GARFIELD COUNTY BUILDING AND SANITATION DEPARTMENT

109 8th Street Suite 303
Glenwood Springs, Colorado 81601
Phone (303) 945-8212

Permit 2785
Assessor's Parcel No. _____

This does not constitute a building or use permit.

INDIVIDUAL SEWAGE DISPOSAL PERMIT

PROPERTY

Owner's Name Lonnie & Ann Bowles Present Address PO BOX 946, New Castle Phone 984-0901

System Location 6605 CR 214, New Castle

Legal Description of Assessor's Parcel No. _____

SYSTEM DESIGN 3 BR.

1000 Septic Tank Capacity (gallon) _____ Other

16/30 Percolation Rate (minutes/inch) Number of Bedrooms (or other) 2 (PLAN shows 3 BR)

Required Absorption Area - See Attached Rock Leach BED 907 ft
INFILTRATORS - TRENCH 453 ft 24 pcs 6'
INFILTRATORS - BED 544 ft 18 pcs 8'
29 pcs 6'

Special Setback Requirements:

Date 11-12-97 Inspector ~~Steve Brockett~~

FINAL SYSTEM INSPECTION AND APPROVAL (as installed)

Call for Inspection (24 hours notice) Before Covering Installation

System Installer OWNER

Septic ~~Tank~~ Capacity 1000

Septic Tank Manufacturer or Trade Name COPLANAR

Septic Tank Access within 8" of surface YES

Absorption Area 453 ft

Absorption Area Type and/or Manufacturer or Trade Name 18 EA INFILTRATORS 8'

Adequate compliance with County and State regulations/requirements YES

Other _____

Date 12-12-97 Inspector Ken

RETAIN WITH RECEIPT RECORDS AT CONSTRUCTION SITE

***CONDITIONS:**

1. All installation must comply with all requirements of the Colorado State Board of Health Individual Sewage Disposal Systems Chapter 25, Article 10 C.R.S. 1973, Revised 1984.
2. This permit is valid only for connection to structures which have fully complied with County zoning and building requirements. Connection to or use with any dwelling or structures not approved by the Building and Zoning office shall automatically be a violation or a requirement of the permit and cause for both legal action and revocation of the permit.
3. Any person who constructs, alters, or installs an individual sewage disposal system in a manner which involves a knowing and material variation from the terms or specifications contained in the application of permit commits a Class I, Petty Offense ($500.00 fine — 6 months in jail or both).

White - APPLICANT Yellow - DEPARTMENT

INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION

OWNER Lonnie & Ann Bowles

ADDRESS Box 946 New Castle, CO 81647 PHONE 984-0901

CONTRACTOR Self

ADDRESS _____ PHONE _____

PERMIT REQUEST FOR (X) NEW INSTALLATION ( ) ALTERATION ( ) REPAIR

Attach separate sheets or report showing entire area with respect to surrounding areas, topography of area, habitable building, location of potable water wells, soil percolation test holes, soil profiles in test holes (See page 4).

LOCATION OF PROPOSED FACILITY:

Near what City of Town New Castle Size of Lot 2 acres

Legal Description or Address 1605 County Road 214 New Castle

WASTES TYPE: (X) DWELLING ( ) TRANSIENT USE

( ) COMMERCIAL OR INDUSTRIAL ( ) NON-DOMESTIC WASTES

( ) OTHER - DESCRIBE _____

BUILDING OR SERVICE TYPE: Stick Built home - Residential

Number of Bedrooms 2 Number of Persons 4

(X) Garbage Grinder (X) Automatic Washer (X) Dishwasher

SOURCE AND TYPE OF WATER SUPPLY: ( ) WELL ( ) SPRING ( ) STREAM OR CREEK

If supplied by Community Water, give name of supplier: Septic System

DISTANCE TO NEAREST COMMUNITY SEWER SYSTEM: N/A

Was an effort made to connect to the Community System? NO

A site plan is required to be submitted that indicates the following MINIMUM distances:

Leach Field to Well: 100 feet

Septic Tank to Well: 50 feet

Leach Field to Irrigation Ditches, Stream or Water Course: 50 feet

Septic System to Property Lines: 10 feet

YOUR INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT WILL NOT BE ISSUED WITHOUT A SITE PLAN.

GROUND CONDITIONS:

Depth to first Ground Water Table N/A

Percent Ground Slope 0

TYPE OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM PROPOSED:

(X)	SEPTIC TANK	( )	AERATION PLANT	( )	VAULT
( )	VAULT PRIVY	( )	COMPOSTING TOILET	( )	RECYCLING, POTABLE USE
( )	PIT PRIVY	( )	INCINERATION TOILET	( )	RECYCLING, OTHER USE
( )	CHEMICAL TOILET	( )	OTHER - DESCRIBE_____		

FINAL DISPOSAL BY:

( )	ABSORPTION TRENCH, BED OR PIT	( )	EVAPOTRANSPIRATION
(X)	UNDERGROUND DISPERSAL	( )	SAND FILTER
( )	ABOVE GROUND DISPERSAL	( )	WASTEWATER POND
( )	OTHER - DESCRIBE_____		

WILL EFFLUENT BE DISCHARGED DIRECTLY INTO WATERS OF THE STATE? NO

PERCOLATION TEST RESULTS: (To be completed by Registered Professional Engineer, if the Engineer does the Percolation Test)

Minutes_____per inch in hole No. 1 Minutes _____per inch in hole NO. 3

Minutes_____per inch in hole No. 2 Minutes_____per inch in hole NO. __

Name, address and telephone of RPE who made soil absorption tests:_____

_____

Name, address and telephone of RPE responsible for design of the system:_____

_____

Applicant acknowledges that the completeness of the application is conditional upon such further mandatory and additional tests and reports as may be required by the local health department to be made and furnished by the applicant or by the local health department for purposed of the evaluation of the application; and the issuance of the permit is subject to such terms and conditions as deemed necessary to insure compliance with rules and regulations made, information and reports submitted herewith and required to be submitted by the applicant are or will be represented to be true and correct to the best of my knowledge and belief and are designed to be relied on by the local department of health in evaluating the same for purposes of issuing the permit applied for herein. I further understand that any falsification or misrepresentation may result in the denial of the application or revocation of any permit granted based upon said application and in legal action for perjury as provided by law.

Signed _____ Date 4-30-97

PLEASE DRAW AN ACCURATE MAP TO YOUR PROPERTY!!

Designate North Arrow

South Neighbor

Jordyt Sandra Adamson

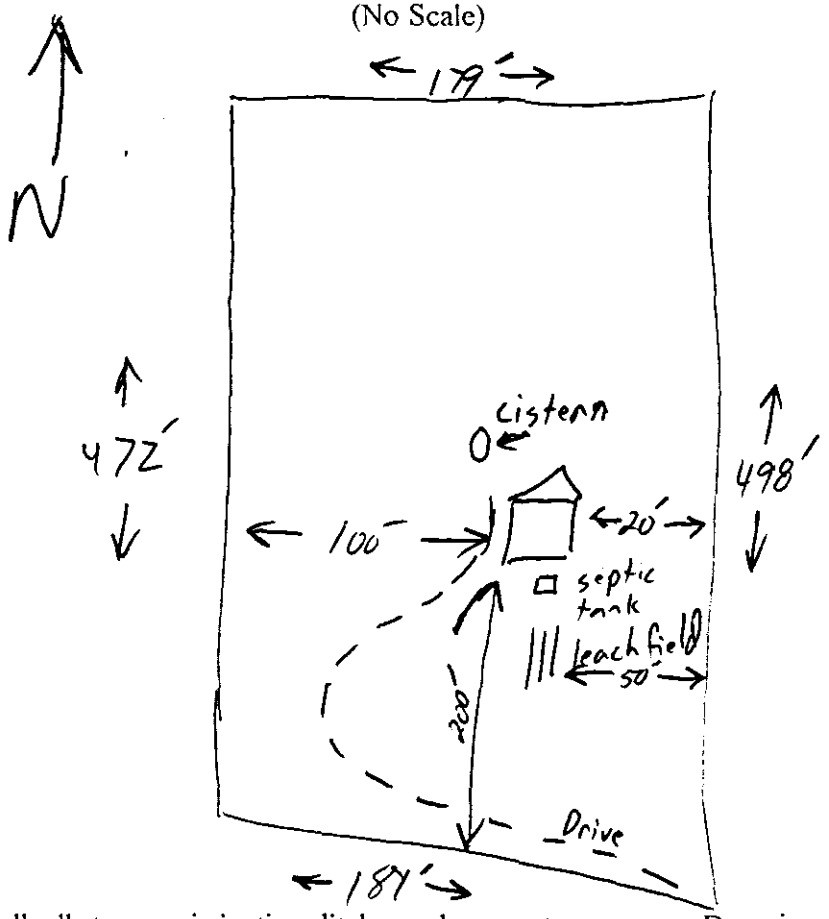
6603 214RD

Your Neighbor's Name & Address

will do perk test

Your Plot - Shape to Fit
(No Scale)

6605 214RD



East Neighbor

Dave & Roslyn Hatch

6607 214 RD

Your Neighbor's Name & Address

Locate well, all streams, irrigation ditchs, and any water courses. Draw in your house, septic tank & system, detached garages, and driveway.
If a change of location is necessary, you must submit a corrected drawing, before a Certificate of Occupation will be issued.

County Road (Note the Road Number and Name)