



**Maps/diagrams for
directional purposes only.
Summit & Main Realty Group**

"WELL CONSTRUCTION AND TEST REPORT"
STATE OF COLORADO, OFFICE OF THE STATE ENGINEER

RW 03 28222

for office use only

RECEIVED

JUN 08 2018

WATER RESOURCES
STATE ENGINEER
COLO

Div.

1. WELL PERMIT NUMBER 200649-A
2. OWNER NAME(S): LOEDDING, DON
Mailing Address: 640 CTY RD. 356
City, St. Zip: WESTCLIFFE, CO. 81252
Phone: 719-783-9717
3. WELL LOCATION AS DRILLED: NE 1/4 NE 1/4, Sec.: 23 Twp.: 22S Range: 71W
DISTANCES FROM SEC. LINES 1000 ft. from NORTH Sec. line, and 800 ft. from EAST Sec. Line OR
(south or north) (east or west)
SUBDIVISION: ELK RIDGE RANCH LOT: 8 BLOCK: FILING (UNIT):
STREET ADDRESS AT WELL LOCATION:

4. GROUND SURFACE ELEVATION: ft. DRILLING METHOD AIR PERCUSSION
DATE COMPLETED: 8-26-04 TOTAL DEPTH: 125 ft. DEPTH COMPLETED: 125 ft.

5. GEOLOGIC LOG:

Depth Description of Material (Type, Size, Color, Water location)

0-6	BLACK TOPSOIL
6-25	MULTICOLORED GRAVEL
25-125	PINKISH GRAY GRANITE

6. HOLE DIAM. (in.) From (ft) To (ft)
8 5/8 0 39
6 39 150

7. PLAIN CASING

OD (in)	Kind	Wall Size	From (ft)	To (ft)
<u>6 5/8</u>	<u>STEEL</u>	<u>.188</u>	<u>1</u>	<u>39</u>
<u>4 1/2</u>	<u>PVC</u>	<u>.214</u>	<u>25</u>	<u>65</u>
<u>4 1/2</u>	<u>PVC</u>	<u>.214</u>	<u>85</u>	<u>105</u>

PERF. CASING Screen Slot Size .230

<u>4 1/2</u>	<u>PVC</u>	<u>.214</u>	<u>65</u>	<u>85</u>
<u>4 1/2</u>	<u>PVC</u>	<u>.214</u>	<u>105</u>	<u>125</u>

8. FILTER PACK Material: Size: Interval:
9. PACKER PLACEMENT Type: Depth:

10. GROUTING RECORD:

Material	Amount	Density	Interval	Placement
<u>CEMENT</u>	<u>6 BAGS</u>	<u>15.3</u>	<u>9'-39'</u>	<u>POURED</u>

REMARKS: WATER 45', 70' 110'

1. DISINFECTION, Type CHLORINE BLEACH Amt. Used: 1/2 GALLON WATER INJ, OVERNIGHT
2. WELL TEST DATA ☐ Check box if test data is submitted on supplemental form
TESTING METHOD: AIR LIFT
Static Level: 40 ft. Date/Time Measured: 8-26-04 1:00PM Production Rate .15+ gpm.
Pumping Level: 125 ft. Date/Time Measured: 8-26-04 2:00PM Test Length (hrs) 2
Remarks:

3. I have read the statements made herein and know the contents thereof, and that they are true to my knowledge.
(pursuant to section 24-4-104 (13)(a) C.R.S., the making of false statements herein constitutes perjury in the second degree and is punishable as a class 1 misdemeanor.

CONTRACTOR: YOUNG'S DRILLINGPHONE: (719) 275-5482 Lic. No.: 592Mailing Address: P.O. BOX 2123, CANON CITY, CO 81215-2123

Name/Title (please type or print)

Signature

Date

ROBERT Young / ownerRobert Young9-29-04

APPLICANT

WELL PERMIT NUMBER 200649 - A
DIV. 2 WD 12 DES. BASIN MD

Lot: 8 Block: Filing: Subdiv: ELK RIDGE RANCH

DON LOEDDING
640 CTY RD 356
WESTCLIFFE, CO 81252-

(719) 783-9717

APPROVED WELL LOCATION

CUSTER COUNTY

NE 1/4 NE 1/4 Section 23
Township 22 S Range 71 W Sixth P.M.

DISTANCES FROM SECTION LINES

1000 Ft. from North Section Line
800 Ft. from East Section Line

UTM COORDINATES

Northing: Easting:

PERMIT TO CONSTRUCT A WELL

ISSUANCE OF THIS PERMIT DOES NOT CONFER A WATER RIGHT

CONDITIONS OF APPROVAL

- 1) This well shall be used in such a way as to cause no material injury to existing water rights. The issuance of this permit does not ensure that no injury will occur to another vested water right or preclude another owner of a vested water right from seeking relief in a civil court action.
- 2) The construction of this well shall be in compliance with the Water Well Construction Rules 2 CCR 402-2, unless approval of a variance has been granted by the State Board of Examiners of Water Well Construction and Pump Installation Contractors in accordance with Rule 18.
- 3) Approved pursuant to CRS 37-92-602(3)(c) for the relocation of an existing well, permit no. 200649. The old well must be plugged in accordance with Rule 16 of the Water Well Construction Rules within ninety (90) days of completion of the new well. The enclosed Well Abandonment Report form must be completed and submitted to affirm that the old well was plugged.
- 4) Approved as the only well on a tract of land of 35.5 acres described as lot 8, Elk Ridge Ranch division of land, Custer County.
- 5) The use of ground water from this well is limited to fire protection, ordinary household purposes inside not more than three (3) single family dwelling(s), the watering of poultry, domestic animals and livestock on a farm or ranch and the irrigation of not more than one (1) acre of home gardens and lawns.
- 6) The pumping rate of this well shall not exceed 15 GPM.
- 7) The return flow from the use of this well must be through an individual waste water disposal system of the non-evaporative type where the water is returned to the same stream system in which the well is located.
- 8) This well shall be constructed not more than 200 feet from the location specified on this permit.

On August 11, 2004

APPROVED
DDW

Hal D. Simpson
State Engineer

Don West
By

Receipt No. 0528222

DATE ISSUED 08-11-2004

EXPIRATION DATE 08-11-2006

ON-SITE WASTEWATER TREATMENT SYSTEM
TRANSFER OF TITLE INSPECTION REPORT

IMPORTANT NOTE:

CERTIFIED Inspector. Any Inspection Report completed by an UNCERTIFIED inspector will not be accepted.

INSPECTION INFORMATION

Property Address:

Inspected By:

Inspection Date:

*National Association of Wastewater Technicians (NAWT) or other approved) Certification required.

Certification #:

Phone:

Email:

OWNER AND PROPERTY INFORMATION

Owner's Name: Andrea H. Bruns

Address: 640 CO Rd 356

City, State, Zip: Westcliffe, Co, 81252

Phone: (937) 441-7327 Email:

SECTION 1: TANKS

Tank 1

Tank Size (Gallons): 1450

Type: Concrete, Polyethylene, Fiberglass, Other

Was Tank Pumped? Yes/No Date:

Pumped By:

Attach Copy of Pump Receipt: Yes/No

Is the tank in good condition in such
That functions are not compromised?

Is the tank two-compartment?

Tees Baffles (circle One)

If Tees or Baffles are they in good condition? Yes

Is top of tank or riser above grade? Yes

Tank 2

Tank Size (Gallons):

Type: Concrete, Polyethylene, Fiberglass, Other

Was Tank Pumped? Yes/No Date:

Pumped By:

Attach Copy of Receipt: Yes/No

Is the tank in good condition in such
That the tank functions are not compromised? Yes

Is the tank two-compartment? Yes

Tees Baffles (Circle One)

If Tees or Baffles are they in good condition? Yes

Is top of tank or riser within 8" or less of grade Yes Flush

Is vegetative cover adequate to protect absorption from excessive erosion? *YES*

Is distribution box accessible? *NA*

Is vegetative cover excessive? *NA*

If accessible, is it in good condition and are outlets Level? *YES*

COMMENTS:

SECTION 5: BUILDING SEWER (REQUIRED FOR ALL SYSTEMS)

Yes No

Is there a cleanout(s) on the building sewer from house to septic tank? *YES*

If yes, state location of cleanouts or show on systems diagram.

Is there any evidence of damage, plugging or settlement of the building sewer from house to first septic system?

Is there any evidence of damage, plugging or settlement of the building sewer from the septic tank to the absorption area?

If system is equipped with a pump, is there any evidence of damage, plugging or Or settlement of the pump line(force main) from the septic tank to the absorption Area?

If yes, explain what was noted:

If system has more than one tank, is there any evidence of damage, plugging, or Settlement of the building sewer between the tanks? *NO*

SECTION 6: GENERAL QUESTIONS AND INSPECTOR COMMENTS (REQUIRED FOR ALL SYSTEMS)

YES NO

Is the property vacant? If yes how long? *NA*

Is property served by a well? *YES*

Is there a system diagram as built diagram? *YES County*

Are the risers in good condition; meaning
The function is not compromised? *yes*

Is the lid (riser or manhole) in
Good condition? *yes new*

Was Tank water level above the
outlet invert? *no*

Was tank water level below the
outlet invert? *yes*

Does the tank have an efficient
filter(s)? *no*

If Yes, is the filter accessible for
Cleaning? *no*

If Yes, is the filter clean and in
Good condition?

Are the risers in good condition; meaning the
Function is not compromised?

Is the lid (riser or manhole) in
Good condition?

Was Tank water level above the
Outlet invert?

Was the tank water level below the
Outlet invert?

Does the tank have efficient
filter(s)?

If Yes, is the filter accessible for
Cleaning?

If Yes, is the filter clean and in
Good condition?

COMMENTS:

Are additional tanks installed? *Yes/No*

Is system equipped with a siphon, pumps, and filters or controls? *Yes/No*

SECTION 2: DOSING SYSTEMS

Dosing Unit: Siphon/Pump

Note: N/A answers apply to a siphon only.

N/A Yes No

N/A Yes No

SECTION 2A: Uniform or pressure dosed, Low pressure Pipe (LPP), NDDS or drip irrigation systems.

Yes No

Are the distribution valves in
a vault or a box?

If Yes, is the box or vault in
An acceptable condition?

Yes/ No

Is there an automatic distribution
Valve?

If yes, is the ADV working properly?

Are the distributor valves
Operational?

If LLP, are risers at ends in
Good condition? *yes*

Is the system equipped with flushing
Valves?

If yes, are the flushing valves accessible
And operational?

COMMENTS:

Is system equipped with a siphon, pumps and floats or controls? Yes complete siphons/No

SECTION 3: SECONDARY TREATMENT

Type of Unit: ATU RSF ISF Textile Fiber Peat Filler Other

If other indicate type:

Is the secondary treatment unit operating properly? Yes No

Is there a current operation and maintenance Contract? Yes No

If yes, provide date system was last checked:

COMMENTS:

SECTION 4: ABSORPTION AREA (REQUIRED FOR ALL SYSTEMS)

Is absorption covered with snow? *No*

Are driveways, horse corrals, patios, or pools
constructed over the septic tank or absorption area? *No*

Are there odors? *No*

Are there observation pipes in the absorption area?

Are there access on ground surface?

If yes, how many?

Is irrigated landscaping painted over
absorption area? *No*

Is there standing effluent in observation pipes? *No*

Is surface drainage adequate to
protect absorption area? *yes*

Is system equipped with a distribution box? *No*

If Yes, is diagram accurate?

Does the entire system meet all required set-backs in Table 7-2 of COPHE Regulations? If No, provide detailed information in Comments below and indicate diagram.

COMMENTS:

IMPORTANT NOTE

ALL NON-PERMITTED REPAIRS WILL NEGATE ISSUANCE OF A USE PERMIT

INSPECTION RESULTS

In my opinion, at the time of the inspection, the OWTS is functioning adequately.

In my opinion, at the time of the inspection, the OWTS has deficiencies that require repairs.

Print Name: ED LYONS

Signature:  Date: 3-15-23

Company: MUE

Print Name: MVE

PDPHE Signature:  Date: 3-15-23

If Yes, is diagram accurate?

Does the entire system meet all required set-backs in Table 7-2 of COPHE Regulations? If No, provide detailed information in Comments below and indicate diagram.

COMMENTS:

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Company: *MVE*

Print Name: *MVE*

PDPHE Signature: *[Signature]* Date: *3-15-23*