

12157

048

DELTA COUNTY, COLORADO

DEPARTMENT OF HEALTH

255 West 6th Street - Delta, Colorado 81416
Phone: (970) 874-2165 • Fax: (970) 874-2175

DELTA COUNTY INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT AND OCCUPANCY PERMIT

ISSUED TO: Frank Stenche & Beth Kerberg
LOCATION (COUNTY ROAD ADDRESS): 11550 3100 Rd Hatchville
SUBDIVISION White Ranches Miner LOT: 2 BLOCK: _____
QUARTER SECTION SW 1/4 NW 1/4 SECTION: 22 TOWNSHIP: 14S RANGE: 93W
PROPERTY TAX I.D. # (PARCEL #): 3241-222-02-002

THE INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT (ISDS) IS GRANTED FOR THE FOLLOWING USE:

1- Frame, 3 bedroom Residences

(Residential, commercial, industrial, institution, other, indicate # of people served, flow, or # of units)

REQUIREMENTS OF PERMIT

INTENDED ACTIVITY

INSTALLATION _____

ALTERATION OF EXISTING SYSTEM _____

REPAIR/REPLACE _____

EMERGENCY PERMIT _____

PREVIOUS PERMIT # _____

EXPIRATION DATE _____

(INSTALLATION MUST BE COMPLETED BY ABOVE DATE)

MINIMUM CONSTRUCTION REQUIREMENTS

SEPTIC TANK SIZE 1000 GAL.ABSORPTION AREA 938 SQ. FT.AMOUNT OF ROCK 70 CU. YDS.

Deep Trench
SUGGESTED DIMENSIONS _____

3x10x79

If needed:

Engineer design: Job # _____

Firm: _____

In addition to the above and those set forth on the reverse hereof, this permit is subject to the following terms and conditions:

Pre-Test completed by Odessa Eng Firm

Put install monitor pipe at end of leach line

Occupancy of any dwelling prior to final approval of the permit is a violation of 125-10-111 (2) C.R.S. 1973. This permit shall not be transferred without approval of the issuing agency and expires on the date noted above if construction has not been completed.

CONDITIONAL APPROVAL BY: Larry Gudmund
Environmental Health Specialist

DATE: 8-27-14

Before issuing final approval of this permit, the Delta County Health Department reserves the right to impose additional terms and conditions required to meet its applicable regulations on a continuing basis. Monitoring and testing requirements may also be imposed. The Health Department shall be notified not less than 24 hours prior to backfilling or closing up the work which would prevent inspection of components installed in places otherwise inaccessible following such backfilling or closure.

This permit is issued in reliance upon the accuracy and completeness of information supplied by the applicant and is conditioned upon construction, installation, repair, use and operation in accordance with this information and representations made by the applicant or its agents.

This permit may be revoked or suspended by the issuing agency for reasons set forth in the regulations of Delta County Health Department or the State Board of Health, as applicable, including failure to meet any terms or condition imposed thereon during temporary approval or upon final approval.

Each and every condition of this permit is a material part hereof and is not severable. Any challenge to, or appeal, a condition hereof shall constitute a rejection of the entire permit and upon such occurrence this permit shall be deemed denied ab initio.

This permit does not constitute a guarantee or representation that the system will continue to function properly or that the system is free from deficiencies.

The issuance of this permit does not imply compliance with other state or local regulatory or building requirements, nor shall it act to certify that the subject system will operate in compliance with applicable state and local regulations adopted pursuant to Article 10, Title 25, C.R.S. 1973, as amended, except for the purposes of establishing final approval of an installed system for issuance of a local occupancy permit pursuant to C.R.S. 1973, 25-10-111 (2).

SKETCH OF INSTALLED SYSTEM:

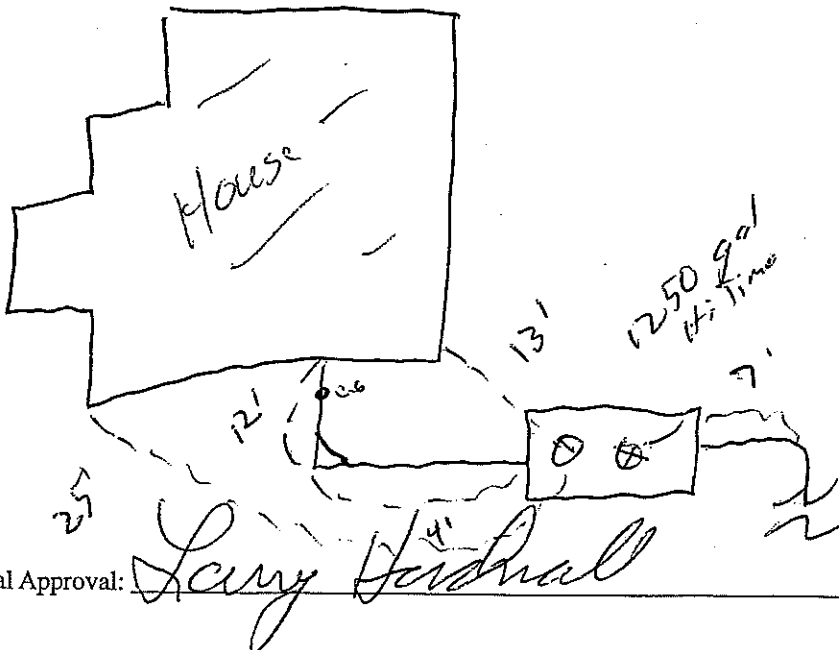
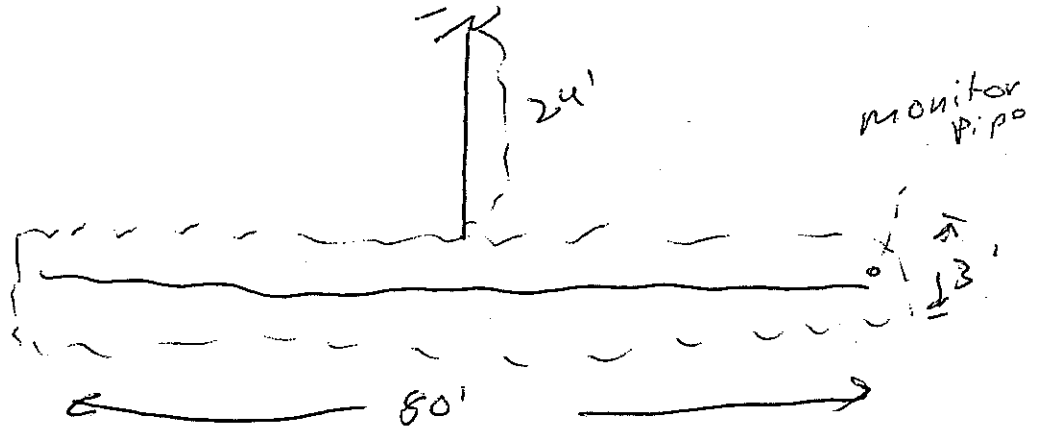
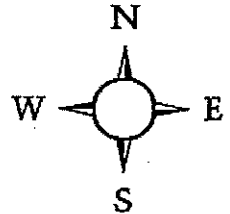
_____ Sq. Ft.

_____ Amount of Rock

Installed by:

Steve Hicks

Risers
Deep Trench
N- 38.82345
W- 107.78003



Final Approval:

Larry Jordan

Date:

10-21-14



DELTA COUNTY DEVELOPMENT RESOURCE CENTER
DELTA COUNTY PLANNING DEPARTMENT
 501 Palmer Street
 Delta, Colorado 81416
 Phone: (970) 874-2110 Fax: (970) 874-2500

DCEH USE

Received by: LW
 App. #: 624818
 Date: 7-8-14

THIS APPLICATION IS MADE FOR:

☒ Individual Sewage Disposal System (see Fee Schedule) Rcpt. # 12157

Make checks payable to: Delta County Health Department

↓REQUIRED INFORMATION↓

PROPERTY OWNER FRANK STONAKEL, BETH KARBERS
 As recorded with Delta County

MAILING ADDRESS PO Box 895 HOTCHKISS CO 81419
 (Street) (City) (State) (Zip)

HOME PH. _____ WORK _____ CELL 970 420 2972

APPLICANT'S NAME (If different from owner) Chris Carrier - Contractor - 361-8914

MAILING ADDRESS _____ (Street) (City) (State) (Zip)

HOME PH. _____ WORK _____ CELL _____

LOCATION OF THE PROPERTY

Site Address: House Number 11550 Road Name 3100 Rd Hotchkiss CO
 Directions to the Site: From Hwy 92 turn North on 3100 Rd - go to address

The parcel number and legal description can be obtained from your Deed, Tax Notice, or by calling the Delta County Assessor's Office, (970) 874-2120. **A legible copy of the Recorded Plat and Warranty Deed must be included with this application.**

A part of the (1/4 Section) Sub 1/4, Section 22, Township 14, Range 93 6th P.M. or N.M. P.M. or Ute P.M.

SUBDIVISION (Name, Lot#, Block #) Bob White Ranches Mirror Subdivision MS06-09

PARCEL NUMBER: 34T 3241 2220 2002 102

I hereby apply for the above-indicated permits on the above-described property. I understand the foregoing provisions of the Regulations adopted by Delta County and agree to perform the development in accordance with these regulations. The undersigned hereby certifies that all statements and documentation contained herein are true and correct to the best of his/her knowledge.

Property Owner's Signature [Signature]

Date 6/25/14

Applicant's Signature [Signature]

Date 6/25/14

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DELTA COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES
INFORMATION FOR
INDIVIDUAL SEWAGE DISPOSAL SYSTEMS PERMIT

DCEH USE
App#: _____
Date: _____

INSTRUCTIONS:

1. Fill out Sections 1&2 below and include the septic and leach field location on the Site Sketch.
2. Fill out all applicable information completely. Return the completed application with fee to the Delta County Planning Department, 501 Palmer St., Rm. 115, Delta, CO, 81416.
3. After you have submitted the application and you are ready for an inspection, contact the Health Department, 874-2165, for the inspection and percolation test.

SECTION 1: Please complete the following Information.

1. Is the proposed house and/or system located within 200' of a creek or river?
YES _____ NO X (select one)
(FEMA flood plain information can be obtained from the Health Department)
2. Are there any wells within 200' of any part of the proposed system? YES _____ NO X (select one)
If yes, indicate the depth(s) of the well(s) _____ feet.
3. Approximate distance to the nearest community sewer system- N/A
4. Was an effort made to connect the community sewer system? YES _____ NO X (select one)
5. Please list your Excavator/ Contractor's name Steve Hicks Ph. 361-8
6. ACREAGE 29.24 LENGTH 280' WIDTH 1300 of property.

SYSTEM	USE	WATER SUPPLY
<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> Year around	<input type="checkbox"/> Cistern
<input type="checkbox"/> Replace old system	<input type="checkbox"/> Seasonal (Indicate # days/year)	<input type="checkbox"/> Well (give depth) _____
<input type="checkbox"/> Repair (Permit# _____)	<input type="checkbox"/> Non-Domestic	<input type="checkbox"/> Spring
<input type="checkbox"/> Alteration (Please Explain) _____		<input type="checkbox"/> Surface
<input type="checkbox"/> Vault		<input checked="" type="checkbox"/> Public (give name of supply)
<input type="checkbox"/> Privy		<u>Roger MUSA</u>
<input type="checkbox"/> Other (please Explain) _____		

SECTION 2: Please check the following that apply:

SINGLE FAMILY	MULTI-FAMILY	COMMERCIAL
<input checked="" type="checkbox"/> Frame	___ # of Units	Type of Business _____
<input type="checkbox"/> Manufactured Home	___ # of Bedrooms per unit	Maximum sewage flow rates: _____
<u>3</u> # of Bedrooms	<input type="checkbox"/> Basement Plumbing	# of Employees _____
<input type="checkbox"/> Basement Plumbing	___ # of People	Building occupancy _____
___ # of People	___ # of Bathrooms	# of Bathrooms _____
___ # of Bathrooms		Toilets# _____ Sinks# _____ Urinals# _____
		Bath# _____ Showers# _____ Lavatories# _____
		Washracks# _____ Other# _____

OFFICE USE ONLY
SITE INSPECTION REPORT

DCEH USE
 App#: _____
 Date: _____

SCS soil type _____

Depth of bedrock _____ Depth of groundwater _____

Estimate high seasonal water table _____

Limiting factors _____

Flood plain information & map # _____ Flood plain permit required? _____

Engineering design required _____

TIME	1	2	3	4	5

AVERAGE PERCOLATION RATE: 1.33 0.50

SITE INSPECTED BY Larry Hudnall DATE 8-27-14

$$3 \times 2 \times 75 \times 1.5 = 675$$

$$\frac{675}{1.50} = 450$$

938 1313 (79)

~~1350 / 3 = 450~~ 113

172

$$2712 / 27 = 100$$

1896 (70)

May 12, 2014

**Frank Stonaker and Beth Karberg
Osito Orchards
11550 3100 Road
Hotchkiss, CO**

Re: Perc Test and Site Inspection for Septic System at Proposed Residence

Frank and Beth:

This letter is a summary of our findings during a visit on April 19, 2014 to perform a percolation test and inspect an open profile hole for septic system to be used at your proposed residence at the address above.

Inspection of the profile hole is required for a septic permit from Delta County. An eight-foot deep hole was excavated and revealed 4 to 6 inches of topsoil over approximately 4 feet of light colored, low-density, soft clay intermixed with cobble and smaller aggregate. The light colored clay was underlain by a darker, more dense, tan clay also intermixed with cobble to the bottom of the hole. No indication of high groundwater was present and the bottom of the hole was dry.

The results of our percolation test are attached. An average rate that can be used for the septic system is 33.3 minutes per inch. It is our opinion based on the information presented here that the location where the percolation and profile holes are located are very suitable for a standard septic system.

Due to the rate being less than 60 minutes per inch we are not required to design your system and you may pull a permit directly from Delta County with this information.

Should you have any questions please contact me anytime during business hours. Thank you for allowing us to provide assistance on your septic system.

Very Respectfully,



Jeff Ruppert, P.E.

Digitally signed by Jeff Ruppert, P.E.
DN: cn=Jeff Ruppert, P.E., o=Odisea LLC,
ou, email=jeff@odiseanet.com, c=US
Date: 2014.05.14 11:05:07 -06'00'

Jeff Ruppert, P.E.
Principal



Percolation Test Results

For: Casa Osito
Property Address: 11550 3100 Road
Delta County
Date: 5/13/2014

Conditions: Clear, 65 degrees

Time	Hole #1			Hole #2			Hole #3			Rates (min/in)			Avg
	Hole #1	Water Added	New Level	Hole #2	Water Added	New Level	Hole #3	Water Added	New Level	Hole #1	Hole #2	Hole #3	
0:00	5.000	0.000	5.000	5.000	0.000	5.000	3.750	0.000	3.750				
0:10	7.500	0.000	7.500	7.875	0.000	7.875	5.000	0.000	5.000	4.0	3.5	8.0	5.2
0:20	8.500	3.500	5.000	9.500	4.000	5.500	5.750	0.000	5.750	10.0	6.2	13.3	9.8
0:30	6.500	0.000	6.500	7.000	0.000	7.000	6.500	0.000	6.500	6.7	6.7	13.3	8.9
0:40	7.785	0.000	7.785	8.125	0.000	8.125	7.125	0.000	7.125	7.8	8.9	16.0	10.9
0:50	8.250	0.000	8.250	9.250	0.000	9.250	7.750	0.000	7.750	21.5	8.9	16.0	15.5
1:00	9.000	0.000	9.000	9.875	0.000	9.875	8.500	0.000	8.500	13.3	16.0	13.3	14.2
1:10	9.500	0.000	9.500	10.250	0.000	10.250	9.000	0.000	9.000	20.0	26.7	20.0	22.2
1:20	10.000	0.000	10.000	10.500	0.000	10.500	9.250	0.000	9.250	20.0	40.0	40.0	33.3
1:30	10.500	0.000	10.500	10.875	0.000	10.875	9.625	0.000	9.625	20.0	26.7	26.7	24.4
1:40	11.000	0.000	11.000	11.125	0.000	11.125	9.875	0.000	9.875	20.0	40.0	40.0	33.3
1:50	11.500	0.000	11.500	11.375	0.000	11.375	10.125	0.000	10.125	20.0	40.0	40.0	33.3
2:00	Test Stopped			11.625	0.000	11.625	Test Stopped			40.0	40.0	40.0	33.3
2:10													
2:20													
2:30													
2:40													
2:50													
3:00													
3:10													
3:20													
3:30													
3:40													
3:50													
4:00													

Note: Measurements shown are from the top of the holes down to the water level.

Ave Perc Rate