

APPLICATION AND PERMIT FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

LAS ANIMAS-HUERFANO COUNTIES
DISTRICT HEALTH DEPARTMENT

412 BENEDICTA AVENUE
TRINIDAD, COLORADO 81082
(719)846-2213 FAX (719)846-4472

119 EAST FIFTH
WALSENBURG, COLORADO 81089
(719)738-2650

#101

DATE PAID 3-29-99
RECEIPT # 27313

PROPERTY OWNER Doug Sorensen
ADDRESS 8547 E. Arapahoe Rd, Suite #5-441 Englewood, CO 80112
AGENT _____ ADDRESS _____ PHONE 303 689-9551
ADDRESS OF SITE Lot 20 Big Horn Ranch Las Animas County
LEGAL DESCRIPTION OF SITE Lot 20 Big Horn Ranch Las Animas County
SIZE OF PROPERTY 35A WATER SUPPLY: PRIVATE WELL PUBLIC
TYPE OF STRUCTURE SINGLE FAMILY DWELLING # OF BEDROOMS 2
 OTHER _____
PLUMBING FIXTURES IN STRUCTURE: WATER CLOSETS 3 LAVATORIES 3
BATHTUBS 1 SHOWERS 1 SINKS 1 AUTOMATIC WASHERS 1 DISHWASHER 0
OTHER _____ # OF ANTICIPATED USERS 4

AN ACCURATE PLOT PLAN AS DESCRIBED ON PAGE 2 MUST ACCOMPANY THIS APPLICATION

Application for an individual sewage disposal system permit is hereby submitted, together with the plans, specification, and the required fee.

- Three hundred dollars (\$300) New Installation Permit
(This amount includes Temporary Outdoor Privy)
- One hundred dollars (\$100) Remodelling Permit
- One hundred dollars (\$100) Holding Tank
- One hundred dollars (\$100) Existing Septic System (Search)
- Five hundred dollars (\$500) Systems Requiring Engineer Design

The undersigned does hereby agree to comply with all Las Animas-Huerfano Counties Health Department stipulation, the provisions of Regulation VIII, and all applicable State Laws and Regulations (please read reverse side).

SIGNATURE OF OWNER OR AGENT Doug Sorensen DATE 3/12/99

(THIS AREA FOR HEALTH DEPARTMENT USE ONLY)

Percolation Test: Date: _____ By Whom: NO Rate: _____ Min/Inch _____
Soil Profile: Depth to Water Table _____ Depth to Bedrock _____
Other Terrain Features of Soil Conditions _____
Installed by: James Morgan Perch

THE HEALTH DEPARTMENT WILL NOT BE HELD RESPONSIBLE FOR ANY SEPTIC SYSTEM FAILURE!!!

8-2-99
NO FINAL Inspection
System Covered see next page

Minimum Requirements: 1000 Gal. Septic Tank
_____ Sq. Ft. Leach Lines
_____ Sq. Ft. Leaching Bed

Comments an/or stipulations: MUST MAINTAIN ALL MINIMUM DISTANCES
(SEE CHART ON REVERSE SIDE)

LAS ANIMAS-HUERFANO COUNTIES HEALTH DEPARTMENT DENIED
APPROVED BY: Beverly Anderson DATE: 03-29-99
EXPIRATION DATE: _____

APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT - PAGE 3

PLOT PLAN MUST INCLUDE THE FOLLOWING:

(All locations must be indicated by measured distances)

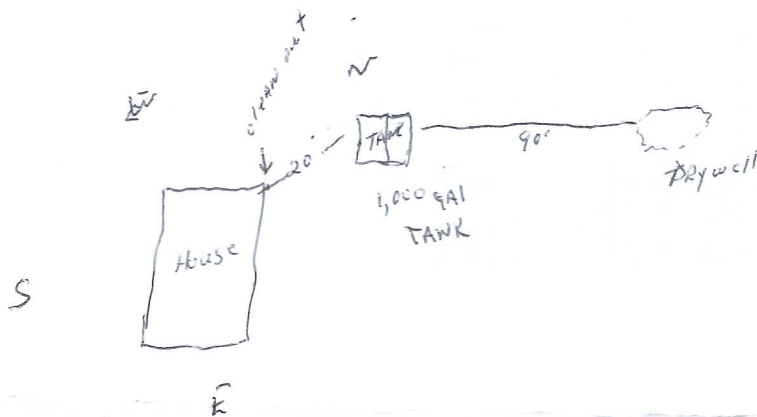
1. Accurate property dimensions and size of property. (survey preferred)
2. Proposed location of sewage disposal system and alternate area.
3. Location of streams, lakes, ditches and drainage areas on and within 50 feet of property.
4. Location of water supply line to the dwelling and any out buildings.
5. Accurate location of ALL WELLS existing or proposed on and within 150 feet of the property.
6. Location of proposed and existing buildings.
7. Type of buildings by use.
8. Such additional information as may be required by the Health Officer.

AN INCOMPLETE PLOT PLAN WILL CAUSE DELAYS IN ISSUANCE OF THE PERMIT.

DRAW PLOT PLAN BELOW:

Note: Butch Morgan (Dillview Construction) will be installing this septic system.

(Plot Plan is attached.)



2 1/2 Gravel under pipe
1" Above pipe

Fees are not refundable. Form effective 7-1-97

DILLVIEW CONSTRUCTION COMPANY
EXCAVATING • DAMS • ROADS • TRAILS • ETC.
BACKHOE • PIPELINES • BASEMENTS • SEPTIC TANKS
CRAWL SPACES • ROADS • LEVELING

BUTCH MORGAN
(719) 846-3725
J. R. MORGAN
(719) 846-4280

P. O. BOX 186
TRINIDAD, CO 81082