

**TRI-COUNTY DISTRICT HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

FISCAL CONTROL NO.

No 10524

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

PERMIT

TRI-COUNTY DISTRICT HEALTH DEPARTMENT (FILE) NO. _____
 PERMIT TO CONSTRUCT () REMODEL A NON-MUNICIPAL WASTE DISPOSAL SYSTEM FOR Phil Spando
 (Name)

AT S of 88th Ave. (Irontdale) & West of County Rd. #30. (Schumaker)
 (Address or Legal Description) ET/ABS
 COMPOSED OF 1250 GALLON SEPTIC TANK AND A SOIL ABSORPTION AREA 2500 SQ. FT.

OR **IMPORTANT: MUST SEE SPECIAL DESIGN AREA ON ATTACHED APPLICATION**
 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.

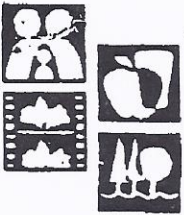
NOTE: THIS PERMIT EXPIRES ON Jan 5, 1991 ^{2/19/91} **Construction requirements and special conditions relative to this permit are presented on the accompanying application. This permit shall not be valid unless a copy of the application is attached to it.**

ISSUED BY H. Hugh Rohrer, M.D. PUBLIC HEALTH OFFICER, TRI-COUNTY DISTRICT HEALTH DEPARTMENT BY
Richard S. Williams DATE Jan. 5, 1990
 (Sanitarian) Rick Kinshella/Lloyd Williams

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. 2505 M.O. NO. _____ CASH _____

RECEIVED BY Rick Kinshella DATE Dec. 14, 1989
 TCHD-SS-3 REV. 5/85



Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

File No. _____

Fiscal Control No. _____

APPLICATION TO () INSTALL () 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: South of 88th Avenue (Irondale) & West of County Rd. #30 (Schumaker

Owner Phil Spano Installer _____ Lic. No. _____ Year _____

Address 602 W. 62nd Phone 429-4667 Address _____ Phone _____

Applicant Robert N. Fleming Design Engineer Matrix Engineering Job No. 89016

Address 17990 Grant St. #310 Phone 450-2204 Address 1066 W. 102nd Ave. Phone 452-5516

Northglenn, CO 80233 Northglenn, CO 80221

LOCATION OF PROPOSED FACILITY:

County Adams City or Town (if within City or Town limits) _____ Lot size 40 acres

WASTE TYPE: () Domestic () Non-domestic No Domestic Waste Only (R2K)

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

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

GENERAL INFORMATION: Number of Bedrooms NA Basement Plumbed? NA

FOR OFFICE USE ONLY

System designed for 450 gallons per day.

SOILS DATA:

Depth to bedrock 28 Depth to ground water 28 Percent ground slope: FLAT 10

Percolation Rate: #1 43 #2 24 #3 448 #4 154 #5 _____ #6 _____

AVERAGE PERCOLATION RATE 167

Is this system within a municipal sewage district? NO Distance to nearest municipal sewer line 7400'

TYPE OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM PROPOSED Combo ET/ABS FINAL DISPOSAL BY ET/ABS

SYSTEM DESIGN INFORMATION

Minimum septic tank 1250 gallons. Minimum ET/ABS absorption area 2500 square feet.

Maximum depth of absorption area See Plan (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 NA inches.

SPECIAL DESIGN Install System As Per Design By Matrix Eng

Will design engineer inspect the completed system? Yes

Proj. # 89016, Dated 12-19-89

Except: See Back

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 188 and all other applicable laws and regulations.

Applicant's Signature [Signature] Date 12/12/89

Application Reviewed and Approved [Signature] Date 1-5-90

Date system inspected and approved _____ Public Health Sanitarian _____

Adams City
4301 E. 72nd Ave.
Commerce City, CO 80022
78-6818

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

Belleview
7000 E. Belleview, #301
Englewood, CO 80111-1628
220-9200

Castle Rock
961 S. Plum Creek Blvd
Castle Rock, CO 80104
688-5145

Englewood
4857 S. Broadway
Englewood, CO 80110
781-1340

Thornton
2200 E. 104th Ave., #115
Thornton, CO 80233
452-9547

Site visit By: R2K

