

# Fremont County GIS Web Map

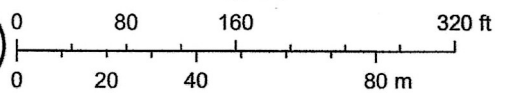


5/5/2026, 1:39:00 PM

- |                    |                      |                   |
|--------------------|----------------------|-------------------|
| FC Roads (ENT)     | — private road       | FLORENCE          |
| freeway            | - - - private drive  | ROCKVALE          |
| principal arterial | Municipal Boundaries | WILLIAMSBURG      |
| minor arterial     | BROOKSIDE            | County Boundaries |
| collector          | CANON CITY           | COUNTY BNDY mask  |
| local              | COAL CREEK           | FC Parcels        |



1:1,702



Equal Housing Opportunity: All listings are offered in compliance with the Federal Fair Housing Act. The accuracy of this information is not guaranteed and should be verified by the buyer.

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Fremont County assumes no liability for the use/reuse of these maps by people not affiliated with Fremont County. Use of these maps by any person not affiliated with Fremont County agrees to



Date Applied: 2/3/2020  
 Permit Fee: \$ 283.00  
 Use Tax: \$ 37.30  
 Colorado State Surcharge: \$ 23.00  
 Total: 343.30

Septic Permit #: S20-015  
 Expiration Date: 2/6/2021  
 Paid By: Ck # 1142  
 Receipt #: 2020-02-03-KE-3823  
**Inspection Request Line (719) 276-7373**

Building Permit # (if applicable): \_\_\_\_\_

## FREMONT COUNTY ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

Owner: Lester Lambricht Applicant: Owner  
 Mailing Address: 1739 21st Trail Mailing Address: Same  
 City, State, Zip Code: Cotopaxi, CO 81223 City, State, Zip Code: Same  
 Phone Number: 719-238-3271 Phone Number: Same  
 OWTS Contractor: Owner Contractor Phone: \_\_\_\_\_ License #: \_\_\_\_\_  
 Construction Address: 1739 21st Trail, Cotopaxi

Gate/Combination Lock #: N/A  Directions From Major Thoroughfare: (Include Legible Map & Directions)  
 Legal Description: Sch# 76013120  
 Type/Use of Structure: Single Family Dwelling  
 Lot Size: 5.23 Acres Source, Type of Water: Well  
 Maximum Potential # of Bedrooms: 3 Basement: No Washer: Yes Garbage Disposal: No  
 Engineering Firm: Steven Koch- CPOW Project Number: \_\_\_\_\_  
 Type of System: OWTS- New System Absorption Tank Size: 1,000 Gallons  
 Absorption: 630 Square Feet Perc Rate: Profile Holes Min./Inch LTAR: 5

NOTES: **Keep excavation shallow - Locate in designated area - Maintain all separations**

Is Site Within 400 Feet of Sewer Main?:  Yes  No Or Within a Sewer District?:  Yes  No  
 If YES, Is A Letter of Refusal To Connect Attached?: N/A  
 Is Site In A Designated Flood Plain?:  Yes  No If YES, Engineer's Requirements Listed? \_\_\_\_\_

I certify that the On-Site Waste Water Treatment System (OWTS) described in this permit will be installed in compliance with the attached percolation test report and the Fremont County and State of Colorado Regulations. I understand that I will be responsible for the operation, maintenance, and performance of the OWTS. In addition, I am aware that it is my responsibility to provide the contractor with a copy of the attached percolation test report. I am also aware that the issuance of this permit does not constitute assumption by the local health department or its employees of liability for failure of any OWTS. Request for inspection will be required after installation of all pipe and gravel (prior to installation of hay, straw or similar pervious material) unless otherwise specified by engineer. The system must be properly protected from off site drainage, vehicular traffic, and livestock. This system and its running order is the sole responsibility of the owner. After this system has been inspected and approved by the inspector it shall be assumed that this system is in proper working order. Approval of a Fremont County On-Site Waste Water Treatment Permit does not guarantee or assure that the proposed use is permitted within the zone district for the property, nor does it guarantee or assure that any proposed building complies with applicable land use and requirements for the zone district, such as setbacks, height restrictions, or other similar issues. You have the responsibility and obligation to verify and confirm that all proposed uses are allowed in the zone district and conform to the requirements of the zone district for the property.

Owner or Applicant's Signature: Signature on File Date Applied: 2/3/2020

### FINAL OWTS INSPECTION:

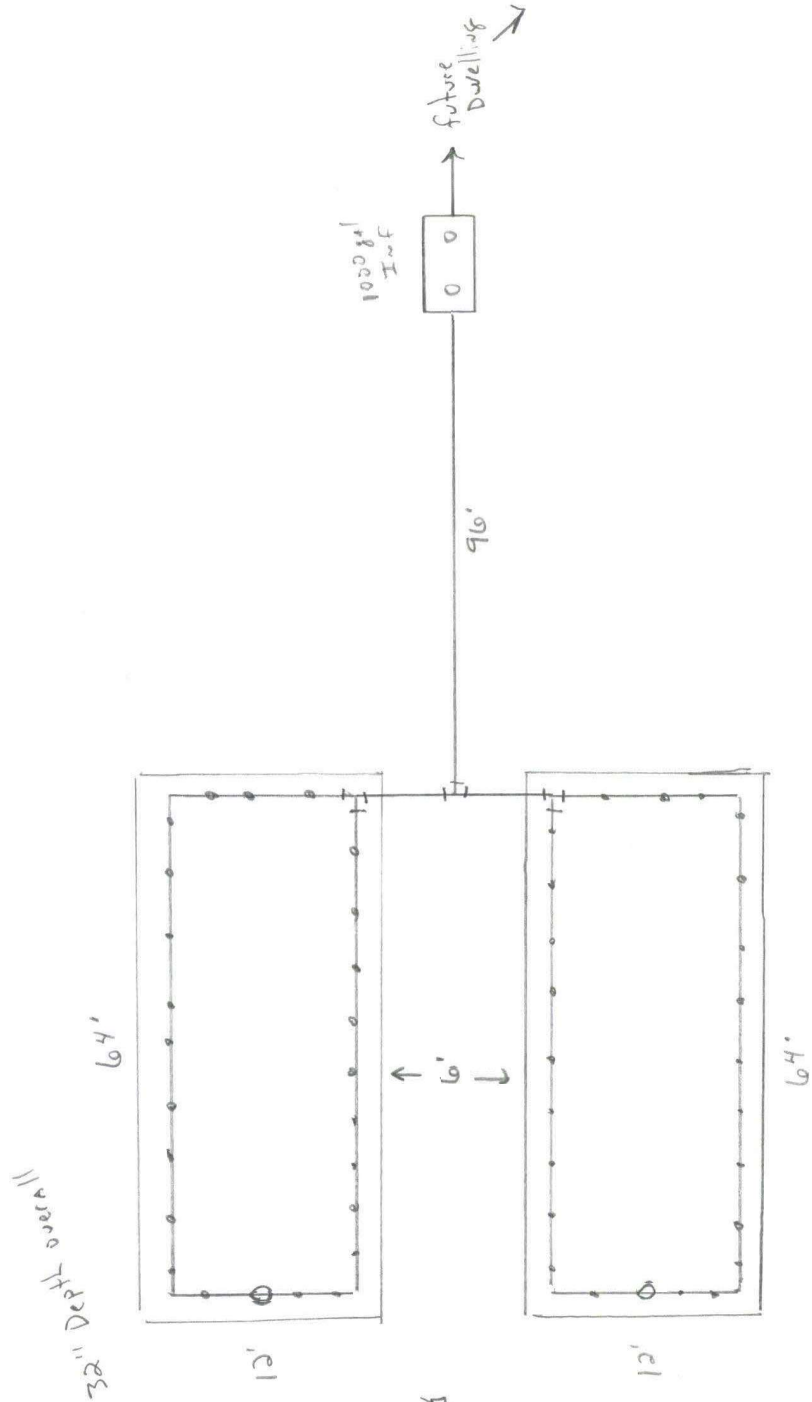
Tank Information: Size: 1060 Int./inator Gallons Number of Compartments: 2  
 Is Entrance and Exit Sealed:  Yes  No Is Tank Level?  Yes  No  
 Pipe Inlet-Outlet?: 4" sch 40 Distance From Building: \_\_\_\_\_ Feet Distance From Well: 50 feet  
**Absorption Bed Information:** Type of System Installed: \_\_\_\_\_  
 Pipe & Rock:  Chamber:  Absorption Bed:  Absorption Trench:   
 Number Of Trenches: \_\_\_\_\_ Total Square Feet: 1536 Gravel Depth: 12 Inches  
 Is Pipe Level?:  Yes  No If Bed, Is Pipe Been Connected?:  Yes  No Distance From Well: 140 feet  
 Distance From Building: \_\_\_\_\_ feet Is System Located In Recommended Area?:  Yes  No

### DEPARTMENT USE ONLY:

Installation Has Been: Approved  Disapproved   
 NOTES: 54 Chambers in Trenches. ( 3 Rows of 18) Or 64 Chambers in a Bed. ( 4 Rows of 16, 12x64 Bed size)

Approved By: Ty 200 Date Approved: 8-10-21  
 Prepared By: Jenna Chapman Date Prepared: 2/6/2020

520-015  
 1739 21<sup>st</sup> Trail  
 2-26-2020



11" Depth over all

Pipe Rack Beds  
 $12 \times 64 = 768$   
 $42$   
 $= 1536$

"Form No. GWS-31 9/2016	<b>WELL CONSTRUCTION AND YIELD ESTIMATE REPORT</b> State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 and	For Office Use Only <div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; color: blue; font-weight: bold;">JAN 24 2020</div> <div style="font-size: 0.8em; color: blue; font-weight: bold;">WATER RESOURCES STATE ENGINEER COLO</div>																							
<b>1. Well Permit Number:</b> 315609 <b>Receipt Number:</b> 3694118																									
<b>2. Owner's Well Designation:</b>																									
<b>3. Well Owner Name:</b> LAMBRIGHT, LESTER																									
<b>4. Well Location Street Address:</b>																									
<b>5. GPS Well Location</b>		<b>County:</b> FREMONT																							
Zone 12 <input checked="" type="checkbox"/>	Zone 13 Easting: 456209      Northing: 4238133																								
<b>6. Legal Well Location:</b> NE 1/4, NE 1/4, Sec. 26 Twp 20, N or S <input checked="" type="checkbox"/> Range 73 E or W <input checked="" type="checkbox"/> 6TH P.M.																									
Distances from Section Lines: _____ ft. from _____ N or S _____ section line, and _____ ft. from _____ E or W _____ section line																									
Subdivision: FLORIDA-COLORADO ACRES      Lot _____      Block _____      Filing (Unit) _____																									
<b>7. Ground Surface Elevation:</b> _____ feet <b>Date Completed:</b> 1/9/2020 <b>Drilling Method:</b> AIR PERCUSSION																									
<b>8. Completed Aquifer Name:</b> _____ <b>Total Depth:</b> 200 feet <b>Depth Completed:</b> 200 feet																									
<b>9. Advance Notification:</b> Was Notification Required Prior To Construction? Yes <input checked="" type="checkbox"/> No, Date Notification Given: _____																									
<b>10. Aquifer Type:</b>																									
(Check one) <input checked="" type="checkbox"/> Type 1 (One Confining Layer)	<input type="checkbox"/> Type I (Multiple Confining Layers)	Laramie-Fox Hills																							
<input type="checkbox"/> Type 11 (Not overlain by Type 111)	<input type="checkbox"/> Type 11 (overlain by Type 111)	Type 111 (alluvial/colluvial)																							
<b>11. Geologic Log:</b>		<b>12. Hole Diameter (in.)</b>																							
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		<b>13. Plain Casing</b>																							
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<b>Remarks:</b>																									
<b>17. Disinfection:</b> Type CHLORINE      Amt. Used 1 GALLON WATER INJECTED																									
<b>18. Well Yield Estimate Data:</b> <input type="checkbox"/> Check box if Test Data is submitted on Form GWS - 39, Well Yield Test Report.																									
Well Yield Estimate Method: AIR LIFT																									
Static Level: 70	Estimated Production Rate 15 gpm.																								
Date/Time measured: 1/9/2020 4:00	Estimate Length (hrs) 1																								
<b>Remarks:</b>																									
<b>19.</b> I have read statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed (or name entered if filing online) and certified in accordance with Rule 17.4 of Water Well Construction Rules, 2 CCR 402 2. The filing of a document that contains false statements is a violation of section 37 91 108(1)(e), C.R.S., and is punishable by fines up to \$1,000 and/or revocation of the contracting license. If filing online the State Engineer considers the entry of the licensed contractor's name to be compliance with Rule 17.4.																									
Company Name: ARKANSAS VALLEY DRILLING	Email: TLJBGRS@AOL.COM	Phone w/area code: (719) 276-6847																							
		License Number: 1305																							
<b>Mailing Address:</b>																									
Sign (or enter if filing online)	Print Name and Title TODD A. MOORE	Date: 1/9/2020																							

