







# CUSTER COUNTY PERMIT FOR INSTALLATION OF ON-SITE WASTEWATER TREATMENT SYSTEM

102-29-908

S22101902

Issue Date: 10/19/2022

Timothy G & Laura L Baker  
3252 S County Trl  
West Kingston, RI 02892-1805

Septic Contractor: Soil done by: **Kent Beach** Soil Date: **8/13/2021** Applicant: **Owner**

Permit Type: **Installation** System Type: **Standard**

Property Address: **601 North Wood Street**

Legal: **LOTS 1 THRU 16 BLOCK 61 SILVER CLIFF**

Lot size: **1.96** Number of people: **2** Number of bedrooms: **2** Tank Size: **1000**

This septic will serve a **Dwelling** Water: **Private Well**

Conditions: Depth to bedrock: **>96"** Depth to water: **>96"** Slope:

Soil Type: **1** Treatment Level: **1** Effluent Application Method: **Gravity**

	Rock or Tire Chips Sq. Ft.	Mfd Media other than Chambers Sq. Ft.	Chambers Sq. Ft.	Number of Chambers
Trench	375	338	300	25
Bed	450	405	315	26

Comments:

I hereby certify that I have installed this system as designed:

  
\_\_\_\_\_  
Licensed Contractor / Homeowner

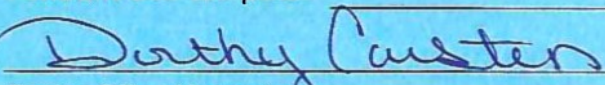
11-2-22  
\_\_\_\_\_  
Date

Inspected on: 11-2-22

By: DCC

Amount use tax paid: \_\_\_\_\_

Date: \_\_\_\_\_

  
\_\_\_\_\_  
Zoning Office / Inspector

Final approval date: 11-2-22





## Septic Inspection

Property Owner(s): **Timothy G & Laura L Baker**

Date: 11-2-22

Inspected By: DCC

Property Address: **601 North Wood Street**

**Legal: LOTS 1 THRU 16 BLOCK 61 SILVER CLIFF**

Septic Contractor:

**Schedule #: 102-29-908**

Permit Number: **S22101902**

Distance of Pipe from House to Tank: 16'

Distance DBL Cleanouts: 10'

Number of cleanouts needed (50 feet): 2

Check slope ( $\frac{1}{2}$  inch per 2 feet for last 10 feet before tank): ✓

Type of pipe (schedule number): 40

Building Sewer extended to foundation: 40

Tank size: 100 Is tank level?:

Check: Inlet ✓ Outlet ✓

Check for cracks in tank: ✓ Date on tank: N/A

Distance of pipe from tank to leach field: 120 Check for slope: \_\_\_\_\_

Check for level distribution field: ☒ Type of pipe (schedule number) 40

Type of leach field: Chamber Number, if chambers: 25

Check for screws on chamber connections:

Configuration: Trench or Bed (Max 12' wide, 4' deep)      Check for level:

Depth: 2' Check distance between trenches (4 feet minimum): N/A

Distance from well to tank: 500+  
(50 feet minimum)

Distance from well to leach field: 100+  
(100 feet minimum)

Distance from leach field to any irrigation ditch or creek: ~~700'~~ N/A  
(Minimums: Cistern - 25'; property line - 10'; water course - 50'; dry gulch - 25')

Additional comments: \_\_\_\_\_



# Property Owner's Septic Information

Issue Date: **10/19/2022**

Permit number: **S22101902**

Schedule number: **102-29-908**

Issued to: **Timothy G & Laura L Baker**

Property Address: **601 North Wood Street**

Legal: **LOTS 1 THRU 16 BLOCK 61 SILVER CLIFF**

## System Description:

Septic tank size (gallons): **1000**

Drainfield type: ☒ Trenches ☐ Bed ☐ Mound ☐ LLP  
☐ At-Grade ☐ Leaching Chambers ☐ Other: \_\_\_\_\_

Drainfield Dimensions: \_\_\_\_\_

Accessories: ☐ Outlet Filter ☐ Aerobic Treatment Unit  
☐ Sand Filter ☐ Pump ☐ Siphon  
☐ D-Box ☐ Diversion Valve  
☐ Other: \_\_\_\_\_

Installing Contractor: \_\_\_\_\_

Septic Tank Pumper: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Provided by: \_\_\_\_\_

## Custer County Planning and Zoning

P.O.Box 203

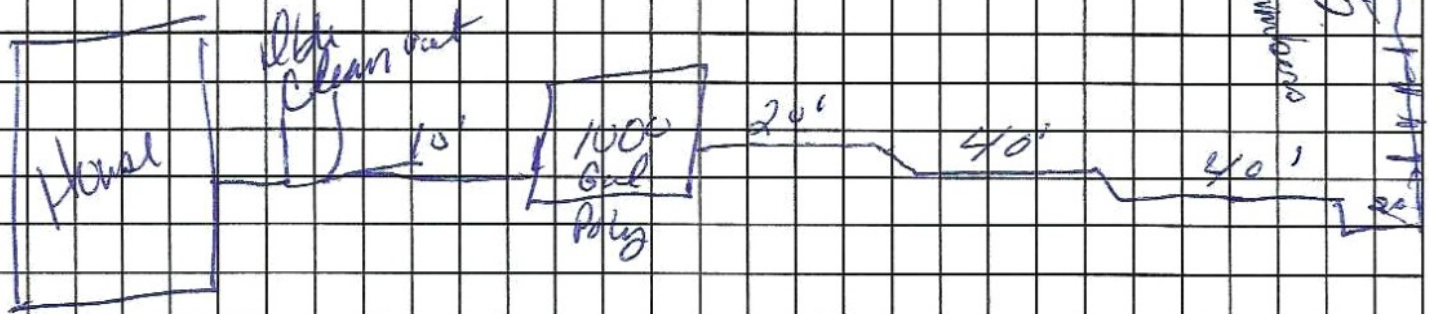
Westcliffe, CO 81252

(719) 783-2669 (719) 783-9907 FAX

[www.CusterCountyGov.com](http://www.CusterCountyGov.com)



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









<b>Form No.</b> <b>GWS-32</b> <b>10/2016</b>	<b>PUMP INSTALLATION AND PRODUCTION EQUIPMENT TEST REPORT</b> State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 <a href="http://dwr.colorado.gov">dwr.colorado.gov</a> and <a href="mailto:dwrpermitsonline@state.co.us">dwrpermitsonline@state.co.us</a>	<b>For Office Use Only</b>																				
<b>1. Well Permit Number:</b> 328699 <b>Receipt Number:</b> 10023535																						
<b>2. Owner's Well Designation:</b>																						
<b>3. Well Owner Name:</b> BAKER, TIM																						
<b>4. Well Location Street Address:</b> 601 NORTH WOOD STREET SILVER CLIFF, CO 81252																						
<b>5. GPS Well Location:</b> <input type="checkbox"/> Zone 12 <input checked="" type="checkbox"/> Zone 13    Easting: 460487    Northing: 4221325    County: CUSTER																						
<b>6. Legal Well Location:</b> SE 1/4, NE 1/4, Sec. 17    Twp. 22 <input type="checkbox"/> N or S <input checked="" type="checkbox"/> Range 72 <input type="checkbox"/> E or W <input checked="" type="checkbox"/> Distances from Section Lines: _____ ft. from <input checked="" type="checkbox"/> N or S <input type="checkbox"/> sec. line, and _____ ft. from <input checked="" type="checkbox"/> E or W <input type="checkbox"/> sec. line Subdivision: _____, Lot _____, Block _____, Filing (Unit) _____																						
<b>7. Check Installation Type:</b> <input type="checkbox"/> Initial Pump Installation <input checked="" type="checkbox"/> Replacement Pump <input type="checkbox"/> Change in Depth Only <input type="checkbox"/> Repair																						
<b>8. Pump Data:</b> Type: SUBMERSIBLE      Date Installed(mm/dd/yyyy): 03/23/2023 Pump Manufacturer: FRANKLIN ELECTRIC      Pump Model No. 18A141702515A Design GPM: 7    at RPM 3450    HP 3/4    Volts 230    Full Load Amps 8.0 Pump Intake Depth: 260 Feet, Drop/Column Pipe Size Inches, _____ Kind of Drop Pipe SCH 80 Additional Information for Pumps Greater Than 50 GPM: Turbine Driver Type: <input type="checkbox"/> Electric <input type="checkbox"/> Engine <input type="checkbox"/> Other _____ Design Head: _____ feet      Number of Stages: _____      Shaft size: _____ inches																						
<b>9. Other Equipment:</b> Airline Installed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Orifice Depth ft. _____ Monitor Tube Installed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Depth ft. _____ Flow Meter Mfg. _____ Meter Serial No. _____ Meter Readout: <input checked="" type="checkbox"/> Gallons, <input type="checkbox"/> Thousand Gallons, <input type="checkbox"/> Acre feet      Beginning Reading: _____																						
<b>10. Cistern Information:</b> Material: _____ Capacity: _____ gallons    Date Installed: _____																						
<b>11. Production Equipment Test Data:</b> <input type="checkbox"/> check box if data is submitted on Form Number GWS-39 Well Yield Test Report. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Date:</td> <td style="width:20%;">3/23/23</td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> <tr> <td>Total Well Depth:</td> <td>280</td> <td>ft.</td> <td>Time:</td> <td>09:00</td> </tr> <tr> <td>Static Level:</td> <td>175</td> <td>ft.</td> <td>Rate (gpm):</td> <td>7</td> </tr> <tr> <td>Date Measured:</td> <td>03/23/2023</td> <td></td> <td>Pumping Level (ft):</td> <td>260</td> </tr> </table>			Date:	3/23/23				Total Well Depth:	280	ft.	Time:	09:00	Static Level:	175	ft.	Rate (gpm):	7	Date Measured:	03/23/2023		Pumping Level (ft):	260
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Date Measured:	03/23/2023		Pumping Level (ft):	260																		
<b>12. Disinfection:</b> Type: Clorox Bleach      Amt. Used: 6 CUPS																						
<b>13. Notification:</b> Was Advanced Notification Required Prior to Installation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Date Notification Given: _____																						
<b>14. Water Quality analysis available:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes, please submit with this report.																						
<b>15. Remarks:</b>   																						
<b>16. I have read the 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 the 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.</b>																						
<b>Company Name:</b> RICK'S PUMP SERVICE	<b>Email:</b> rickspumpservice@yahoo.com	<b>Phone w/area code:</b> (719) 275-7384																				
<b>License Number:</b> 1331																						
<b>Mailing Address:</b> 1316 Elm Avenue Canon City, CO 81212																						
<b>Sign (or enter name if filing online)</b> Rick Greenstreet	<b>Print Name and Title</b> Rick Greenstreet	<b>Date:</b> 03/30/2023																				