



CONDITIONAL USE PERMIT-MINOR AMENDMENT

Application submittals must include all documents on this checklist as well as this page. Please use the reference guide (pg. 2) included in this packet for more information on each submittal item.

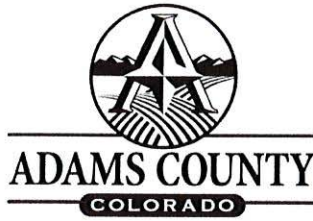
All submittals shall include one (1) hard copy of all documents and one (1) electronic copy with all documents combined in a single PDF. For hard copies, each document shall be labeled or tabbed with the corresponding checklist number.

- 1. Development Application Form (pg. 3)
- 2. Application Fees (see table)
- 3. Written Explanation of the Project
- 4. Site Plan Showing Proposed Development
- 5. Copy of Original Approval (resolution or decision letter)
- 6. Proof of Ownership (warranty deed or title policy)
- 7. Proof of Water and Sewer Services
- 8. Proof of Utilities (e.g. electric, gas)
- 9. Legal Description
- 10. Certificate of Taxes Paid

Application Fees	Amount	Due
Conditional Use Permit (minor amendment)	\$500	With application submittal
Tri-County Health *made payable to Tri-County Health	\$360	With application submittal

EXHIBIT 1

Development Application



Application Type:

<input type="checkbox"/> Conceptual Review	<input type="checkbox"/> Preliminary PUD	<input type="checkbox"/> Temporary Use
<input type="checkbox"/> Subdivision, Preliminary	<input type="checkbox"/> Final PUD	<input type="checkbox"/> Variance
<input type="checkbox"/> Subdivision, Final	<input type="checkbox"/> Rezone	<input checked="" type="checkbox"/> Conditional Use
<input type="checkbox"/> Plat Correction/ Vacation	<input type="checkbox"/> Special Use	<input type="checkbox"/> Other: _____

PROJECT NAME: Daniel Lira Conditional Use

APPLICANT

Name(s): Daniel Lira Phone #: 720-902-1801

Address: 25999 East 152nd Avenue

City, State, Zip: Brighton CO 80603

2nd Phone #: Email: lirascales@gmail.com

OWNER

Name(s): Daniel Lira and Silvia Lira Phone #: 720-902-1801

Address: 25999 East 152nd Avenue

City, State, Zip: Brighton CO 80603

2nd Phone #: Email: lirascales@gmail.com

TECHNICAL REPRESENTATIVE (Consultant, Engineer, Surveyor, Architect, etc.)

Name: Phone #:

Address:

City, State, Zip:

2nd Phone #: Email:

DESCRIPTION OF SITE

Address:

City, State, Zip:

Area (acres or square feet):

Tax Assessor Parcel Number:

Existing Zoning:

Existing Land Use:

Proposed Land Use:

Have you attended a Conceptual Review? YES NO

If Yes, please list PRE#:

I hereby certify that I am making this application as owner of the above described property or acting under the authority of the owner (attached authorization, if not owner). I am familiar with all pertinent requirements, procedures, and fees of the County. I understand that the Application Review Fee is non-refundable. All statements made on this form and additional application materials are true to the best of my knowledge and belief.

Name:

Date:

Owner's Printed Name

Name:

Owner's Signature

EXHIBIT 2

Application Fees

6090

LIRA LANDSCAPING AND SERVICES

PO BOX 187
FORT LUPTON, CO 80621

TBK BANK
88-957/1119

4/12/2023

PAY TO THE
ORDER OF Adams County

\$ **500.00

Five Hundred and 00/100*****

DOLLARS

Adams County
Community & Economic Development
4430 S Adams County Pkwy
1st Floor, Suite W2000
Brighton CO 80601-8204

MEMO

Conditional Use Permit - 25999 E 152nd Ave Brighto



[Handwritten Signature]
AUTHORIZED SIGNATURE

Security features. Details on back.



⑈006090⑈ ⑆⑆⑆⑆909579⑆ ⑆50⑆02387⑈

LIRA LANDSCAPING AND SERVICES

6090

Adams County

4/12/2023

500.00

Lira Landscaping & Se Conditional Use Permit - 25999 E 152nd Ave Bri

500.00

LIRA LANDSCAPING AND SERVICES

6090

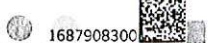
Adams County

4/12/2023

500.00

Lira Landscaping & Se Conditional Use Permit - 25999 E 152nd Ave Bri

500.00



6091

LIRA LANDSCAPING AND SERVICES

PO BOX 187
FORT LUPTON, CO 80621

TBK BANK
88-957/1119

4/19/2023

PAY TO THE
ORDER OF Adams County

\$ **600.00

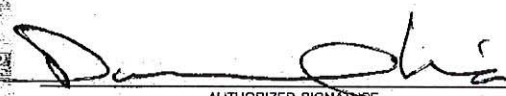
Six Hundred and 00/100*****

DOLLARS

Adams County
Community & Economic Development
4430 S Adams County Pkwy
1st Floor, Suite W2000
Brighton CO 80601-8204

MEMO

Conditional use Permit - 25999 E 152nd Avenue Brig


AUTHORIZED SIGNATURE

Security features. Details on back

⑈00609⑈ ⑆⑆⑆⑆909579⑆ ⑆50⑆02387⑈

LIRA LANDSCAPING AND SERVICES

Adams County

4/19/2023

600.00

6091

Lira Landscaping & Se Conditional use Permit - 25999 E 152nd Avenue

600.00

LIRA LANDSCAPING AND SERVICES

Adams County

4/19/2023

600.00

6091

Lira Landscaping & Se Conditional use Permit - 25999 E 152nd Avenue

600.00



EXHIBIT 3

Written Explanation of Project

Conditional Use Permit-Minor Amendment

Written Explanation of the Project

Owners of the property located at 25999 East 152nd Avenue, Brighton, CO, 80603, Owners request the ability to keep, park or store on the premises vehicles in excess of seven thousand (7,000) pounds Gross Vehicle Weight (GVW) including tractor trailers, over-the-road semi-trucks, and similar equipment.

Exhibit 4

**Site Plan Showing
Proposed
Development**

Conditional Use Permit-Minor Amendment

Site Plan – 25999 E. 152nd Avenue, Brighton, CO 80603

Blue lines depict proposed parking area on asphalt millings

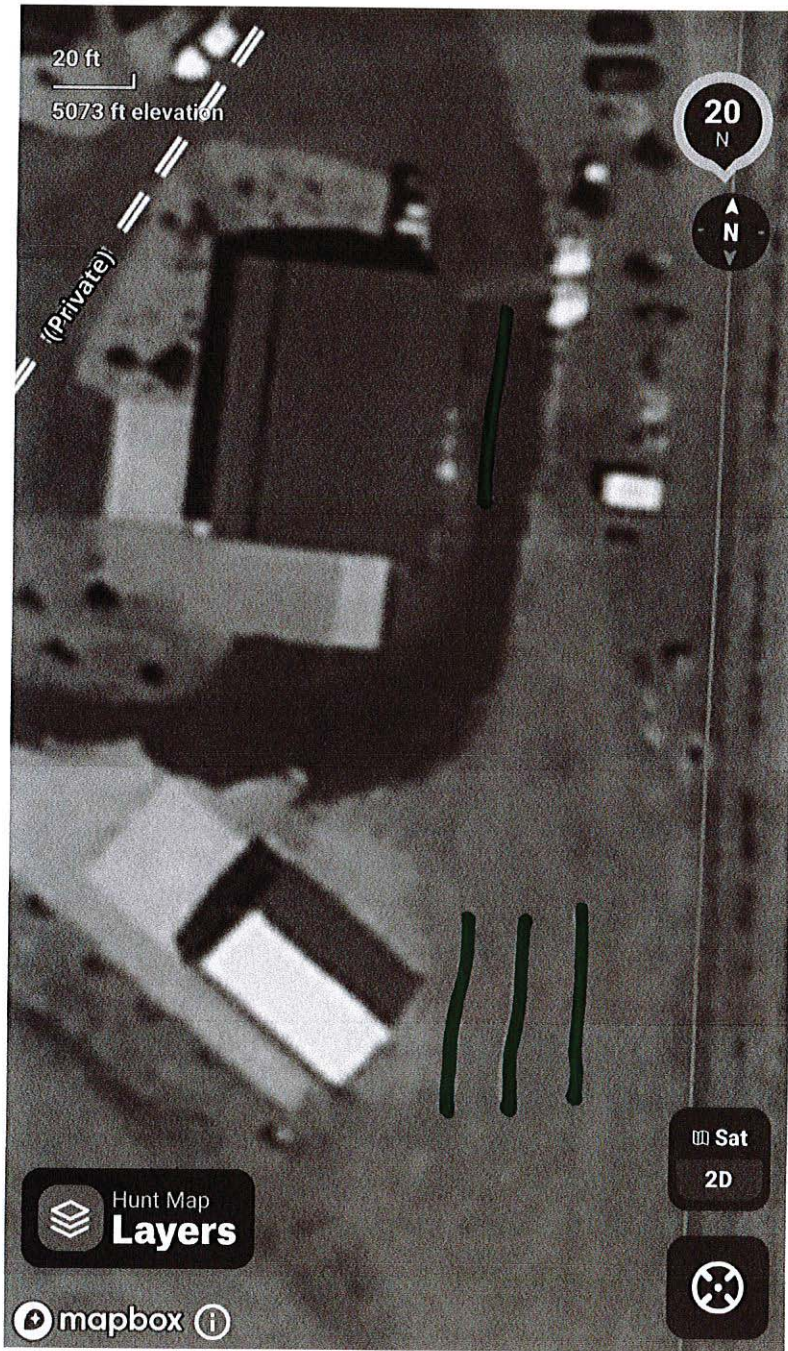


EXHIBIT 6

Proof of Ownership



State Documentary Fee
Date: October 09, 2020
\$107.50

General Warranty Deed
(Pursuant to C.R.S. 38-30-113(1)(a))

Grantor(s), **DIXIE L. LOVINGIER**, whose street address is **25999 EAST 152ND AVENUE, BRIGHTON, CO 80603**, City or Town of **BRIGHTON**, County of **Adams** and State of **Colorado**, for the consideration of **(\$1,075,000.00) ***One Million Seventy Five Thousand and 00/100***** dollars, in hand paid, hereby sell(s) and convey(s) to **DANIEL LIRA AND SILVIA LIRA**, as Joint Tenants whose street address is **25999 EAST 152ND AVENUE, BRIGHTON, CO 80603**, City or Town of **BRIGHTON**, County of **Weld** and State of **Colorado**, the following real property in the County of **Adams** and State of **Colorado**, to wit:

See attached "Exhibit A"

also known by street and number as: **25999 EAST 152ND AVENUE, BRIGHTON, CO 80603**

with all its appurtenances and warrant(s) the title to the same, subject to Statutory Exceptions.

Signed this day of **October 09, 2020**.




DIXIE L. LOVINGIER

APRIL ANN MONTEITH
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20184040986
My Commission Expires October 18, 2022

State of **Colorado**)
)ss.
County of **Adams**)

The foregoing instrument was acknowledged before me on this day of **October 9th, 2020** by **DIXIE L. LOVINGIER**

Witness my hand and official seal

My Commission expires: 10/18/2022 

Notary Public

When recorded return to: **DANIEL LIRA AND SILVIA LIRA**
25999 EAST 152ND AVENUE, BRIGHTON, CO 80603



Exhibit 7

Proof of Water and Sewer Services

Conditional Use Permit-Minor Amendment
Proof of Water and Sewer Services
25999 E. 152nd Avenue, Brighton, CO 80603

Well Head and Leech Field



FORM NO. GWS-31 04/2005	WELL CONSTRUCTION AND TEST REPORT STATE OF COLORADO, OFFICE OF THE STATE ENGINEER 1313 Sherman St, Room 818, Denver, CO 80203 Phone - Info (303) 866-3587 Main (303) 866-3581 Fax (303) 866-3589 http://www.water.state.co.us	For Office Use Only <div style="text-align: center; font-size: 1.2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">OCT 25 2013</div> <div style="text-align: center; font-size: 0.8em;"> WATER RESOURCES STATE ENGINEER COLO </div>				
1. WELL PERMIT NUMBER: 292162						
2. WELL OWNER INFORMATION NAME OF WELL OWNER: Dixie L Lovingier MAILING ADDRESS: 6212 Klimer Loop Unit 201 CITY: Golden STATE: CO ZIP CODE: 80403 TELEPHONE NUMBER: (720) 425-4232						
3. WELL LOCATION AS DRILLED: SW1/4, SE1/4, Sec. 8, Twp. 1 <input type="checkbox"/> N or <input checked="" type="checkbox"/> S, Range 65 <input type="checkbox"/> E or <input checked="" type="checkbox"/> W DISTANCES FROM SEC. LINES: 400 ft. from <input type="checkbox"/> N or <input checked="" type="checkbox"/> S section line and 2100 ft. from <input checked="" type="checkbox"/> E or <input type="checkbox"/> W section line. SUBDIVISION: _____, LOT _____, BLOCK _____, FILING (UNIT) _____ Optional GPS Location: GPS Unit must use the following settings: Format must be UTM, Units must be meters, Datum must be NAD83, Unit must be set to true N, <input type="checkbox"/> Zone 12 or <input checked="" type="checkbox"/> Zone 13 STREET ADDRESS AT WELL LOCATION: 25999 152 ND Ave, Brighton Northing: 4424916 Owner's Well Designation: _____ Easting: 526986						
4. GROUND SURFACE ELEVATION _____ feet DATE COMPLETED 9/11/2013 TOTAL DEPTH 320 feet DRILLING METHOD Air - Wngbit DEPTH COMPLETED 320 feet						
5. GEOLOGIC LOG:		6. HOLE DIAM (in.)				
Depth	Type	Grain Size	Color	Water Loc.	From (ft)	To (ft)
	See Attached				9.5	0
					6.5	20
						320
7. PLAIN CASING:						
	OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)	
	7	Steel	.188	+1	20	
	4	PVC	Sch 40	10	190	
PERFORATED CASING. Screen Slot Size (in): .030						
	4	PVC	Sch 40	190	320	
8. FILTER PACK:		9. PACKER PLACEMENT:				
Material Silica + Pum		Type _____				
Size 8-10 + 1/4" <		Depth _____				
Interval 320-190 140						
10. GROUTING RECORD						
	Material	Amount	Density	Interval	Placement	
	NCement	3 bags	21 gal	20-10	Trimmie	
	NCement	4 bags	28 gal	190-140	Trimmie	
	NCement	4 bags	28 gal	10-40	Trimmie	
11. DISINFECTION: Type HTH Amt. Used 8 oz						
12. WELL TEST DATA: <input type="checkbox"/> Check box if Test Data is submitted on Form Number GWS 39 Supplemental Well Test.						
TESTING METHOD Air Lift - 1" drop pipe Static Level 120 ft. Date/Time measured 9/12/2013, Production Rate 15 gpm. Pumping Level 310 ft. Date/Time measured 9/12/2013, Test Length (hrs) 6 Remarks: _____						
13. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed and certified in accordance with Rule 17 4 of the Water Well Construction Rules, 2 CCR 402-2. [The filing of a document that contains false statements is a violation of section 37-91-108(1)(e), C.R.S., and is punishable by fines up to \$5000 and/or revocation of the contracting license.]						
Company Name: Can-America Drilling, Inc.			Phone: (719)541-2967		License Number: 1149	
Mailing Address: PO Box 416 Simla, CO 80835						
Signature: <i>Wayne Arde</i>		Print Name and Title Wayne A. Arde V.P.			Date 9/17/2013	



ORIGINAL PERMIT APPLICANT(S)

DIXIE L LOVINGIER

APPROVED WELL LOCATION

Water Division: 1 Water District: 2
 Designated Basin: N/A
 Management District: N/A
 County: ADAMS
 Parcel Name: N/A
 Physical Address: 25999 EAST 152ND AVENUE BRIGHTON,
 CO 80603

SW 1/4 SE 1/4 Section 8 Township 1.0 S Range 65.0 W Sixth P.M.

UTM COORDINATES (Meters, Zone: 13, NAD83)

Easting: 526817.1 Northing: 4424860.3

**ISSUANCE OF THIS PERMIT DOES NOT CONFER A WATER RIGHT
 CONDITIONS OF APPROVAL**

- 1) This well shall be used in such a way as to cause no material injury to existing water rights. The issuance of this permit does not ensure that no injury will occur to another vested water right or preclude another owner of a vested water right from seeking relief in a civil court action.
- 2) The construction of this well shall be in compliance with the Water Well Construction Rules 2 CCR 402-2, unless approval of a variance has been granted by the State Board of Examiners of Water Well Construction and Pump Installation Contractors in accordance with Rule 18.
- 3) Approved pursuant to CRS 37-92-602(3)(b)(II)(A) as the only well on a tract of land of 42.23 acre(s) described as that portion of the SE 1/4 of Sec. 8, Twp. 1 South, Rng. 65 West, 6th P.M., Adams County, more particularly described on the attached exhibit A.
- 4) The use of ground water from this well is limited to fire protection, ordinary household purposes inside not more than three (3) single family dwellings, the watering of poultry, domestic animals and livestock on a farm or ranch and the irrigation of not more than one (1) acre of home gardens and lawns.
- 5) Production from this well is restricted to the Upper Arapahoe aquifer, which corresponds to the interval between 175 feet and 380 feet below the ground surface. Plain casing shall be installed and grouted to prevent production from other zones.
- 6) The pumping rate of this well shall not exceed 15 GPM.
- 7) The return flow from the use of this well must be through an individual waste water disposal system of the non-evaporative type where the water is returned to the same stream system in which the well is located.
- 8) This well shall be constructed not more than 200 feet from the location specified on this permit.

NOTE: To ensure a maximum productive life of this well, perforated casing should be set through the entire producing interval of the approved zone or aquifer indicated above.

See Original Permit

Date Issued: 8/5/2013

Issued By _____

Expiration Date: 8/5/2015

PERMIT HISTORY

- 10-14-2020 CHANGE IN OWNER NAME/MAILING ADDRESS. CHANGED TO DANIEL LIRA
- 10-14-2020 CHANGE IN OWNER NAME/MAILING ADDRESS. CHANGED TO SILVA LIRA

Use Permit For An On-site Waste Water Treatment System

PROPERTY INFORMATION:

OWNER INFORMATION:

Address: 25999 E 152nd Ave
Brighton, CO 80603--
County: Adams
APN: 0156708400003

Dwelling Type: Single Family
No. of Bedrooms: 3
Water Supply: Private Well
Onsite ID: House

Address: 25999 E 152nd Ave
Brighton, CO 80603-
Phone: 720-425-4232

PERMIT INFORMATION: ON0039229

Permit Type: OWTS

Construction Phase: Complete - Use Permit

Tank 1

Tank Capacity Built (Gal): 1,250
Tank Type: T-Treatment
Tank Material: C-Concrete
Tank Baffle: T's
No of Compartments: 2
Effluent Screen? No

Soil Treatment Area Built:

Type: BD-CH: Bed with Chambers
Area (Sq ft):
Final Depth (Inches):
Chamber Type: Unknown
No of Chambers: 68
Application Method: Gravity

NOTE: A "Not Specified" comment indicates that either the information was not available or not applicable at the time the permit was issued.

Associated Professionals

Business Name: A-1 Septic Service Inc
Name: David Hage
2276 Appaloosa Ave
Brighton, CO 80603

OWTS - Inspector
NAWT Certification: 7325ITC Exp. 11/30/2021
Phone: 303-921-0258 Phone2: 303-659-0

OWTS - Permit Comments

Tuesday, August 11, 2020 11:17 AM - Jeff McCarron

8/11/20 - JM 1805: Jeff McCarron reviewed the inspection report, and approved the use permit. JM emailed the use permit to the applicant.

FOR AN ON-SITE WASTE WATER TREATMENT SYSTEM

Use Permit For An On-site Waste Water Treatment System

PROPERTY INFORMATION:

OWNER INFORMATION:

Address: 25999 E 152nd Ave
Brighton, CO 80603--
County: Adams
APN: 0156708400003

Dwelling Type: Single Family
No. of Bedrooms: 3
Water Supply: Private Well
Onsite ID: House

Address: 25999 E 152nd Ave
Brighton, CO 80603-
Phone: 720-425-4232

PERMIT INFORMATION: ON0039229 **Permit Type:** OWTS **Construction Phase:** Complete - Use Permit

CONDITIONS FOR USE

This certifies that the On-Site Wastewater Treatment System (OWTS) was either installed or inspected at the property location and was in conformance with the Tri-County Health Department OWTS regulation in effect at the indicated date, and the engineer design (if applicable). This certification for Use allows the owner to use the system until one of the following occurs:

- * Sale of the property to another owner.
- * Addition of a modular unit or mobile home.
- * Change of use in the property.
- * Other circumstances as deemed appropriate by Tri-County Health Dept.
- * Addition of up to one bedroom.

Tri-County Health Department must be contacted if any of the above occurs.

MAINTENANCE REQUIREMENTS

- * The septic tank must be inspected once every four years and pumped according to the Requirements in the current Tri-County Health Department OWTS Regulation.
- * If the septic or dosing tank is equipped with an effluent filter, the filter must be cleaned at manufacturer recommended intervals or more often.
- * If the system has alternating beds or is a drip or low pressure pipe system, beds or zones must be rotated annually.
- * Additional maintenance requirements may apply. Refer to the Tri-County Health Department "Your Septic System Guidelines and Records" or engineer's report for specific requirements.

LIMITATIONS AND DISCLAIMER

Issuance of a **Use Permit** is subject to the applicable conditions, restrictions and limitation set forth in the OWTS regulations, and is based solely on the conditions observed on the date of inspection(s) and on Department Records at the time of permitting. The issuance of a Use Permit does not constitute a guarantee, warranty or representation by the Department that the system was installed correctly, or that the system will operate properly or will not fail.

PERMIT VALID FROM: 8/11/2020

Jeff McCarron

Jeff McCarron 08/11/2020



010039229

Permit #PT0032770

USE PERMIT APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS)

IMPORTANT NOTE: All items listed below MUST be completed and submitted at the same time:

- Tri-County Health Department Use Permit Application form AND Application fee.
- Tri-County Health Department Inspection Report completed by a CERTIFIED inspector (an inspection report completed by an uncertified inspector will NOT be accepted). If multiple OWTS systems serve the property, then a separate inspection report and fee for each OWTS system must be submitted.
- Copy of the most recent septic tank pumper's receipt (if available).
- If the OWTS system needs to be repaired, then a Minor or Major Repair Permit Fee may be applicable.

(PERMIT FEE IS NON-REFUNDABLE)

Submit electronically to EHWebfillableforms@tchd.org

Completion of All Fields is Required

Application Date: 8/6/20

PROPERTY FOR WHICH PERMIT IS REQUESTED

Address: 25999 E 152nd Ave
 City: Brighton State: CO Zip: 80603
 Parcel Number (APN): 0156708400003 Lot Size in Acres: 42
 Current Property Owner Name: Dixie Lovingier
 Owner Phone: 720-425-4232 Owner Email: cascoprop@aol.com
 County: Adams

Name of Applicant: Dixie Lovingier
 Address: 25999 E 152nd Ave
 City: Brighton State: CO Zip: 80603
 Applicant Phone: 720-425-4232 Email: cascoprop@aol.com

Dwelling Type: Single Family Multi-Family Commercial Other
 Number of Bedrooms (existing): 3
 Water Supply: Public Community Private Well Public Non-Community Unknown
 Other

Is more than one building connected to the one OWTS system? Yes No
 Are multiple OWTS serving the property? Yes No (Complete a separate inspection form and fee for each OWTS)

Reason for Use Permit (Check One): Sale Bedrooms Added (# Added _____)
 Change in Use (Commercial or Business) Addition of Mobile Home
 Other (explain): _____

Use Permit Inspector

Name: David Hage Phone: 303-921-0258 Email: _____

National Association of Wastewater Technicians (NAWT) Certification Number: NA 79587 WT



Use Permit Inspection Form

Date of Inspection: 8-5-20

Use Permit Inspection Information

IMPORTANT NOTE: This Tri-County Health Department (TCHD) Inspection Form must be completed by a **CERTIFIED** inspector. An Inspection report completed by **UNCERTIFIED** inspector(s) will **NOT** be accepted.

Name: David Holce Phone: 3 921-0258 Email: _____

National Association of Wastewater Technicians (NAWT) (or other approved) Certification

Number: NA 79587 WI If Other, certifying entity: _____

Owner and Property Information

Owners Name: Bill ^{Dixie} Lovingier Phone: 3-250-8676 Email: _____

Address: 25999 E 152nd

City: Brighton State: COLO Zip: 80602 County: ADAMS

Address of Property for which Use Permit is requested (if different from above):

City: _____ Colorado Zip: _____ County: _____

Section 1: Tanks

Tank 1

Tank Size (gallons): 1250

Does this match TCHD records? Yes No

Type: Concrete Polyethylene Fiberglass Other

Was tank pumped? Yes No

If yes: Date Pumped: 8-5-20 Pumped by: A-Z septic

Attach copy of pump receipt

Yes No

- Is the tank in good condition such that the tank functions are not compromised?
- Is the tank a two compartment tank?
 - Tees Baffles (check one)
- If Tees or Baffles, are they in good condition?
- Is top of tank or riser to grade?
- Are the risers in good condition such that their function is not compromised?
- Is the lid (riser or manhole) in good condition?
- Does lid have a secure closing mechanism or sufficient weight to prevent unauthorized access?

(Tank 1 information continued on next page)

Tank 2

Check if Not Applicable (N/A)

Tank Size (gallons): _____

Does this match TCHD records? Yes No

Type: Concrete Polyethylene Fiberglass Other

Was tank pumped? Yes No

If yes: Date Pumped: _____ Pumped by: _____

Attach copy of pump receipt

Yes No

- Is the tank in good condition such that the tank functions are not compromised?
- Is the tank a two compartment tank?
 - Tees Baffles (check one)
- If Tees or Baffles, are they in good condition?
- Is top of tank or riser to grade?
- Are the risers in good condition such that their function is not compromised?
- Is the lid (riser or manhole) in good condition?
- Does lid have a secure closing mechanism or sufficient weight to prevent unauthorized access?

(Tank 2 information continued on next page)

Property Address: 25999 E 12ND

Tank 1 (continued)

Yes No

- Was tank water level **above** the outlet invert?
- Was tank water level **below** the outlet invert?
- Does tank have an effluent filter(s)?
- If YES, is the filter accessible for cleaning?
- If YES, is the filter clean and in good condition?

Tank 2 (continued)

Yes No

- Was tank water level **above** the outlet invert?
- Was tank water level **below** the outlet invert?
- Does tank have an effluent filter(s)?
- If YES, is the filter accessible for cleaning?
- If YES, is the filter clean and in good condition?

Comments: *The outlet side of tank is starting to get some deterioration.*

◆◆◆ Are additional tanks installed? Yes No - If YES, complete another use permit inspection form for the additional tanks. ◆◆◆

Is system equipped with a Siphon, Pumps & Floats or Controls?

Yes

No

(If "Yes" complete Section 2)

Section 2: Dosing Systems

Dosing Unit: Siphon Pump

Note: N/A answers apply to a siphon only

N/A Yes No

- Is siphon or pump operational?
- Are floats properly tethered and operational?
- Is the junction box (J-Box) approved for use?
- If Yes, are J-Box and wiring properly installed and functional?

N/A Yes No

- Is there an audio visual alarm?
- If alarm, is alarm operational?
- Is pump in a screened vault?
- If Yes, is the vault in acceptable condition and screen clean?
- Is there a means to disconnect house power supply to junction box or control panel?

Comments:

System Utilizes Uniform or Pressure Dosing, or is a Low Pressure Pipe or Drip Irrigation

Yes

No

(If "Yes" complete Section 2A)

Section 2A: Pressure Dosed, Non-Pressurized Drip Dispersal System (NDDS) or Drip Irrigation Systems

N/A Yes No

- Are the distribution valves in a box or vault?
- If Yes, is the box or vault in acceptable condition?
- Are the distribution valves operational?
- If Pressure dosed, NDDS, or Drip Irrigation, are risers at ends of zones in good condition?

Yes No

- Is there an automatic distribution valve (ADV)?
- If Yes, is the ADV working properly?
- Is the system equipped with flushing valves?
- If Yes, are the flushing valves accessible and operational?

Comments:

Property Address: 25999 E 152ND

Is System Equipped with a Secondary Treatment Unit?

Yes

No

(If "Yes" complete Section 3)

Section 3: Secondary Treatment

Type of Unit:

- ATU
 RSF
 ISF
 Textile Fiber
 Peat Filter
 Other

If other, indicate type: _____

Yes No

- Is secondary treatment unit operating properly?

Yes No

- Is there a current operation and maintenance (O&M) contract?

If Yes, when was system last inspected?

_____ / _____ / _____

Comments:

Section 4: Absorption Area (Required for all Systems)

Yes No

- Is absorption area covered with snow?
 Are there odors?
 Are there wet areas on ground surface?
 Is irrigated landscaping planted over absorption area?
 Is surface drainage adequate to protect absorption area?
 Is vegetative cover adequate to protect absorption area from excessive erosion?
 Is vegetative cover excessive?

Yes No

- Are driveways, horse corrals, patios, or pools constructed over the septic tank or absorption area?
 Are there observation pipes in the absorption area?
 If Yes, how many? 2
 If observation pipes, is there standing effluent in observation pipes? NOT SURE
 Is system equipped with a distribution box?
 If there is a distribution box, is it to grade?
 If distribution box is accessible, is it in good condition and are the outlets level?

Comments:

The INSP. Pipes that were found are broken & full of dirt. couldn't see if they had an effluent in them. walked around leechfield & found no moisture.

Section 5: Building Sewer (Required for all Systems)

Yes No

- Is there a cleanout(s) on the building sewer from house to septic tank?
 If Yes, state location of cleanouts or show on system diagram N.S. OF HOUSE
 Is there any evidence of damage, plugging or settlement of the building sewer from house to first septic tank?
 Is there any evidence of damage, plugging or settlement of the building sewer from the septic tank to the absorption area?

Yes No

- If system is equipped with a pump, is there any evidence of damage, plugging or settlement of the pump line (force main) from the septic tank to the absorption area?
 If Yes, explain what was noted:
 If system has more than one tank, is there any evidence of damage, plugging or settlement of the building sewer between the tanks?

Comments:

Property Address: 25999 E 152nd

Section 6: General Questions and Inspector Comments (Required for All Systems)

Is the property Vacant Occupied If vacant, how long? _____

Yes No

Is property served by a well?

Is there a system diagram (as-built diagram)?

If Yes, is diagram accurate?

If No diagram exists or if the diagram is inaccurate, please provide a system diagram on TCHD Form S-103.

Is the public sewer within 400 feet of the property?

Does the entire system meet all required set-backs in Table 5 of TCHD Regulation O-14 On-site Wastewater Treatment Systems (OWTS)?

(If No, provide detailed information in Comments and indicate on diagram)

Comments:

Yes No

In my opinion, at the time of the inspection, the OWTS has deficiencies that require repairs.

IMPORTANT NOTE:

All non-permitted repairs must be documented on TCHD Form S-406

Yes No

In my opinion, at the time of the inspection, the OWTS is functioning adequately.

David Hoyle
Inspector Signature

8-5-20
Date

DEC/02/2013/MON 08:44 AM

FAX No.

P. 001/001



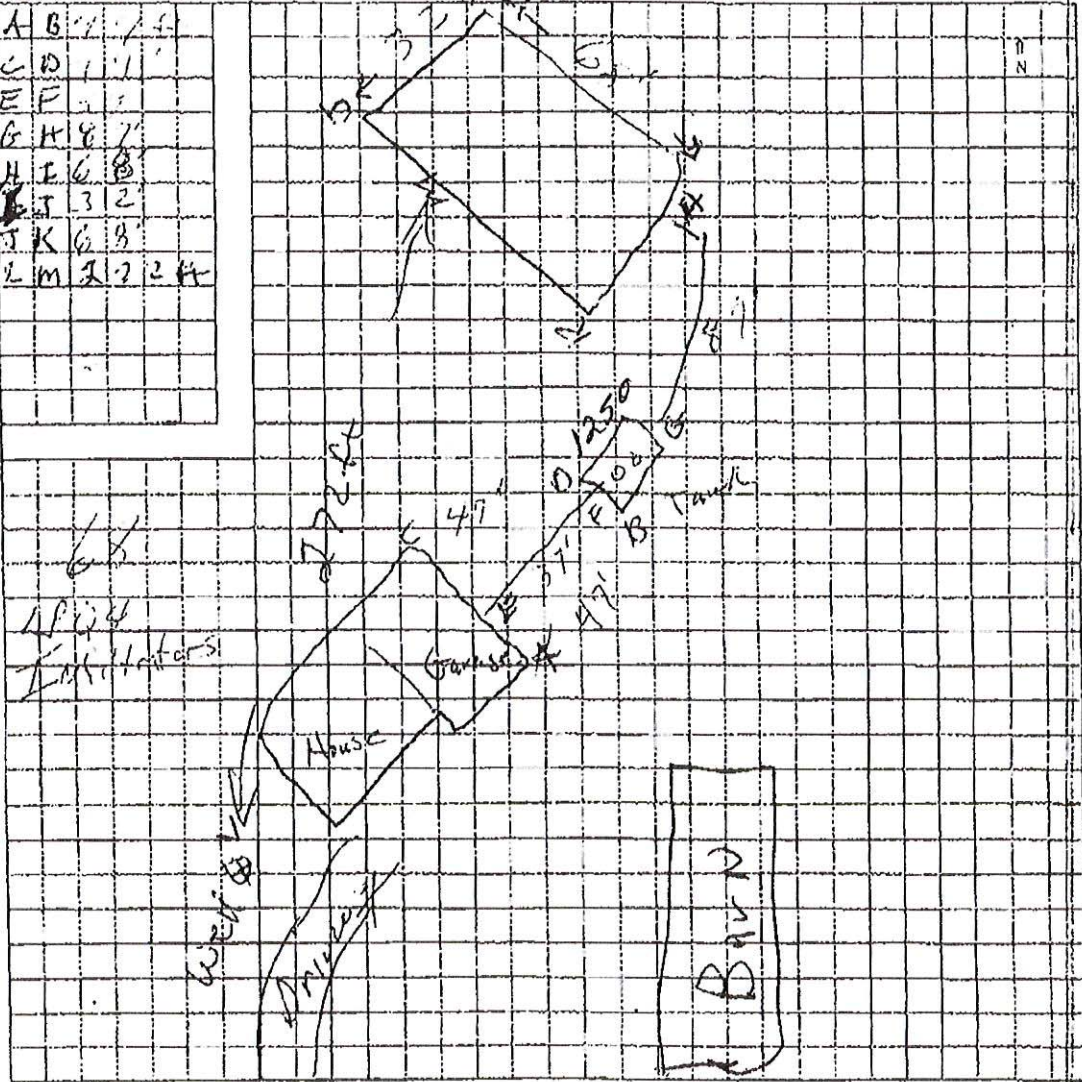
Onsite System
As-Built Drawing

Property Address 25999 E 152nd Ave
 Permit # 1122778
 System Completion Date 12/10/2013
 Installer Name Mike Bullin
 Installer License # 60008042
 Installer Address P.O. Box 454 Ft. Lupton
 Installer Phone 303-344-6380

Table of horizontal distances

A	B	7	1/2
C	D	1	1
E	F	2	2
G	H	8	7
H	I	6	8
I	J	3	2
J	K	6	8
L	M	2	2

Indicate location of well (if known).



E 152nd Ave

A-1 SEPTIC SERVICE, INC.

P.O. BOX 1015
 BRIGHTON, CO 80601 1015
 (303) 659-0610

CUSTOMER'S ORDER NO		PHONE		DATE		
		303-565-676		8-5-20		
NAME Bill & Heidi Lounsbury						
ADDRESS 15499 E 152 nd Brighton						
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MOSE. RET'D.	PAID OUT
QTY	DESCRIPTION		PRICE	AMOUNT		
1250 Gal.	PUMPED SEPTIC TANK			310	00	
	INSP Fee			200	00	
	+ 1/2 hr + 1/2 hr					
	1645					
RECEIVED BY			TAX			
			TOTAL	510	00	

23786

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

PRODUCT 2531

Thank You!



Can-America Drilling, Inc.

708 Cheyenne ~ PO Box 416

Simla, CO 80835

(719) 541-2967 ~ Fax (719) 541-9545

canamericadrilling.com

RECEIVED

OCT 25 2013

MINERALS RESOURCE
STATE ENGINEER
COLO.

GEOLOGIC LOG

Well Permit Number: 292162

Name: Dixie L Lovingier

Address: 6212 Klimer Loop Unit 201

City, State, Zip Code: Golden, CO 80403

Legal Description: SW 1/4 SE 1/4 8 - 1S - 65W

Distance from Section Lines: 400 from N S
2100 from E W

Easting: 526986 Northing: 4424916

0	6	Tan, fine/pea, sand & gravel
6	15	Tan clay & shale mix
15	140	Blue shale
140	150	Blue sandstone
150	190	Blue shale
190	320	Blue sandstone & shale mix

EXHIBIT 8

Proof of Utilities



500 Cooperative Way
Brighton CO 80603-8728

Your Touchstone Energy® Cooperative

www.unitedpower.com

Payment Due By
04/18/2023

Total Due
\$161.00

From Date	To Date	Days	Billing Date
02/21/2023	03/24/2023	31	03/29/2023

Service Address 25999 E 152ND AVE
RESIDENCE

Account # 17471701 District EAST Cycle 12

Member Services 303-637-1300
Payments 866-999-4485
Report an Outage 303-637-1350

8472 1 AV 0.471 5 8472
DANIEL LIRA C-19
SILVIA LIRA
25999 E 152ND AVE
BRIGHTON CO 80603-8805



Don't Miss the Annual Meeting!

Attend your co-op's Annual Meeting on April 12 to learn how we're Powering a Bright Future for you. Enjoy dinner, a co-op update, gifts, and door prizes. unitedpower.com/annual-meeting

Rate	Meter	Prev Rdg	Pres Rdg	Mult	kWh	Dmd
R1	1559373	2401	3718	1	1317	6.704

Demand Time/Date 03/12/2023 03:30 PM

ACTIVITY SINCE LAST BILL

Previous Balance	182.00
Payment Received - Thank You	-182.00
Balance Forward	0.00

CURRENT BILLING DETAIL

Energy Charge	1,317 KWH @ 0.0995	131.04
Demand Charge	6.704 KW @ 1.50	10.06
Fixed Charge		19.00
Round-Up		0.90
Current Month		161.00
TOTAL DUE		161.00

EXHIBIT 9

Legal Description

Conditional Use Permit-Minor Amendment

Legal Description

25999 East 152nd Avenue, Brighton, CO 80603

SECT,TWN,RNG:8-1-65 DESC: PT OF THE SE4 OF SEC B DESC AS FOLS BEG AT THE SE COR OF SD SEC 8 TH N 00D 14M 46S E 1427 FT TH N 89D 17M 36S W 1335/39 FT TO THE TRUE POB TH CONT N 89D 17M 36S W 1288/91 FT TH S 00D 17M 00S E 1427/17 FT TH S 89D 17M 36S E 1288/91 FT TH N 00D 17M 00S W 1427/17 FT TO THE POB 42/223A

EXHIBIT 10
Certificate of Taxes
Paid



Adams County Treasurer & Public Trustee

RECEIPT OF PAYMENT (Tax, Fees, Costs, Interests, Penalties)

Account	Parcel Number	Receipt Date	Effective Date	Receipt Number
R0127294	0156708400003	Jun 14, 2022	Jun 3, 2022	2022-06-14- MMMBATCHPYMTS -78213-P

LIRA DANIEL AND
25999 E 152ND AVE
BRIGHTON, CO 80603-8805

Situs Address

25999 E 152ND AVE

Payor

CORELOGIC-WIRE-2022-0306

Legal Description

SECT,TWN.RNG:8-1-65 DESC: PT OF THE SE4 OF SEC B DESC AS FOLS BEG AT THE SE COR OF SD SEC 8 TH N 00D 14M 46S E 1427 FT TH N 89D 17M 36S W 1335/39 FT TO THE TRUE POB TH CONT N 89D 17M 36S W 1288/91 FT TH S 00D 17M 00S E 1427/17 FT TH S 89D 17M 36S E 1288/91 FT TH N 00D 17M 00S W 1427/17 FT TO THE POB 42/223A

Property Code

	Actual	Assessed	Year	Area	Mill Levy
1276 - 1276	486,442	34,780	2021	290	93.419
AG DRY GRAZING LAND - 4147	1,843	530	2021	290	93.419
FARM/RANCH BLDG - 4279	38,936	11,290	2021	290	93.419

Payments Received

Direct Deposit	Multi-Account Payment
Bank Account 1	

Payments Applied

Year	Charges	Billed	Prior Payments	New Payments	Balance
2021	Tax Charge	\$4,353.32	\$2,176.66	\$2,176.66	\$0.00
				\$2,176.66	\$0.00
			Balance Due as of Jun 3, 2022		\$0.00

WE ARE EXPANDING TO SERVE YOU BETTER! WATCH FOR NEW LOCATIONS ON OUR WEBSITE!

4430 S ADAMS COUNTY PKWY C2436
BRIGHTON CO 80601
[Stay Safe! Please use website services www.adcotax.com]

Email: treasurer@adcogov.org
Telephone: 720-523-6160

ALL CHECKS ARE SUBJECT TO FINAL COLLECTION. THANK YOU FOR YOUR PAYMENT!



COLORADO

RECEIPT OF PAYMENT (Tax, Fees, Costs, Interests, Penalties)

Account	Parcel Number	Receipt Date	Effective Date	Receipt Number
R0127294	0156708400003	Feb 23, 2023	Feb 14, 2023	2023-02-23-99-2073

LIRA DANIEL AND
25999 E 152ND AVE
BRIGHTON, CO 80603-8805

Situs Address

25999 E 152ND AVE

Payor

DOVENMUEHLE MORTGAGE INC.

Legal Description

SECT,TWN,RNG:8-1-65 DESC: PT OF THE SE4 OF SEC B DESC AS FOLS BEG AT THE SE COR OF SD SEC 8 TH N 00D 14M 46S E 1427 FT TH N 89D 17M 36S W 1335/39 FT TO THE TRUE POB TH CONT N 89D 17M 36S W 1288/91 FT TH S 00D 17M 00S E 1427/17 FT TH S 89D 17M 36S E 1288/91 FT TH N 00D 17M 00S W 1427/17 FT TO THE POB 42/223A

Property Code

	Actual	Assessed	Year	Area	Mill Levy
1276 - 1276	486,442	33,810	2022	290	103.192
AG DRY GRAZING LAND - 4147	1,843	490	2022	290	103.192
FARM/RANCH BLDG - 4279	38,936	10,280	2022	290	103.192

Payments Received

Direct Deposit	Multi-Account Payment
Bank Account 1	

Payments Applied

Year	Charges	Billed	Prior Payments	New Payments	Balance
2022	Tax Charge	\$4,600.30	\$0.00	\$2,300.15	\$2,300.15
				\$2,300.15	\$2,300.15
				Balance Due as of Feb 14, 2023	\$2,300.15

4430 S ADAMS COUNTY PKWY C2436
BRIGHTON CO 80601
[Stay Safe! Please use website payment services www.adcotax.com]

Email: treasurer@adcogov.org
Telephone: 720-523-6160

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