

APPLICATION: 5798

PERMIT # 126



DELTA, COUNTY, COLORADO DEPARTMENT OF HEALTH

255 West 6th Street - Delta, Colorado 81416
Phone: (970) 874-2165 • Fax: (970) 874-0222

DELTA COUNTY INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT AND OCCUPANCY PERMIT

ISSUED TO: Stephen C. Kent

LOCATION (COUNTY ROAD ADDRESS): TBD - (application in progress)

SUBDIVISION: _____ LOT: _____ BLOCK: _____

QUARTER SECTION: N3/4 SECTION: 10 TOWNSHIP: 11S RANGE: 91W

PROPERTY TAX LD. # (Parcel #) _____

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

1, Single 3-Bedroom Frame Color Limited water use
Residential, commercial, industrial, institution, other, indicate # of people served, flow, or # of units

REQUIREMENTS OF PERMIT

Q = 50 gpd

INTENDED ACTIVITY	MINIMUM CONSTRUCTION REQUIREMENTS
INSTALLATION <u>✓</u>	SEPTIC TANK SIZE <u>1,000</u> GAL.
ALTERATION OF EXISTING SYSTEM _____	ABSORPTION AREA <u>504</u> SQ. FT.
REPAIR/REPLACE _____	AMOUNT OF ROCK <u>0</u> CU. YDS.
EMERGENCY PERMIT _____	SUGGESTED DIMENSIONS <u>See Below</u>
PREVIOUS PERMIT # _____	
EXPIRATION DATE <u>6/19/01</u> (INSTALLATION MUST BE COMPLETED BY THE ABOVE DATE)	

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:

Infiltrators:
* 28 infiltrators required
A = $\frac{200}{5} \times \sqrt{70} \times 1.5$ 14 in each trench
= 504 6' apart

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 Kent DATE: 6/19/00
Environmental Health Specialist



DELTA COUNTY, COLORADO

DEPARTMENT OF HEALTH

255 West 6th Street - Delta - Colorado - 81416

Phone: (970) 874-2165 Fax: (970) 874-0222

July 18, 2001

Stephen C. Kent
18 Antelope Road
Redstone, CO 81623

RE: ISDS Expiration

TO: Mr. Stephen C. Kent:

We have reviewed our files for applications/permits and have found your application #5778 has expired. Section 3.10 of the Delta County Individual Sewage Disposal System Regulations allows for the renewal of applications in most instances. Please contact this office in writing within 10 days after receiving this notice to request re-issuance of the application and inform us of the current status of your plans. If at the end of this time we have not received a reply, your application will be deemed expired and any future plans to install a system at that site will require a new application.

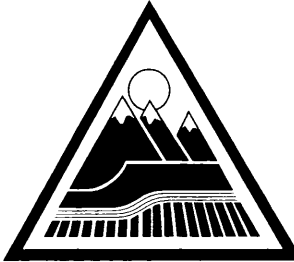
If you have any questions, please contact this office.

Sincerely,

Keith M. Lucy
Delta County Health Department

APPLICATION: 5778

PERMIT # _____



DELTA, COUNTY, COLORADO DEPARTMENT OF HEALTH

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Phone: (970) 874-2165 • Fax: (970) 874-0222

DELTA COUNTY INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT AND OCCUPANCY PERMIT

ISSUED TO: Stephen C. Kort

LOCATION (COUNTY ROAD ADDRESS): TBD - (application in progress)

SUBDIVISION: _____ LOT: _____ BLOCK: _____

QUARTER SECTION: NE1/4 SECTION: 10 TOWNSHIP: 11S RANGE: 91W

PROPERTY TAX I.D. # (Parcel #) _____

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

1, Seasonal 3-Bedroom Frame Cabin Limited water use
Residential, commercial, industrial, institution, other, indicate # of people served, flow, or # of units

Q = 50 gpd

REQUIREMENTS OF PERMIT

<u>INTENDED ACTIVITY</u>	<u>MINIMUM CONSTRUCTION REQUIREMENTS</u>
INSTALLATION <u>✓</u>	SEPTIC TANK SIZE <u>1,000</u> GAL.
ALTERATION OF EXISTING SYSTEM _____	ABSORPTION AREA <u>504</u> SQ. FT.
REPAIR/REPLACE _____	AMOUNT OF ROCK <u>0</u> CU. YDS.
EMERGENCY PERMIT _____	SUGGESTED DIMENSIONS <u>See Below</u>
PREVIOUS PERMIT # _____	
EXPIRATION DATE <u>6/19/01</u> (INSTALLATION MUST BE COMPLETED BY THE ABOVE DATE)	
	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:

Infiltrators:

* 28 infiltrators required

A = $\frac{200}{5} \times \sqrt{70} \times 1.5$ 14 in each trench

= 504 6' apart

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 [Signature] DATE: 6/19/00

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.

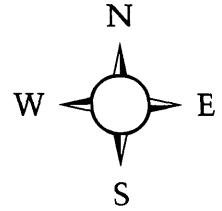
The issuance of this permit does not imply compliance with other state or local regulatory or building requirements, nor shall it act to certify that the subject system will operate in compliance with applicable state and local regulations adopted pursuant to Article 10, Title 25, C.R.S. 1973, as amended, 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).

SKETCHED OF INSTALLED SYSTEM:

_____ Sq. ft.

_____ Amount of Rock

Installed by:



*Installed w/out final approval
RMZ 8/22/01*

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	0939	
CONNECTION TEL		19709630709
CONNECTION ID		
ST. TIME	06/19 09:46	
USAGE T	00'49	
PGS. SENT	1	
RESULT	OK	

DELTA COUNTY HEALTH DEPARTMENT
255 West 6th Street
Delta, CO 81416
(970) 874-2165

APPLICATION
FOR
Individual Sewage Disposal System

Fee 150⁰⁰
Received by 6/1/99
Date LJM
Application# 5778

INSTRUCTIONS:

1. Please fill out all applicable information completely.
2. Draw plot plan on space provided on reverse side.
3. Fill out section 1 thru 4 and plot plan.

1. Owner STEPHEN C. KENT Phone 970-963-2350 FX 970 963
0709

Address 18 ANTELOPE ROAD REDSTONE, CO 81623

Applicant STEPHEN C. KENT Phone 970-963-2350

Contractor STEPHEN C. KENT Phone 970-963-2350

Construction Location: County Road Address 13201 C.R. 265 Bumped Device

Legal description: (1/4 Sec.) NE1/4 Section 28± 10

Township 11S Range 91W 6PM 91W

Subdivision _____ Lot# _____ Block# _____ Filing _____

Parcel Size: Acres 35 Acres Length _____ Width _____

Directions to site Exit Hwy 133 @ Colbran Rd. approx. 11 miles on north side of C.R. 265 just past Flying M Ranch Gate

2. PLEASE CHECK THE FOLLOWING THAT APPLY.

a. Is this property located in a floodplain? No

b. Indicate depth of all wells within 180 feet of the system None

c. Approximate distance to the nearest community sewer system 20 miles

d. Was an effort made to connect the community sewer system? Yes _____ No x

SYSTEM	USE	WATER SUPPLY
<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> Year Around	_____ Cistern
_____ Replace old System	_____ Seasonal	<input checked="" type="checkbox"/> Well (give depth) _____
_____ Repair (Permit # _____)	(indicate #days/year <u>100±</u>)	<input checked="" type="checkbox"/> Spring
_____ Alteration		<input checked="" type="checkbox"/> Surface
_____ Vault	_____ Non-Domestic	_____ Public (give name of supply) _____
_____ Privie		
_____ Other (please explain) _____		

3 PROPOSED USE OF PROPERTY--Check the following that apply

SINGLE FAMILY	MULTI-FAMILY	COMMERCIAL
<input checked="" type="checkbox"/> Frame	_____ # of units	Type of Business _____
_____ Mobile Home	_____ # of bedrooms/unit	Maximum sewage flow rates _____
<u>3</u> # of bedrooms	_____ # of units with clotheswasher	# of employees _____
_____ Clotheswasher	_____ # of units with garbage grinder	Building Occupancy _____
_____ Garbage disposal	_____ Basement plumbing	# of bathrooms _____
_____ Basement plumbing	_____ # of people	Toilets # _____ Sinks # _____ Showers # _____
<u>4±</u> # of people	_____ # of bathrooms	Urinals # _____ Bath # _____ Other # _____
<u>2</u> # of bathrooms		Lavatories # _____ Washracks # _____

List permanent water conservation devices: _____

4. I hereby apply for a permit to construct an individual sewage disposal system on the above described property and agree to construct such system in accordance with the above information, the attached plot plan and the regulations of the Delta County Health Department. The undersigned hereby certifies that the above information is true and correct to the best of my knowledge.

By Stephen Kent DATE 5/27/99

NOTE: A permit to install the system will not be issued until this application, along with the permit fee, is returned to the health department.

5/30/00 S. Kent

By BSW

0	55 ¹ / ₈
10	55
20	55
30	

dtw
Proposed Rock

- 3 holes at 3' standing water @ 24 hrs
- 1 hole at 5' TD perched out at 24 hrs
- Refilled 5' deep hole at 2:24

0	25 ¹ / ₄
10	25 ³ / ₈
20	
30	

DEEP TEST HOLE 10' TD

Dry PROFILE

0-1' - Black Loam Clay

RECEIVED JUN 9 1900

1-5' - Brown Clay

5-10' - Brown Clay LOOSE w/ GRAVEL

Will dig deep perched well call

6/14/00 KWL

± 5' depth

well 2 1/2 gpm

	1	2
11:37	19 ¹ / ₈	23 ² / ₈
11:47	19 ² / ₈	23 ² / ₈
11:57	19 ³ / ₈	23 ³ / ₈
12:07	19 ⁹ / ₁₆	23 ⁹ / ₁₆

new location in open park area

-80 -80

DELTA COUNTY HEALTH DEPARTMENT
255 West 6th Street
Delta, CO 81416
(970) 874-2165

APPLICATION
FOR
Individual Sewage Disposal System

Fee 150⁰⁰
Received by _____
Date _____
Application# _____

INSTRUCTIONS:

1. Please fill out all applicable information completely.
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1. Owner STEPHEN C. KENT Phone 970-963-2350
 Address 18 ANTELOPE ROAD REDSTONE, CO 81623
 Applicant STEPHEN C. KENT Phone 970-963-2350
 Contractor STEPHEN C. KENT Phone 970-963-2350
 Construction Location: County Road Address 13201 C.R. 265
 Legal description: (1/4 Sec.) NE 1/4 Section 10
 Township 11S Range 91W 6PM
 Subdivision _____ Lot# _____ Block# _____ Filing _____
 Parcel Size: Acres 35 Acres Length _____ Width _____
 Directions to site: Exit Hwy 133 @ Colbran Rd. approx. 11 miles on north side of C.R. 265 just past Flying M Ranch Gate

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_____ Vault		_____ Public (give name of supply) _____
_____ Privie		
_____ Other(please explain) _____		

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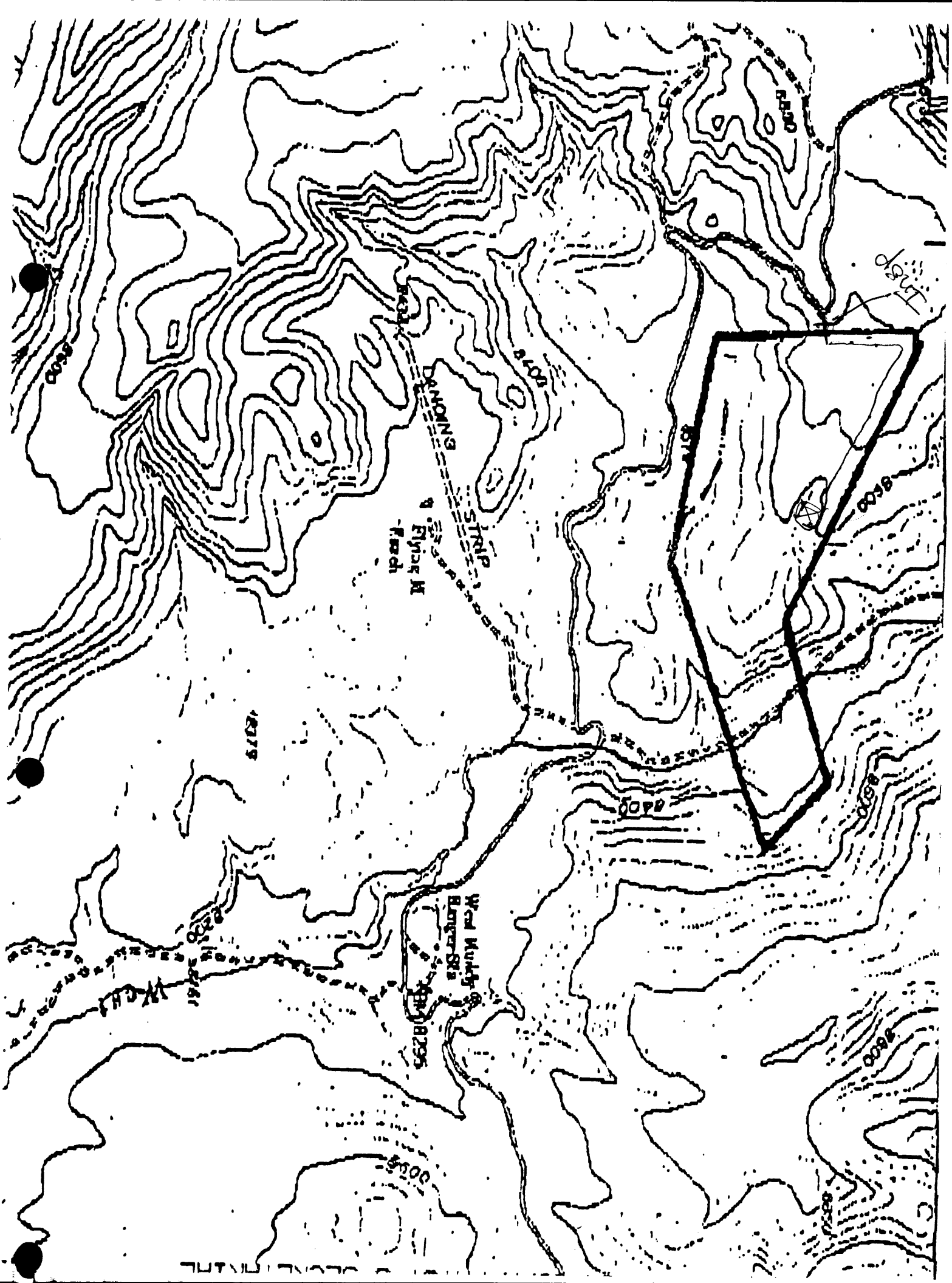
SINGLE FAMILY	MULTI-FAMILY	COMMERCIAL
<input checked="" type="checkbox"/> Frame	_____ # of units	Type of Business _____
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<u>3</u> # of bedrooms	_____ # of units with clotheswasher	# of employees _____
_____ Clotheswasher	_____ # of units with garbage grinder	Building Occupancy _____
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_____ Basement plumbing	_____ # of people	Toilets # _____ Sinks # _____ Showers # _____
<u>4±</u> # of people	_____ # of bathrooms	Urinals # _____ Bath # _____ Other # _____
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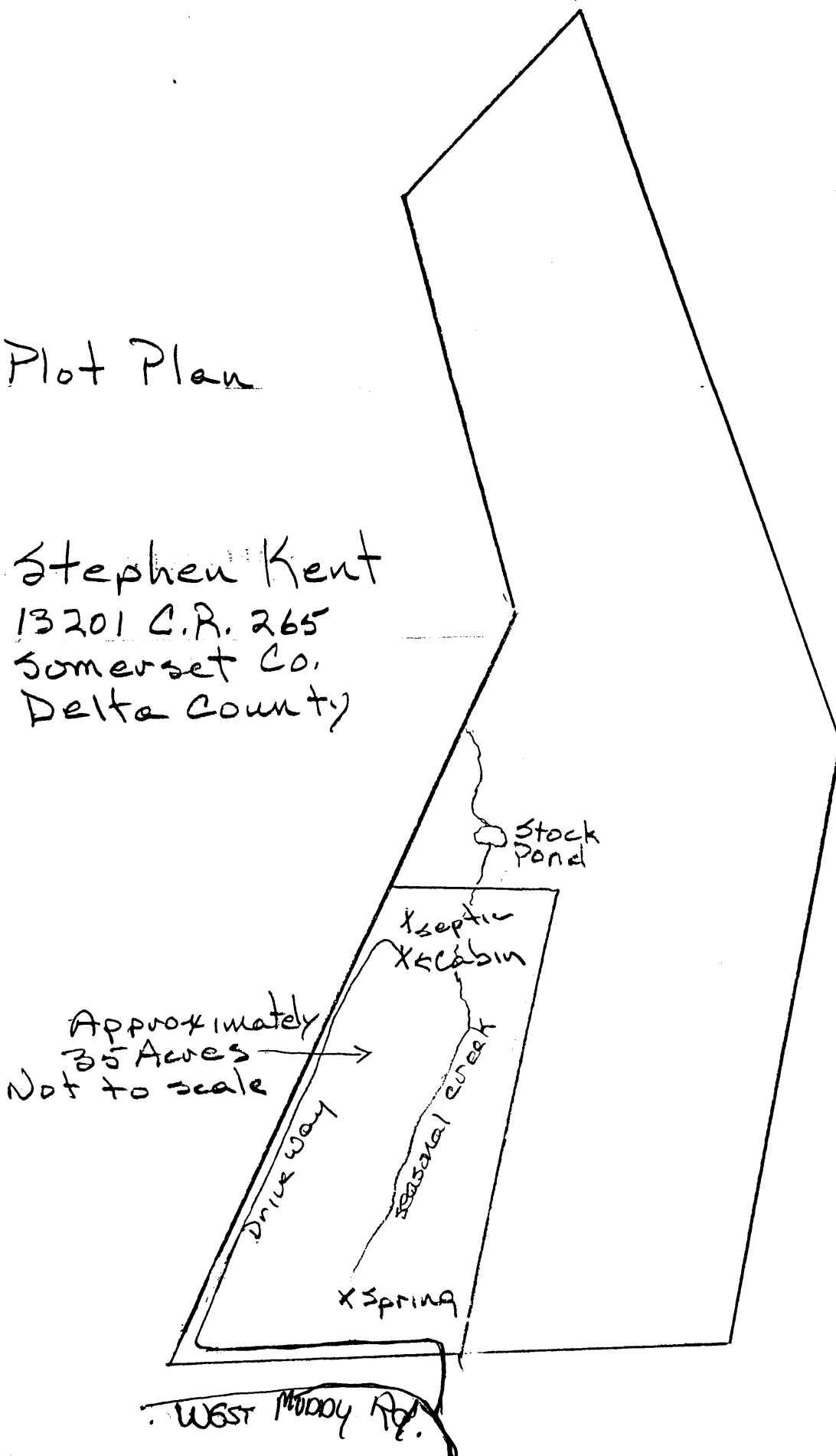
By: Stephen Kent DATE 5/27/99

NOTE: A permit to install the system will not be issued until this application, along with the permit fee, is returned to the health department.



Plot Plan

Stephen Kent
13201 C.R. 265
Somerset Co.
Delta County



Approximately
35 Acres
Not to scale

Stock Pond

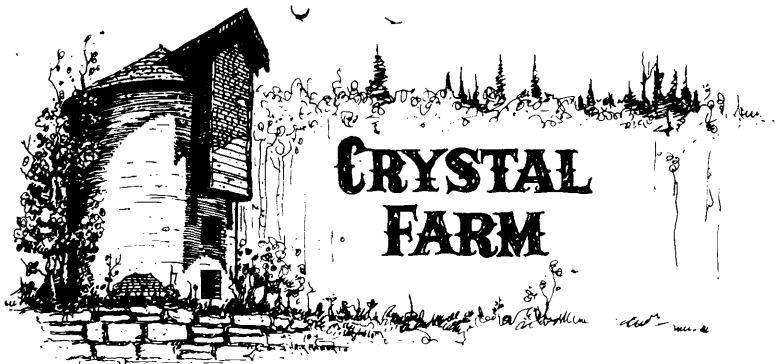
Septic Cabin

Seasonal Creek

Spring

Drive Way

West Muddy Rd.



August 1, 2001

Delta County, Colorado
Department of Health
Keith M. Lucy
255 West 6th Street
Delta, CO 81416

Re: ISDS Expiration

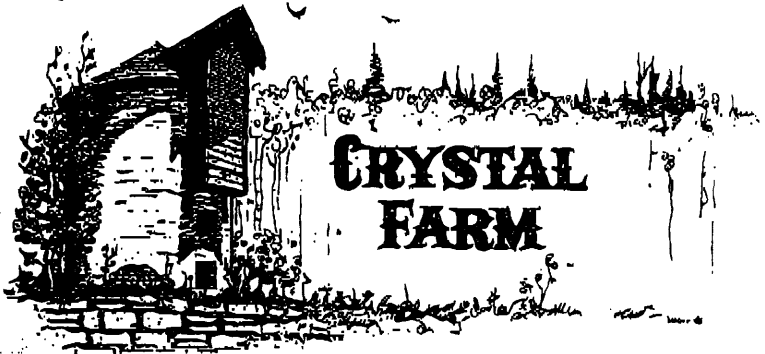
Mr. Lucy:

This system is complete as per specifications from Keith Lucy at a site visit on 6/19/01.

Sincerely,

A handwritten signature in black ink that reads "Stephen C. Kent". The signature is written in a cursive, flowing style.

Stephen C. Kent



August 21, 2001

Delta County Health Department
Attn. Keith M. Lucy
Fax 970-874-0222
Two pages sent

From: Stephen C. Kent
Crystal Farm Enterprises, Inc.
18 Antelope Road
Redstone, CO 81623
Ph. 970-963-2350
Fax 970-963-0709

Septic Permit # 5778

Stephe C. Kent

Scale: 1/8" = 1'00'

8/21/01

