

620157

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# 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: Jonathan & Kathleen Felarony Grates

LOCATION (COUNTY ROAD ADDRESS): 115500 3100 Rd Hatchwis

SUBDIVISION \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_

QUARTER SECTION: \_\_\_\_\_ SECTION: 22 TOWNSHIP: 145 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 - Commercial, 5 employees, shower, sink, Toilet

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

### REQUIREMENTS OF PERMIT

#### INTENDED ACTIVITY

INSTALLATION   X  

ALTERATION OF EXISTING SYSTEM \_\_\_\_\_

REPAIR/REPLACE \_\_\_\_\_

EMERGENCY PERMIT \_\_\_\_\_

PREVIOUS PERMIT # \_\_\_\_\_

EXPIRATION DATE 5-11-12

(INSTALLATION MUST BE COMPLETED BY ABOVE DATE)

#### MINIMUM CONSTRUCTION REQUIREMENTS

SEPTIC TANK SIZE 1000 GAL.

ABSORPTION AREA \_\_\_\_\_ SQ. FT.

AMOUNT OF ROCK 47 CU. YDS.

SUGGESTED DIMENSIONS Deep trench 3x10x52  
W D L.

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Bushnell DATE: 5-11-11  
Environmental Health Specialist

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.

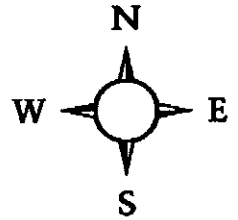
This permit does not constitute a guarantee or representation that the system will continue to function properly or that the system is free from deficiencies.

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).

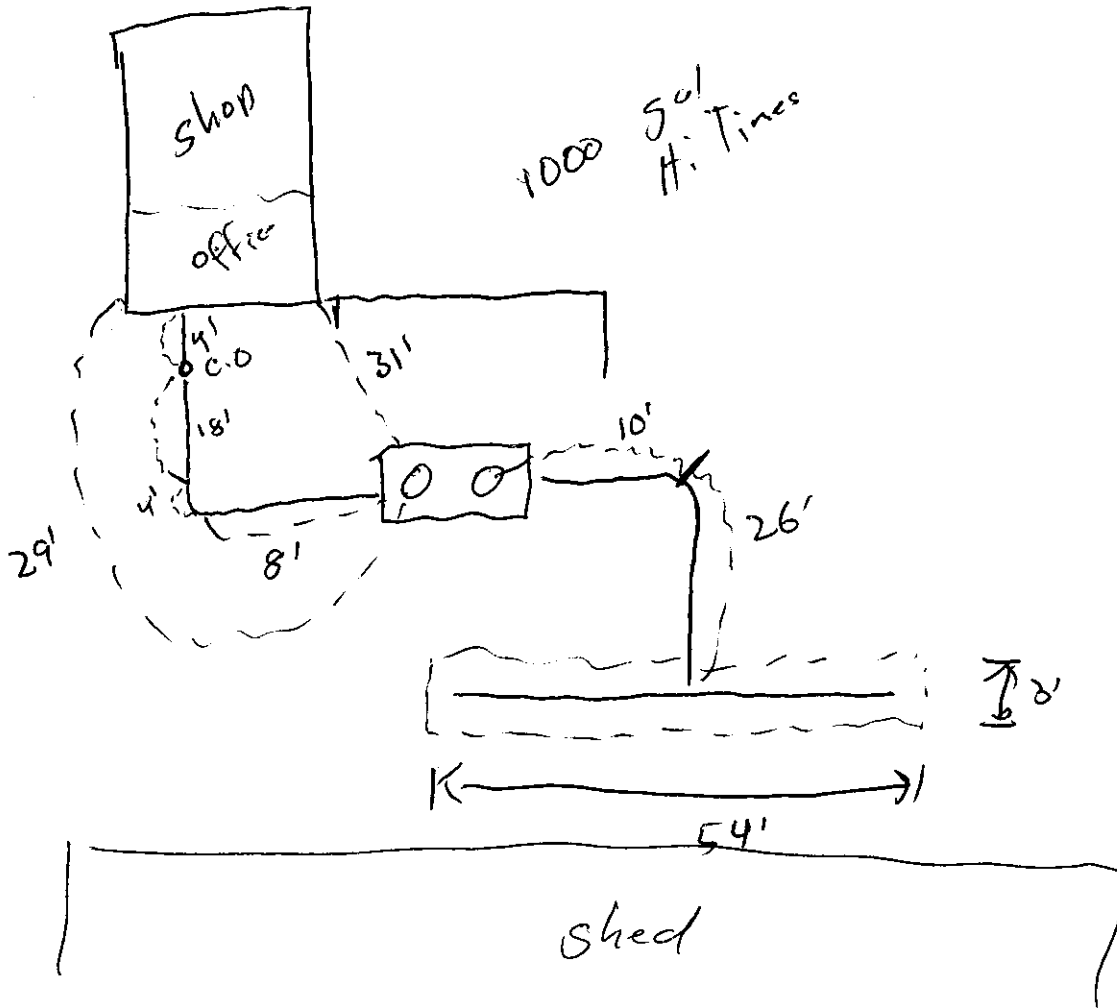
SKETCH OF INSTALLED SYSTEM:

\_\_\_\_\_ Sq. Ft.  
50 Amount of Rock  
Installed by:

Deep Trench



Steve Hicks



Final Approval: Larry Hudnall

Date: 5-12-11



**DELTA COUNTY ONE STOP SHOP APPLICATION**

**DELTA COUNTY PLANNING DEPARTMENT**

501 Palmer Street

Delta, Colorado 81416

Phone: (970) 874-2110 Fax: (970) 874-2500

**DCEH USE**

Received by: m.o.

App. #: 020157

Date: 02-03-11

\$ 623.00

**↓REQUIRED INFORMATION ↓**

**THIS APPLICATION IS MADE FOR:**

Individual Sewage Disposal System (see Fee Schedule) Rcpt. # 02.01.11.01

Make checks payable to: **Delta County Health Department**

**PROPERTY OWNER** JONATHAN and Kathleen Flannery GATES  
As recorded with Delta County

MAILING ADDRESS P.O. BOX 2062 Hatchkiss CO 81419  
(Street) (City) (State) (Zip)

HOME PH. 970-872-3671 WORK \_\_\_\_\_ CELL 970-596-8691

**APPLICANT'S NAME** (If different from owner) Same

MAILING ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

HOME PH. \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

**LOCATION OF THE PROPERTY**

Site Address: House Number 11550 Road Name 3100 Rd

Directions to the Site: NORTH on 3100 Rd FROM HWY 92, go Past L Rd  
LOOK FOR Address on on EAST Side.

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 part of the (1/4 Section) sw 1/4 nw 1/4 Section 22, Township 14S, Range 93W (6<sup>th</sup> P.M.) or N.M. P.M. or Ute P.M.

SUBDIVISION (Name, Lot#, Block #) BOB White RANCHES MINOR subdivision Lot # 2

PARCEL NUMBER: R006563 3241-222-02-002

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.

Jonathan Gates \_\_\_\_\_ 2/1/11  
Property Owner's Signature Date

Jonathan Gates \_\_\_\_\_ 2/1/11  
Applicant's Signature Date



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

<b>DCEH USE</b>
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- ? \_\_\_\_\_
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. 872-3654
6. ACREAGE 29.24 LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_ of property.

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

**SECTION 2:** Please check the following that apply:

SINGLE FAMILY	MULTI-FAMILY	COMMERCIAL
<input checked="" type="checkbox"/> Frame <input type="checkbox"/> Manufactured Home <u>1</u> # of Bedrooms <input type="checkbox"/> Basement Plumbing <u>4</u> # of People <u>1</u> # of Bathrooms	___ # of Units ___ # of Bedrooms per unit <input type="checkbox"/> Basement Plumbing ___ # of People ___ # of Bathrooms	Type of Business <u>ORCHARD</u> Maximum sewage flow rates: ? # of Employees <u>~ 4-5 - SEASONAL</u> Building occupancy _____ # of Bathrooms <u>1</u> Toilets# <u>1</u> Sinks# <u>1</u> Urinals# _____ Bath# _____ Showers# <u>1</u> Lavatories# _____ Washracks# _____ Other# _____

**OFFICE USE ONLY**  
**SITE INSPECTION REPORT**

**DCEH USE**  
 App#: \_\_\_\_\_  
 Date: \_\_\_\_\_

SCS soil type Agric Fric

Depth of bedrock 710ft Depth of groundwater 710ft

Estimate high seasonal water table 710ft

Limiting factors none

Flood plain information & map # n/a Flood plain permit required? no

Engineering design required no

TIME	1	2	3	4	5
10 <sup>03</sup>	26 <sup>3/8</sup>	29 <sup>0/8</sup>			
10 <sup>13</sup>	27 <sup>4/8</sup>	29 <sup>4/8</sup>			
10 <sup>23</sup>	27 <sup>5/8</sup>	30 <sup>0/8</sup>			
10 <sup>33</sup>	28 <sup>2/8</sup>	30 <sup>6/8</sup>			
	16	16			

AVERAGE PERCOLATION RATE: 16 = 0.72

SITE INSPECTED BY Larry Federal DATE 5-11-11

5-employees x 35 x 1.5 = 263 gals  
 1-Bathroom  
 toilet 24.8  
 sink 4.4  
 shower 8.4

37.6 x 5 x 1.5

282 gals use

450  
 .72  
 6<sup>25/3</sup> = 209 x .25

450

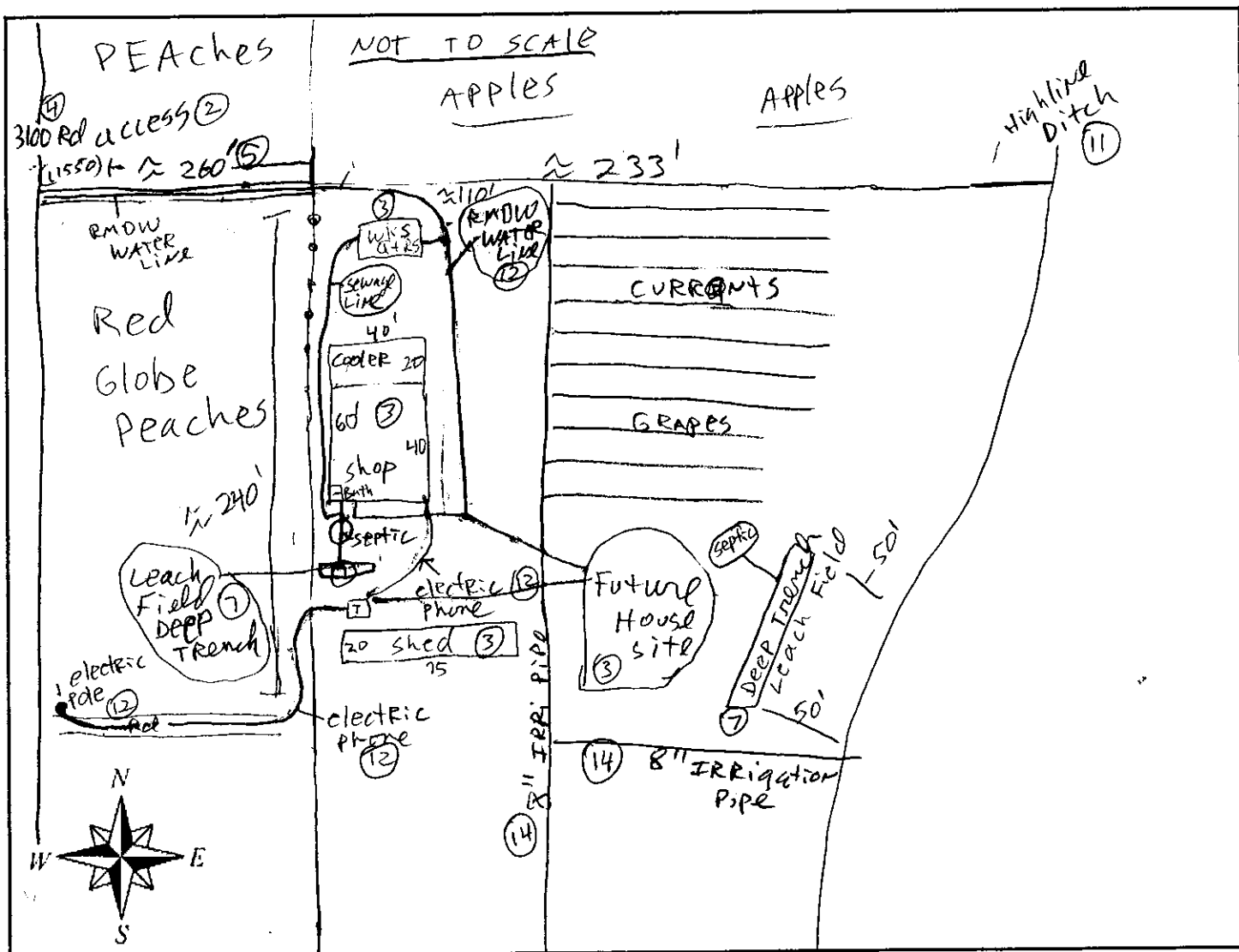
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# SITE SKETCH

## AN ACCURATE SITE SKETCH IS REQUIRED FOR ALL PERMIT APPLICATIONS SUBMITTED

Please draw and label your property to the best of your ability on the space provided. The features to be included in the site sketch are listed below. Some of the features may not exist or be applicable to your development. Try to be as inclusive as possible. SEE EXAMPLE ON BACK OF THIS SHEET. NOTE: THE NUMBERED LIST MATCHES THE NUMBERS ON THE EXAMPLE.

1. Property Boundaries, acres, length, width 29.24 A - L+W Irregular see copy of Plat	6. Distance between access and nearest neighbor's access <i>see Plat</i> (Include neighbors address)	11. Ditches Highline Ditch
2. Proposed and existing accesses 11550 3100	7. Proposed/ existing septic and leach field location	12. Utility Lines (electrical, water, gas, & telephone)
3. Proposed Existing Buildings SHOP w/ BATHROOM - WORKERS QTRS	8. Wells N/A	13. All Easements
4. Label all County Roads.	9. Cisterns N/A	14. 8" IRRIGATION PIPE
5. Distance between access & nearest intersecting road	10. Springs/ Ponds/ Lakes N/A	



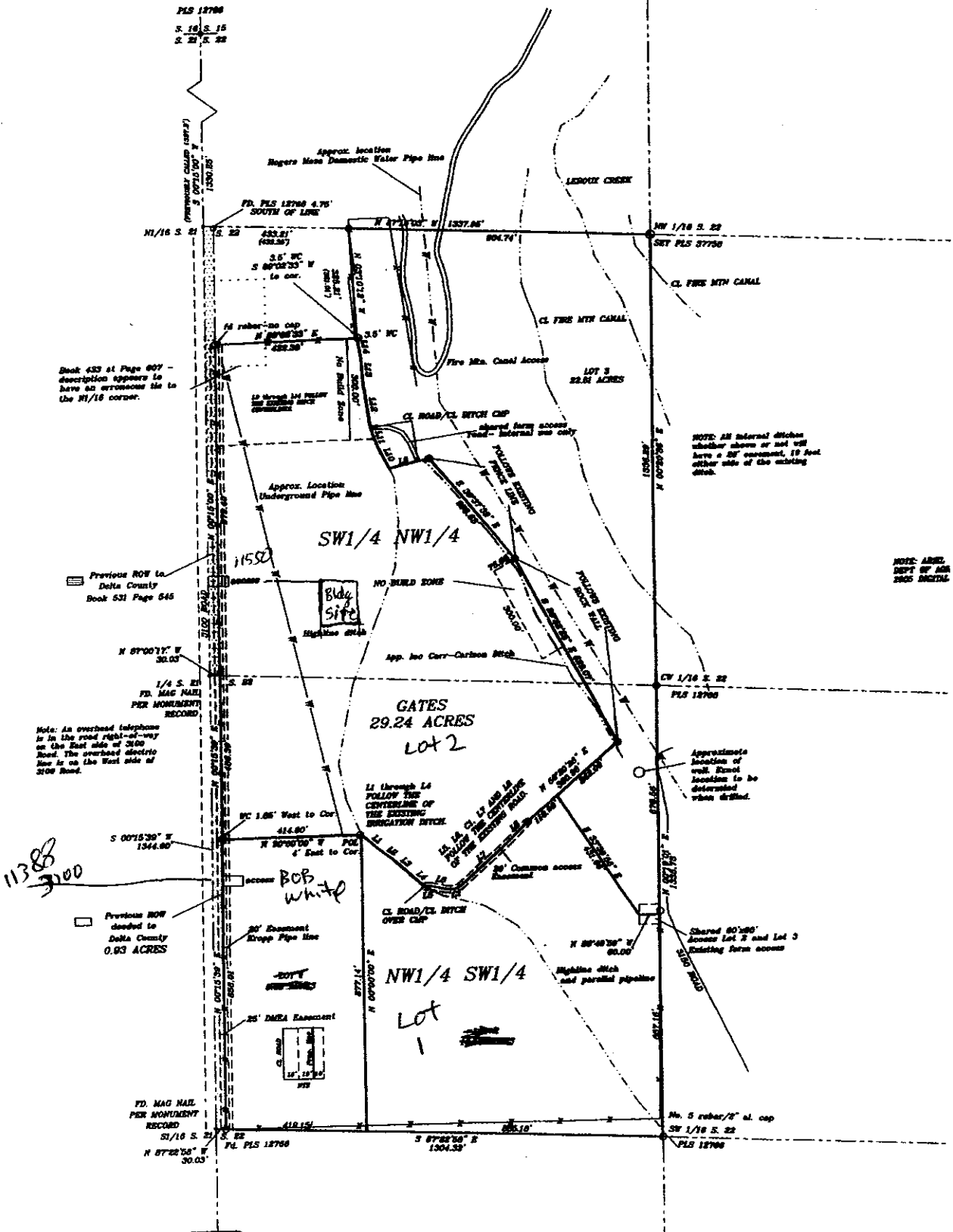
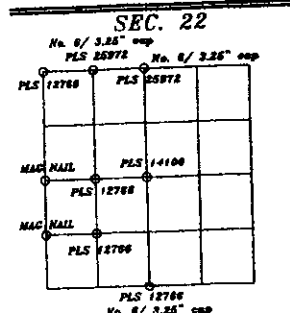
Bob Wh, Jr  
11388 3100 RD

VISION  
 and so that light is to adjacent properties or  
 to the Delta County of Resolution 89-2-33 by order 23, 1988.  
 no, normal agricultural zoning areas and they of proven gross  
 the responsibility of a  
 able to control use of that lot, to or lands and to comply with Home Management of such wood.  
 proved for one single or otherwise restricted and use the purchase of utility must be constructed moved by formal action of  
 and rear lot lines and no the road.  
 ade Department of Natural wildlife habitat area. keeping, trees, fences, etc. adjacent. The property is and bear.  
 rrigation water and Delta County Records  
 in property in this s of the Delta Clark and

PLS 12768  
 S. 16 S. 15  
 S. 21 N. 22

S. LENGTH	CHORD BEARING	DELTA ANGLE
5.740817' W	S 74°06'17" W	54°18'50"

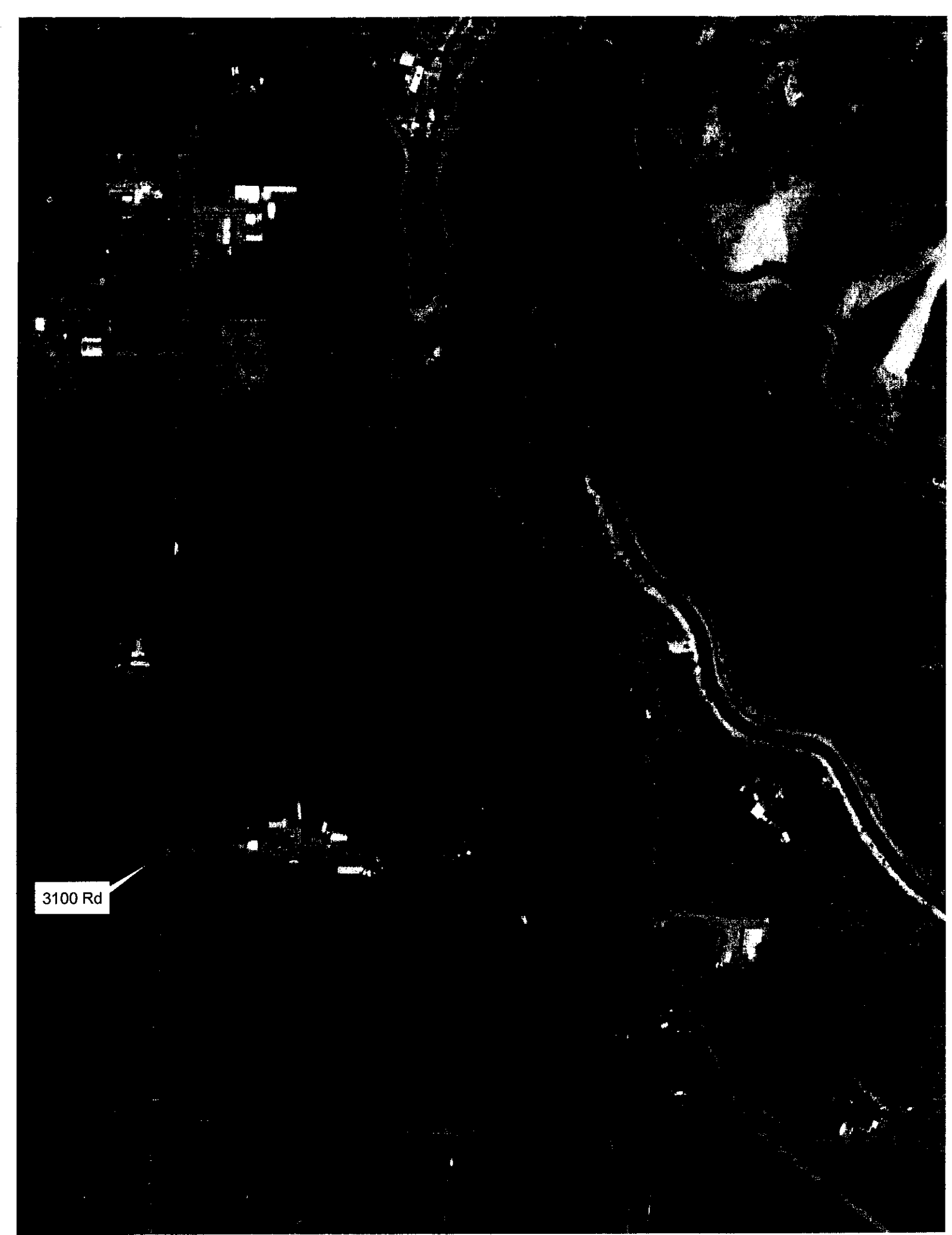
- (enclosure)
- E- Electric (overhead)
- G- Gas line
- W- Water/Irrigation line
- ..... BK 433 PG 607
- Irrigation ditch
- Easement
- new Quit Claim to Delta County
- Previous R.O.V. to Delta County



**COUNTY SURVEYOR CERTIFICATE**  
 Approved for content and form only, not the accuracy of surveys, calculations, or drafting. This plat conforms to Section 38-51-106, Colorado Revised Statutes.  
 County Surveyor, Delta County, CO

**SURVEYOR'S CERTIFICATION**  
 I, Gene E. Wright, do hereby certify that the above described parcel has been surveyed by me, or under my direct supervision and that such survey is accurately represented herein.  
 Date: \_\_\_\_\_ Signed: \_\_\_\_\_

NOTE: According to Colorado law every plat survey must be accompanied by a true and correct copy of the original survey data, including field notes, which shall be kept in the office of the County Surveyor for a period of ten years from the date hereof.

An aerial night photograph of a city street. The street is illuminated by streetlights, and several buildings are visible on either side. A label '3100 Rd' is located in the lower-left corner, with a white arrow pointing to a specific location on the street. The overall scene is dark, with the primary light sources being the streetlights and building lights.

3100 Rd