

#### LIQUID WASTE HAULER LOAD TICKET

NOTICE: Wastes brought to the Las Vegas Street Facility are limited to domestic wastes and kitchen/food service grease traps. Commercial, industrial or hazardous wastes are prohibited.

HAULER COMPANY NAME	y Softe Severe			
TRUCK LICENSE # 667 X FL	PERMIT # 22- LUIF 070			
DATE PUMPED: 6/16/22 TIM	IE PUMPED: // am/pm			
DATE DUMPED:TIM	ME DUMPED: am/pm			
CUSTOMER NAME Peter Kavacovich				
AUTHORIZED REPRESENTATIVE OF CUSTOMER				
CUSTOMER ADDRESS 39466 1/wy 24 Lake George Co 10827				
CUSTOMER PHONE NUMBER: 409 - 795 OS 77 BUSINESS OF RESIDENCE				
TYPE OF VESSEL PUMPED:  SEPTIC TANK GREASE TRAP OTHER (DESCRIBE)  APPROXIMATE GALLONS PUMPED:				
DISPOSAL LOCATION:	LIQUID WASTE HAULER CERTIFICATION:			
Colorado Springs Utilities Septic Disposal Station 737 E Las Vegas St. Gate # 19 Colorado Springs, CO 80903  Reliable Sanitation 2239 Commercial Blvd. Colorado Springs, CO 80906  Other: Address:	I certify under penalty of the law that the above information is true and correct to the best of my knowledge. Furthermore, I certify that the truck listed above contains the materials listed above in Customer's Certification, and does not contain hazardous waste as defined by the Resource Conservation and Recovery Act.  HAULER SIGNATURE  DATE  PRINT NAME/TITLE			
Recommended Grease Trap/Interceptor Observations: (check all that apply)  Trap/Interceptor left empty following pumping.  Manhole lid(s) accessible.  "T" present on outlet side of tank.  Cap present on outlet "T".  Interceptor baffle present & in good condition.				

WARNING: Falsification or omission of the information required above is grounds for immediate permit revocation and suspension of dumping privileges.

This form is intended for internal waste tracking and verification by Colorado Springs Utilities and is not an endorsement of the activities of the waste hauler.



856 Castello Ave • P.O. Box 517, Fairplay, CO 80440

Office: 719-836-4267

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Page | 1

# On-Site Wastewater Treatment System Transfer of Title Inspection Report

1. Inspector Information		
Company Name: Tri-County Septer Savice, Inc		
Company Mailing Address: P.O. Box 428 Floressent to 80816		
Inspector: Pat Lohmeier Phone: 719-748-1440		
Email: patlohm = yahoo - com NAWT Cert. # Required: 129391TC		
2. System Information		
Property Address: 39466 Hwy 24, Lake George 6 80127		
Age of OWTS: Water softener Garbage disposal Whirlpool		
In-home business? Yes No Type:		
Number of people currently occupying dwelling:		
If currently unoccupied, for how long has it been vacant? Vacation		
Number of bedrooms in dwelling:		
Has there ever been a backup in the house? Yes No		
List known repairs made to the system:		
Date septic tank was last pumped: 4/26/22 Prever to my knowledge		
At what frequency? Company: Tri-County Septe-Some		
3. Property Owner Information		
Name: Peter Kovace vich Phone: 409-795-058 Email: pakoval as 1. com		
The above information is true to the best of my knowledge		
Owner Signature: Date: 6/16/2~		
Agant		

Park County OWTS TOT Inspection Report (updated 01/24/2022)



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Site	Acceptable	Unacceptable	N/A
Erosion-properly graded, not eroded or gullied	e-		
Improper Discharges- no secondary surface wastewater			
points such as gray water lines, washing machine lines, etc.			
Proper vegetation – area of system is free of trees and/or shrubs			
Safe from compaction- components are not located in an			
area subject to compaction ie; under a structure or corral			
Tank			
Correct slope entering the tank	Î C		
Internal baffles/tees present, solid, and in good condition	~		
Effluent is at appropriate level			
Internal condition – no corrosion, erosion, root infiltration: tank is water tight			
Tank access at grade or above			
Risers in good condition			
Access lids are durable, weather-resistant and in good condition			
Filtration component present – Doser/Pump/Filter filter must be accessible and good condition			
Pump Tank, Ejector or Grinder Pump			
Pump elevated off the bottom of the chamber			
Doser/pump operates properly			
If there is a check valve, purge hole is present			
High water alarm operates properly			
Soil Treatment Area			
Probe to determine location, excessive moisture, odor, and/or effluent			
No indication of a previous failure			
No seepage visible on surface			
No indication of effluent surfacing (i.e., no unusually lush vegetation present)			
No ponding water in the distribution media			
Even distribution of effluent in the field			



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Tank Information:			
Type: Concrete Poly/Plastic Metal (unacceptable) Other			
Number of compartments: Tank size:			
Mid seam tank: No Yes (water tightness test required)			
Secondary Tank: Yes No			
Type: Concrete Poly/Plastic Metal (unacceptable) Other			
Pump records attached (required)			
Risers Added: Yes No Existing Screen Added: Yes No Existing			
Does the system contain a dosing or pump tank, ejector or grinder pump?			
Yes No			
Aeration, Mechanical or Higher-Level Treatment Additions? Yes No			
Is there an active O&M Agreement Yes (No) Date of last inspection?			
Soil Treatment Area			
Approximate distance between water well and STA: 200+			
Explain answers as necessary and additional information:			



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N

Please attach the pump receipt & sketch of system (include relation to physical

features)

