TELLER COUNTY HEALTH DEPT.
CITY HALL
WOODLAND PARK
687-2195

SEWAGE DISPOSAL INSPECTION FORM

APPROVAL
~~XXXX~~ NO X

DATE April 28, 1980
ENVIRONMENTALIST John Bentzel

LOCATION (street number) Lot 1 Blk 3 Valley Hi Mtn. Estates OCCUPANT Rodney Snydal

LEGAL DESCRIPTION _____

TYPE OF CONSTRUCTION Woodframe NO. OF BEDROOMS 2

SYSTEM INSTALLED BY _____

COMMERCIAL MFG. El Paso Precast Concrete SIZE 1,000 gallon

TYPE OF MATERIAL Precast Concrete NO. COMPARTMENTS 2

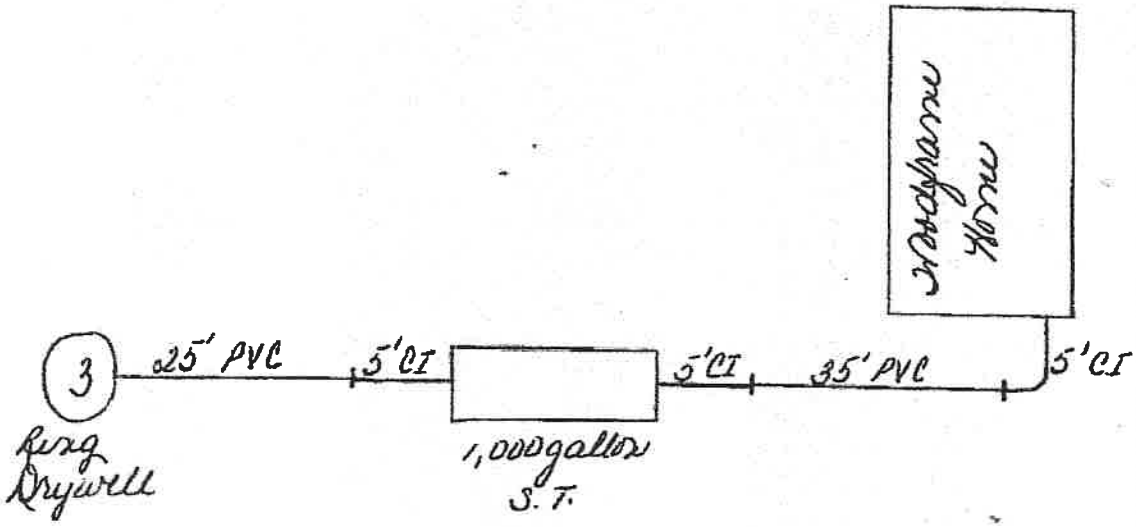
WIDTH _____ LENGTH _____ DEPTH (total) _____ LIQ. CAP. _____

DISPOSAL FIELD: BED OR TRENCH DEPTH _____ WIDTH _____ LENGTH _____ SQ. FT. ____

DISTANCE BETWEEN LINES _____ ROCK _____ DEPTH _____ UNDER _____ OVER _____

LEACHING PITS (NO.) 1(3ring) LINING MATERIAL _____ CAPACITY SQ. FT. 250

NORTH



TELLER COUNTY HEALTH SERVICES
PO BOX 118, WOODLAND PARK, CO 80863 687-2193

Contractors No.
File #

APPLICATION FOR PERMIT TO CONSTRUCT, REMODEL OR INSTALL AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

NAME OF OWNER Rodney & Lorraine Snydal PHONE 452-1643

ADDRESS 12545 Box 26 2nd St EastLake Co ZIP CODE 80614

ADDRESS OF PROPERTY 1084 CR Drive SIZE OF LOT 2 acres

LEGAL DESCRIPTION OF PROPERTY Lot 1 Block 3 Valley Hi Mtn Estates

SYSTEMS CONTRACTOR Robert Quist PHONE 748 3229

Who is This Not Licensed

GENERAL INFORMATION

Permit is for: (X) New installation ( ) Alteration ( ) Repair

Type of Construction Wood Frame Sq. Ft. of Living Space 768 main flr. 768 upstairs

Number of Bedrooms 2 Number of Persons 5

( ) Garbage Grinder ( ) Automatic Dishwasher ( ) Laundry Facilities

WASTES TYPE

(X) Dwelling ( ) Commercial ( ) Institutional ( ) Transient Use

( ) Non-domestic Use ( ) Other-Describe _____

Is system intended for 2,000 gallons per day or less? ( ) YES (X) NO Less

SOURCE AND TYPE OF WATER SUPPLY

(X) Well Depth _____ Rated Gallons per minute _____

( ) Community Name of Supplier _____

Give depth of all other wells within 180 feet of proposed system _____

SOIL PERCOLATION TEST RESULTS (Attach Engineers Report)

_____ Minutes per inch in hole no. 1 _____ Minutes per inch in hole no. 2

_____ Minutes per inch in hole no. 3 _____ Minutes per inch in hole no. 4

Average: _____ Minutes per inch

TYPE OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM PROPOSED

(X) Septic Tank ( ) Aeration Plant ( ) Vault Privy ( ) Composting Toilet

( ) Pit Privy ( ) Incineration Toilet ( ) Chemical Toilet ( ) Recycling System

( ) Other-Describe _____

DISTANCE TO NEAREST COMMUNITY SEWAGE SYSTEM _____

National Association of Wastewater Transporters, Inc.

Onsite Wastewater Treatment System Inspection Report

Ordered by Whom: Tod Tobiasson
Send Copy to: _____
Site Address: 1084 Circle Dr
Florissant, CO 80816
Phone: 719-930-3114

Date: Time Scheduled: 3/21 2025: 10: 00 am pm
Fax to: (___) _____
Billing Address: _____
_____
_____
_____
Phone: _____

A. General Information: (Obtain as much as possible when inspection ordered)

1.) Age of wastewater treatment system: 45 years.
Was a Homeowner Questionnaire completed? ○ Yes ○ No
2.) Number of people occupying dwelling: Currently: _____ Anticipated: _____
If currently unoccupied, for how long has it been vacant? _____ months
3.) Number of bedrooms in dwelling: 2 Flow meter: ○ Yes ○ No
4.) Has there ever been a backup in the house? ○ Yes ○ No
5.) List any known repairs made to the system: _____
_____
6.) Has the system recently been inspected by others? ○ Yes ○ No
If so, who? _____ did it fail? ○ Yes ○ No
7.) Is there a service contract for system components? ○ Yes ○ No
Co.: _____
8.) Date the treatment tank last pumped: _____ ○ Never to my knowlegde
At what frequency? _____ Co.: _____

9.) **The above information is true to the best of my knowledge.**

_____ 3/21/25
Owner: Date:

Additional Comments:

B. System Type

1.) Components of Wastewater Treatment System – complete as necessary
Pretreatment Unit 1: 1000 [ ] [gallons or gpd]
Pump: Pump tank1: ____/____ gpm/ tdh [ ] [gallons]
Pretreatment Unit 2: ____ [ ] [gallons or gpd]

2.) Pump: Pump tank 2: ____/____ gpm/ tdh [ ] [gallons]
Soil Treatment Unit: 250 [ ] [square feet]

Additional Components:

3.) Gray-water run-off or drainage system?
~~None~~ ○Surface ○Subsurface Discharge
Comments:

C. Evaluation Procedures: Check the appropriate boxes.

Locate, access, and open the septic tank cover.	~~Yes~~ ○ No
If at grade, is the cover "secure?"	~~Yes~~ ○ No
Can surface water infiltrate into the tank?	○ Yes ~~No~~
Any indicators of previous failure? NO Screen	○ Yes ~~No~~
Inspect lid, inspect level, measure sludge and scum, check effluent screen.	~~Yes~~ ○ No
Run an operation test	~~Yes~~ ○ No
Gallons added in the test: 100 gallons	~~Yes~~ ○ No
If applicable, pump out primary treatment tank,	
Listen and observe for backflow into the tank from the outlet pipe.	
Comments: NONE	
Caution: Do not pump treatment tank if there is evidence of a malfunction in any portion of the system.	
Inspect the condition of the primary treatment tank OK	~~Yes~~ ○ No
(for cracks, infiltration, deterioration, or damage)	
and the integrity of the inlet and outlet baffles (for deterioration or damage) OK	~~Yes~~ ○ No

NEVER enter a tank unless proper confined space entry procedures are followed!

Does the system contain a dosing or pump tank, ejector or grinder pump?	○ Yes ○ No
If so, Did you check integrity of the tank (cracks, infiltration, etc.)?	○ Yes ○ No
Is the pump elevated off the bottom of the chamber?	○ Yes ○ No
Does the pump work?	○ Yes ○ No
If there is a check valve, is a purge hole present?	○ Yes ○ No
Is there a high water alarm?	○ Yes ○ No
Does the alarm work?	○ Yes ○ No
Do electrical connections appear satisfactory?	○ Yes ○ No
Did you clean the pump tank?	○ Yes ○ No

Probe the soil treatment area to determine its location and to check for excessive moisture, odor, and/ or effluent. ⊘Yes ○ No

Type of distribution: ⊘Gravity ○Pressure

Is There:

Any indication of a previous failure?	○ Yes	⊘ No
Seepage visible on the lawn?	○ Yes	⊘ No
Lush vegetation present?	○ Yes	⊘ No
Ponding water in the Distribution media?	○ Yes	⊘ No
Even distribution of effluent in the field?	⊘ Yes	○ No

Determine approximate distance between water well and soil treatment area.

Approximate distance is 140 feet.

Explain answers as necessary:

D. Sketch of System

For reproducible results, show dimensions from structures that will not change, such as corners or the house. Show details, such as the road, in relation to the house to get the correct orientation. Show all located components.

See drawing provided by Teller Co

E. Checklist Summary

1.) Pretreatment Unit 1 is in ✓ Acceptable ○ Unacceptable condition.
Pretreatment Unit 2 is in ✓ Acceptable ○ Unacceptable condition.
Comments:

2.) Soil Treatment area is in ✓ Acceptable ○ Unacceptable condition.
Comments:

3.) Pump and pump tank is in ○ Acceptable ○ Unacceptable condition.
Comments:

F. Company Disclaimer

Based on what we were able to observe and our experience with onsite wastewater technology, we submit this Onsite Wastewater Treatment System Inspection Report based on the present condition of the onsite wastewater treatment system. Pat Lohmeier has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may effect the proper operation of a wastewater treatment system, this report shall not be construed as a warranty by our company that the system will function properly for any particular buyer. Pat Lohmeier DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the wastewater treatment system or this report. We are also not ascertaining the impact the system is having on the environment.

Inspecting Company

Tri-County Septic Service Phone:(719) 748-1440
P.O. Box 428
Florissant, Co 80816