





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 sys	stem as designed:
Licensed Contractor / Homeowner	1/ · 2 - 2 Z Date
Inspected on: 11-2-32	By: DCC
Amount use tax paid:	Date:
Zoning Office / Inspector	Final approval date: 11-2-22



	Septic Inspection	Date: 1/- 2-27
Property Owner(s): Timothy G & Laura	L Baker	
		Inspected By:
Property Address: 601 North Wood Stre		
Legal: LOTS 1 THRU 16 BLOCK 61 SIL	VER CLIFF	
Septic Contractor:	Schedule #: 102-29-908	Permit Number: S22101902
Distance of Pipe from House to Tank:	161	
Distance DBL Cleanouts:		
Number of cleanouts needed (50 feet):	2	
Check slope (1/2 inch per 2 feet for last 1	0 feet before tank):	
Type of pipe (schedule number): 4	0	
Building Sewer extended to foundation:	40	
Tank size: 100	I - 4 1 10 -	
Tank size: 100	Outlet Is tank level?	
Check: Inlet		
Check for cracks in tank:	Date on tank:	
Distance of pipe from tank to leach field	: 120	Check for slope:
Check for level distribution field:		(schedule number)
Type of leach field: d	Number if them by	- 2-
Type of leach field:	Number, if chambe	15
		v lovel:
Configuration: Trench or Bed (Max 12 Depth:		
Dopui	eck distance between trench	cs (4 icci illillillillil)/V//4
Distance from well to tank:	Distance from wel	I to leach field: / (IOT



Additional comments:

(100 feet minimum)

(50 feet minimum)

Distance from leach field to any irrigation ditch or creek:

(Minimums: Cistern - 25'; property line - 10'; water course - 50'; dry gulch - 25'

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 Bed Drainfield type: 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

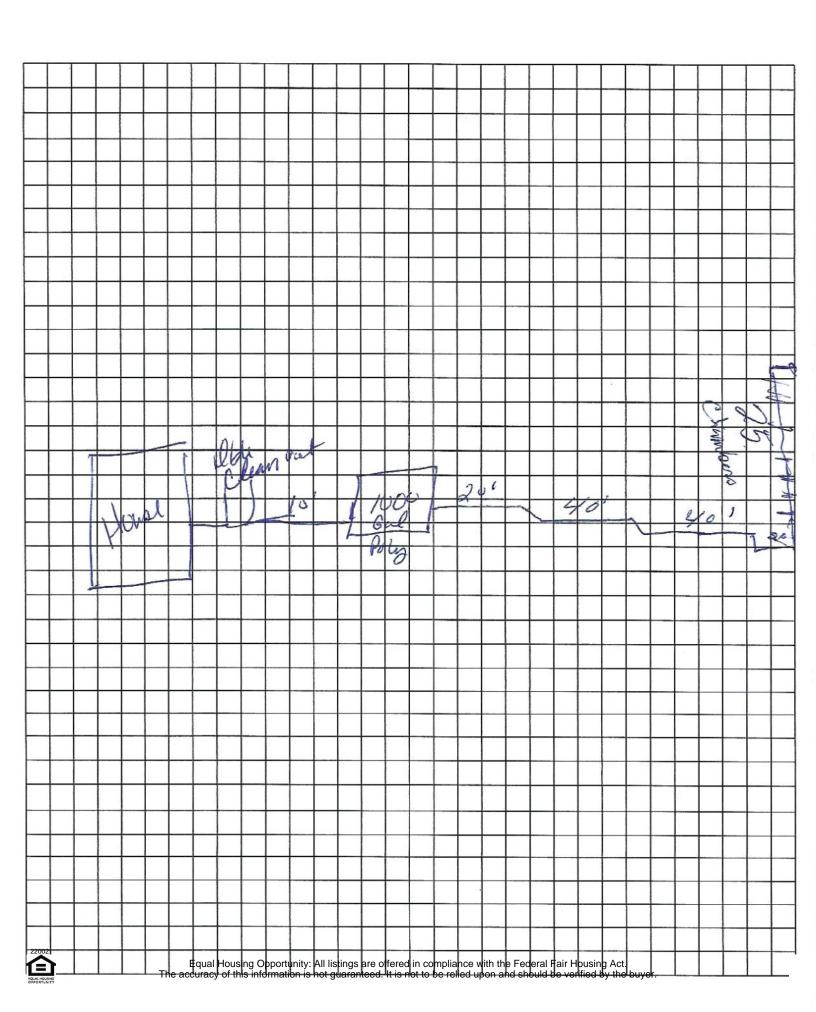
(719) 783-2669 (719) 783-9907 FAX



www.CusterCountyGov.com

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.



							For O	ffice Use Or	nlv
Form No.	w	ELL CONSTRUC					10.0		,
GWS-31	State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581								
						1			1
02/2017	<u> </u>	dwr.colorado.go							
1. Well Permit	t Number: 328699		Receipt N	umber: 1002	23535				
2. Owner's We	ell Designation:								
3. Well Owner	r Name: TIM BAKER								
	on Street Address:								
5. As Built GP	S Well Location (re	equired): 🔲 Zo	ne 12 👩 Zon	e 13 Easting	: 460487	Northing: 4	221325	VEZ (T	1 04
6. Legal Well	Location: SE 1/	4, <u>NE</u> 1/4,	Sec., <u>17</u>	Twp. <u>22</u>	O N or S], Range _/.	Z COLE OF	/ν <u>((Φ)</u> , <u>611</u>	1_ P.M.
County: <u>(</u> Subdivision: <u>S</u>	CUSTER SILVER CLIFF				_, Lot <u>1-16</u> ,	Block 61	, Filin	g (Unit)	
7. Ground Sui	rface Elevation:	fee	et Date Comp	pleted: 2/27	7/2023 D	rilling Met	hod: AIR PERCUS	SSION	
	Aquifer Name : _			otal Depth:		t De	pth Completed:	280	feet
9. Advance N	otification: Was No	otification Requ	ired Prior to C	Construction	Yes N	o, Date N	lotification Give	า:	
10. Aguifer T		One Confining I		Type I (/	Multiple Confir	ning Layers)	Laramie-F	ox Hills	
(Check or	ne) Type II	(Not overlain by	y Type III)	Type II	Overlain by Ty	/pe III)	Type III (a	lluvial/collı	
11. Geologic					12. Hole Dia	meter (in.)	From	(ft)	To (ft)
Depth	Туре	Grain Size	Color	Water Loc.	9)	0		39
0-7	TOP SOIL		TAN		61	/8	39	<u> </u>	280
7-152	DEC GRANITE		TAN						
152-280	GRANITE		GRAY/GREEN	180	13. Plain Cas	_	\\ - Ci= - (i=)	F (ft)	To (ft)
					OD (in)	Kind IRON	Wall Size (in) .188	From (ft) +1	39
			ļ		6 5/8				200
			-		41/2	PVC	SCH 40	20	200
			_		Porforate	d Casina c	C) - + C: /:-	- \ .	
		 	<u> </u>		OD (in)	Kind	reen Slot Size (in Wall Size (in)	n): From (ft)	To (ft)
			-		41/2	PVC	SCH 40	200	280
	-			-	1 - 1/2		3011-10		
		-	-		1				
			-						
			1		14. Filter Pa	ck:	15. Packe	er Placeme	nt:
					Material		Туре		
			 		Size		-		
					Interval		Depth		_
					16. Grouting	Record			
					Material	Amount	Density	Interval	Method
Remarks:					CEMENT	6 BAGS	6:1	0-39	POURED
									VIBRATE
17. Disinfed	tion: Type LIQUID	CLOROX			Amt. Used			11 572 1 1	5
	ld Estimate Data:	30000000	Check b	ox if Test Da	ita is submitte	d on Form I	Number GWS-39,	Well Yield	Test Report
Well Yiel	ld Estimate Method	: AIR							
Static Le	evel: <u>180</u>			1	Yield (gpm) <u>5</u>		-		
Date/Tir	me measured:	2/27/2023		Estimate L	ength (hrs)				
Remarks:								and the second	
19. I have rea	d the statements made	e herein and know	the contents the	ereof, and the	y are true to my	knowledge.	This document is sig	aned (or name	entered if
filing online) a	and certified in accorda a violation of section 3	ince with Rule 17.	4 of the Water W	/ell Construction	on Rules, 2 CCR 4	102 2. The fil d/or revocati	on of the contracting	tnat contains	filing online
statements is a	a violation of section 3 neer considers the enti	7 91 108(1)(e), C.	contractor's nam	ne to be compl	iance with Rule 1	7.4.	on or the contracti	ig (iccrisc. II	nung onunc
		y or the themsed				·		II danna a N	li ven la nue
Company Na		c INC	Email:	drilling@gma	il com	Phone w/a	rea code: 9)275-9525	License N 1358	umber:
	LING & EXCAVATING			n irrink@Ailig	ic.Com	(/)	,,210 /020	1.330	·
	ess: 867 EVELYN DR			me and Title				Date:	La Description
	er name if filing onl	ine)	LARRY F						
LARRY FINNEY OWNER/OPERATOR						3/06/202	23		

		LAND DOODLETION FOUNDMENT TEST	DEDODT	For Off	ice Use Only
Form No.		NAND PRODUCTION EQUIPMENT TEST olorado, Office of the State Engineer	KEPOKI		
GWS-32			4 7591		
10/2016	1313 Sherman St.	, Room 821, Denver, CO 80203 303.86 o.gov and dwrpermitsonline@state.co.	.is 0.230 i		
			12 ·		
	Number: 328699	Receipt Number: 10023535			
	Il Designation:				
	Name: BAKER, TIM	U WOOD STREET SHAFE SLIFE CO 842			
		H WOOD STREET SILVER CLIFF, CO 812		nty: CUSTER	
5. GPS Well Lo	cation: Zone 12 Zone	13 Easting: 460487 Northing: 42			
6. Legal Well I	Location: SE 1/4, NE 1	/4, Sec. <u>17</u> Twp. <u>22</u> Nor	5 1. Kange 12	- III E OF I	W T see line
		ft. from N or S sec. line, and	Rinck.	Filing (IIn	t)
Subdivision:					
		p Installation 📝 Replacement Pump			
8. Pump Data:	Type: SUBMERSIBLE	Date Installe	ed(mm/dd/yyyy):	U3/ Z3/ ZUZ.)
Pump Manufac	turer: FRANKLIN ELECTRIC	Pump Model	No. 18A1417023	0 A	
Design GPM: 7	at RPM 3450	HP3/4 Volts 230	Full Load Ar	nps <u>o.u</u>	
Pump Intake D	eptn: 200 Feet, Drop/Co	lumn Pipe Size Inches, Kind of	brop Pipe scribe	Tinthar	
		han 50 GPM: Turbine Driver Type: Election Number of Stages:] Odlei	inches
Design Head.	feet	Manipel of Stakes:	Jian jik.		money
9. Other Equip	oment:			N. 5	£4.
		epth ft Monitor Tube Ins	statled:	No, Depth	IC+
Flow Meter Mf	g.	illons, Acre feet Beginning Rea	al No.		
meter Readout	Le Gallons, En nousand G	ittons, Lacre reet beginning tee	mis.		
	formation: Material:		allons Date Insta		
11. Productio	n Equipment Test Data: Date	check box if data is submitted on Fo	orm Number GWS	-39 Well Yie	ld Test Report.
Total Well Dec	oth: 280 ft. Tim	05.00	the state of the s		nijera bilanga "
Static Level:		e (gpm):	and the second s	***************************************	minor stational de
Date Measured	t: <u>03/23/2023</u> Pum	ping Level (ft): 260	manufacture.		***********
	- The state of the				
12. Disinfection	on: Type: Clorox Bleach		Amt. Used: 6 C	UPS	
13. Notification	on: Was Advanced Notificati	on Required Prior to Installation?	es • No, Date No	tification G	iven:
	ality analysis available: 🔲				
15. Remarks:			A Second Communication	AND THE PARTY OF T	
	And the state of t				
16. I have rea	d the statements made here	n and know the contents thereof, and	they are true to r	ny knowled	ge. This
document is s	igned (or name entered if fil	ng online) and certified in accordance	with Rule 17.4 of	the Water	well Construction
Rules, 2 CCR 4	402-2. The filing of a docum	ent that contains false statements is a	violation of section	on 3/-91-10	s(1)(e), C.K.S.,
and is punisha	able by fines up to \$1,000 and	I/or revocation of the contracting licer	ise. If filing onlin	e, the State	e Engineer
considers the	entry of the licensed contract	tor's name to be compliance with Rule		min.	
Company Nam	161	Email:	Phone w/area co	ode:	License Number:
	KS PUMP SERVICE	rickspumpservice@yahoo.com	(719) 275	7384	1331
Mailing Addre		1316 Elm Avenue Canon City	, CO 81212	Mary September 1995	
Sign for enter	name if filing online)	Print Name and Title		Date:	
	Rick Greenstreet	Rick Greenstreet		0	3/30/2023
 7 Abribilitation 		tora, analama baban akkii kalala kalima			Children of the commence of the

