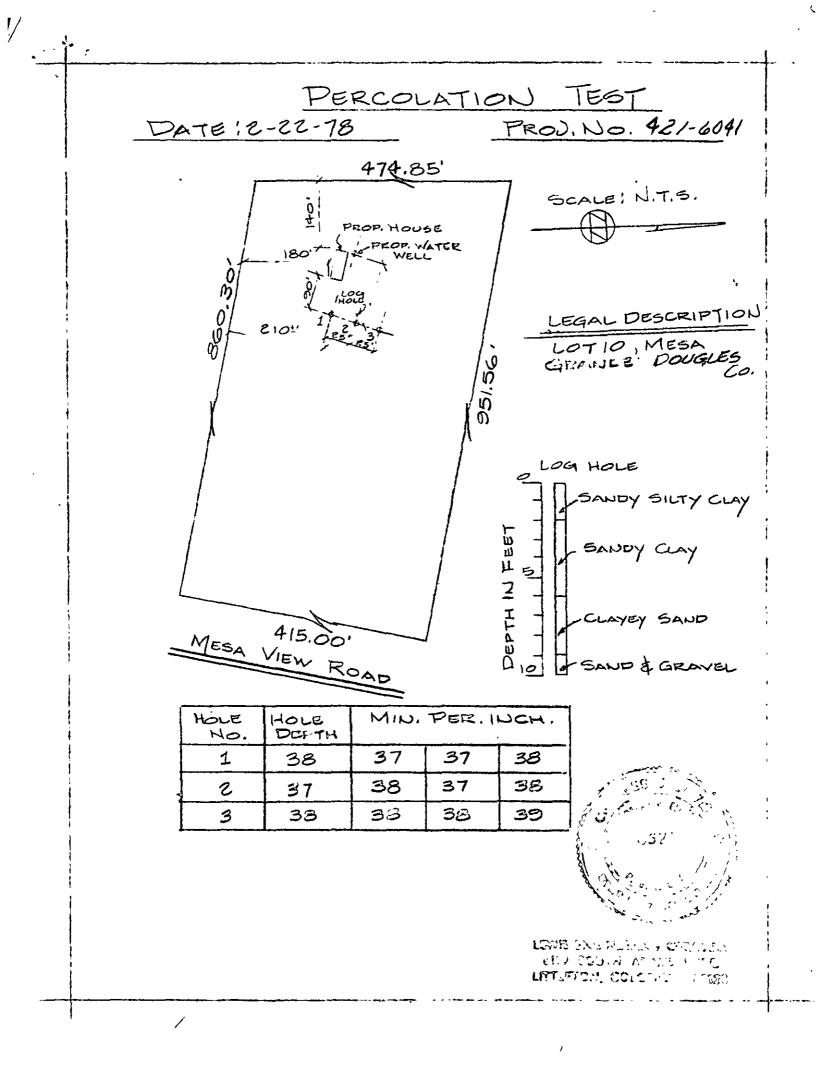
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4' corner-liné 36 corner - tank 39 fornt - tank 6 line - joint 48 corner - tank 21 box-field 14 × 100 Ø Ð

Tri-County Health Department 91-055 **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 Rana: Robert Schuster Phone 688-1782 Mailing Address of Applicant 241 N. Holcomb Cr. Castle Rock. (O R)104 Name of Present Owner L. Steven Massey Loan Inspection Report to be sent to: Name Address # 100101 S. Willow m 3/28 city Englewood ____ Zip _____ ZIII State Address and complete legal description of property -12365 Mesa Diew Koad, Larkspur (O 10, Mesa Grande, Doug Year House was built 1978# Bedrooms in Home _ 4 Source of Water: (X) Private Well () Public (specify) Name of Original Homeowner (if known) renters Is Residence (X) Occupied () Vacant (specify how long) _____ will be vacant 3-29-91 ***** OWNER/AGENT CERTIFICATION Kana Chustra Owner Agend (circle one) of the dwelling at the (1).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 _____ <u>//3/9/</u> (date). 3-21-91 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 #1788 M.O. Cash ___Rec'd by Date ろこ Water

TRI-COUNTY HEALTH DEPARTMENT
Loan Inspection Report Form
Property Address 12365 Mesa View Rd
1 tip Mars Gua de
DEPARTMENTAL RECORD SEARCH: Conducted By Date
Double De No Henry
(1) Record on File (X) Yes () No (7) Original Owner: DOUG 45 Valley Jones
(2) Original Permit # 2973 (8) Installer: <u>AEM</u>
(3) Date of Final Inspection: 6-28-78 (9) Water Supply: Well (10) Lear Learned: UR
(4) Tank Size: 1000 [10] Loan Inspections Issued: 90 Dates: 6-2-89
(5) Field Size: 1400 (11) Repair Permits Issued:
(6) # Bedrooms: <u>3</u> OR System Dates:
Capacity:
SITE INSPECTION:
(1) Properly Permitted: (1) Yes () No
(2) Soil Conditions at time of Inspection: () Dry () Wet (Snow Covered
(3) Surfacing Sewage: () Yes (V) No
(4) Tank Tees/Baffles: See Rumpers report
(5) # of Bedrooms in Home: OR System Capacity
 (6) Properly sized based upon number of bedrooms OR system capacity () Yes () No
(7) Did TCHD representative take a water sample: (1/) Yes () No
COMMENTS
The leach field had I inche of snow on it at time of
inspection. There are contrough inspection of the field was
impossible what could be abserved showed my apparant sign of
Malfrenction atting of inspection. Original leach field was sized
for I bedrooms. Auise new has I bedrooms, Well
- nead meets present day relandards .
Neither Tri-County Health Department nor any of its agents or employees undertake or ensuring any lightling of the above of the second se

.verturer in-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 forure. Inspections requested during periods of rain, snow over or when a residence is unoccupied may be of questionable value.

when a residence is unoccupied may be of questionable value. 91 2 eru Date: 0 Signature Environmental Health Specialist TCHD S-66

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	John	Todd, Inc.		
	FUMPING SEP	· .	1RAPS AND SA 2100 West Redcil Finglewood, Colori Phone (303) 751-	ado 80110
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	Addings	- Campbell	Inclin I MUZ	vice.
	Hax 1. 17.7.3-	-1203	74	
	A Ly Juan Lodd,	Ind.		0.5101 PM
	Con Address : LARKSPUR-	Wood, Colorado 80110 - Phore (803) 76 KENTWINDD MOURE 35: \$2365 MESA VIEW R	51 2763	3443
	ink Locations: OPEN-GET (•	FNEL DAN P	sofs time ors
	' C' Bill 5670 dic Blud To: Englewood, co	E CO		04TE 3/14/91 TANK CAPACITY /2.57 FTG. HUSE NEEDED
	Constant of the second se	source pumped ""Idda" ""Sylbafflog Rec's + BRATes	gal gal	AMOUNT 174.00 14.75
		AD GOL	TOTAL AMOUN	TOUR COOS 75

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TRI-COUNTY DISTRICT HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

2973 hot 10

Adams City 4301 E. 72nd Ave. 288-6816

Aurora Office 15400 E. 14th Place 341-9370

Brighton 1895 Egbert 659-4000

Castle Rock 502 3rd St. 688-5145

4857 So. Broadway 761-1340

Englewood

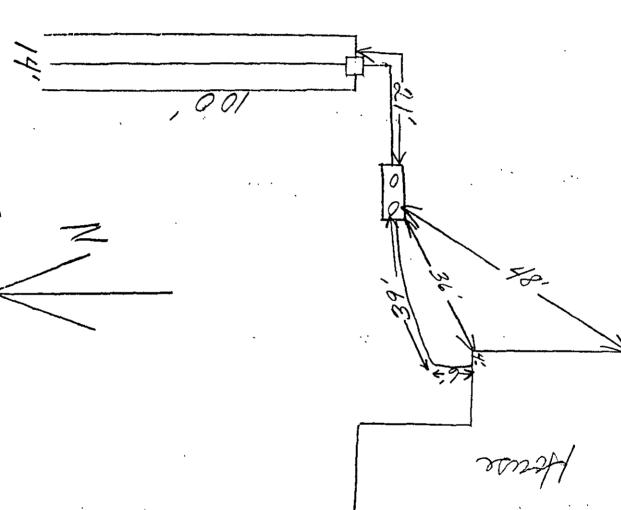
West Adams City 7475 Dakin 428-8543

12365 Mese View Rd

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

Address (Lega) Descripti	on), Lot 10 Mesa Grande	le	-
Owner Munches Valley	Haings Address 212, Wiele	CK Telephone No.	685-3139
Installed by	Address Karlisque	Telephone No.	481- 3756
GENERAL INFORMATION	•		
Type of Waste System: R	tesidenceCommercial	Other	
Size of Lot_/C acics	a		······································
Percolation Rate #1	<u>.38 #2 _ 38 #3 _ 39 _ #</u>		#6
Average 38	minutes per inch. Depth of]	lst Ground Water	
Soil Profile 1' to 10'	r Public (name) LEEM	*	
Private well 462.5	DepthI	Distance from Sewage	Svatem
Estimated Daily Sewage F	low		G.P.D.
RESIDENCE	Tubs or Showers 2 Toilets	2.	2
Number of Bedrooms	Tube of Showers	Lavatory	Sinks
COMMERCIAL or Other: Att	ach estimated daily sewage flow data	1 .	,
Depth of Building Drain_			
· ·			
•			
	· · ·		
CONSTRUCTION INFORMATIO	N /000 gallons Mat	and all alman	a conta .
 Septic Tank Capacity Inlet 		terial_ <u>20mp</u>	noug ·
Soil Absorbtion System	Branch Dad Va		
			7 1 2
Required Absorbtion Area	in square feet ノゴルO Fil	ller Material Size 🌽	
for other type disposal	system attach complete design and sp	pecification data.	the period
Distribution Line Materi	.aiDiameter	pecification data.	typeptn
Distribution Line Materi	system attach complete design and sp	pecification data.	Date
Distribution Line Materi	system attach complete design and sy <u>ul Euth</u> Date <u>3</u> / Tri-County District H.D.	pecification data.	Date
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Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

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

June 2, 1988

SEWAGE DISPOSAL SYSTEM INSPECTION 12365 MESA VIEW ROAD LARKSPUR, CO

Country Pumps P.O. Box 147 Elizabeth, CO 80107

On June 2, 1988, an inspection was made of the individual sewage disposal system located on the above referenced property.

The system showed no apparent evidence of malfunction at the time of this inspection. The soil absorption area consists of 1400 square feet and has a 1000 gallon tank capacity. This system was inspected and approved on June 28, 1978 when it was originally installed. The septic tank was pumped May 30, 1988.

The wellhead meets State Health Department standards.

If you have any questions or if I can be of further service, please let me know.

Sincerely, hn Klickner

John Kleckner Environmental Health Services

/la Attachments

88-80
Tri-County Health Department Environm ntal H alth Services
Application for Loan Inspection For Existing Domestic and Non-Municipal Sewage Disposal Systems
FORM MUST BE COMPLETED IN FULL
Name of Applicant Country Rumps Phone 688-9211
Name of Applicant <u>Cauntry Rumps</u> Phone <u>688-7211</u> Mailing Address of Applicant P. D. Bay 147, <u>Clinabeth</u> Co. 50107
Name of Present Owner heray Waite, Sr.
Loan Inspection Report To Be Sent to: Name Country Pumps
Address P. O. Bax 147
City Elizabeth State Co. Zip 80107
<u>12365 Mesa Vinn</u> Raad, Larkspur, Co. <u>hat 10, Mesa Yranke</u> # Bedrooms In Home: <u>3</u> Source of Water: Private Well (N Public (specify)
Name of Original Homeowner (If known)
Contractor Who Installed System (If known)Date_ $3/17/7\hat{S}$
* * * * * * * *
OWNER/AGENT CERTIFICATION
(1), <u>Country Pumps</u> <u>Owner Agent</u> (circle one) of the dwelling at the location described in this application do hereb certify that the sewage disposal system has been in continuous use, operating satisfactorily, and without malfunction. The septic tank was pumped <u>5-30-88</u> (Date). <u>Velbert Septic Service Mary Concructorico</u> Date Signature
A non-refundable fee of \$75.00 shall be payable 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 Laboratories.
Check # <u>1294</u> M.OCashRec'd by_ <u>le</u> Date_ <u>6/1/88</u>

TRI-COUNTY HEALTH DEPARTMENT Loan Inspection Report Form
Property Address 12365 Mesa View Road
Legal Description dot 10 Mega Grande
DEPARTMENTAL RECORD SEARCH: J. angus 6/1/88 Conducted By Date
 (1) Original Permit #: <u>2973</u> (2) # Bedrooms: <u>3</u> (3) Tank Size: <u>1000</u> (4) Date of Final (9) Use Permits or Loan Inspections Previously Issued - (5) Water Supply well (6) Original Owner Douglas Valley Homes (7) System Capacity <u>450 g.ed</u> (8) Field Size <u>1400 s.g.ft</u> (9) Use Permits or Loan Inspections Previously Issued - (10) Repair Permits Issued
FIELD INSPECTION:
 (1) Soil Conditions: <u>Dry</u> Saturated Snow Covered (2) Residence: <u>Occupied</u> Vacant (3) Surfacing Sewage: <u>Yes</u> No Evidence of Past Surfacing: <u>Yes</u> No (4) Tank Tees/Baffles: <u><i>t's</i> are o.K. ly pumper</u> (5) # of Bedrooms In Home: <u>3</u> (6) Estimated System Capacity <u>450</u> gpd
FINDINGS
 (1) Sewage Disposal System: (a) Properly Permitted: Yes No (b) Evidence of Past or Present Malfunction: Yes No (c) Properly Sized Based Upon # Bedrooms: Yes No
(2) Comments: Leach field al edino apparant endence of maluretim cot time of inspection. intere near meets S. 17. D. standing
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 snow cover or when a residence is unoccupied may be Of questionable value.
Comments
Date <u>6-2-55</u> Signature <u>buy fieldu</u> Enviropmental Health Specialist

DELBERT COUNTY SEPTIC SERVICE 34565 Cimarron Trail ELIZABETH, COLORADO 80107 688-2959 or 646-3326

i.

SOLD BY		5- <u>5</u> -3	71-88	-	
NAME	entry	Aim	os		
ADDRESS	Blee	Mesi-	Viente	L_	
CASH	C.O.D.	CHARGE	ON ACCT.	ach	n
	Pump S	Septic T	ank	90	00
	Mileage			10_	12
					
	Total			100	00
RECEIVED	BY				

2887 Thank You

All claims and returned goods MUST be accompanied by this bill.