

Application and Permit for Individual Sewage Disposal System

Las Animas-Huerfano Counties District Health Department

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412 Benedicta Ave
Trinidad, Colorado 81082
(719) 846-2213; Fax: (719) 846-4472

119 E. Fifth Street
Walsenburg, Colorado 81082
(719)738-2650; Fax: (719) 739-2653

Fee: _____
Type: _____

Date Paid: 1-13-15
Receipt #: 01698628

Property Owner James Gollner
Current Address 25576 Golden Springs Drive Dena Point CA. 92629
Agent Robert Campbell Address P.O. Box 154 Aguilar 81020 Phone 719-941-4003
Address of Site 22010 STEFFI DRIVE Bighorn Ranch Lot 20
Legal Description of Site _____

Size of Property 40 Acres Water Supply: Private Well Public
Type of Structure Single Family Dwelling # of Bedrooms _____ Other Garage
Plumbing Fixtures in Structure: Water Closets 1 Lavatories 1 Bathtubs 0
Showers 0 Sinks 0 Automatic Washers 0 Dishwashers 0
Other _____ # of Anticipated Users 1

AN ACCURATE PLOT PLAN AS DESCRIBED ON PAGE 3 MUST ACCOMPANY THIS APPLICATION
THIS PERMIT WILL EXPIRE ONE (1) YEAR FROM DATE OF ISSUE
REACTIVATION FEE WILL BE \$200.00
PAYMENT DUE PRIOR TO COMPLETION OF SEPTIC SYSTEM

Application for an individual sewage disposal system permit is hereby submitted, together with the plans, specification, and the required fee. Fees are not refundable and are subject to change.

- Five hundred twenty-five dollars (\$525) New System
- Two hundred dollars (\$200) Remodeling Permit
- Two hundred dollars (\$200) Existing Septic System (hook-up/search)

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

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

Signature of Owner or Agent Robert Campbell Date 1/13/15

(THIS AREA FOR HEALTH DEPARTMENT USE ONLY)

Percolation Test: Date: _____ By Whom: _____ Rate: _____ Min/Inch _____
Soil Profile: Depth to Water Table _____ Depth to Bedrock _____
Other Terrain Features of Soil Conditions _____
Installed by: _____

MINIMUM SYSTEM - SHOP

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

Comments and/or stipulations: Must Maintain all Minimum Distances (See Chart on Reverse Side)

Las Animas-Huerfano Counties District Health Department
By: Kenny Gabe Denied Approved
Expiration Date: 1-17-16 Date: 1-13-15

System Installed - 1-20-15 Kenny ¹

APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

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:

