

SAN JUAN BASIN
HEALTH
 DEPARTMENT

Permit #

23

Year

2007

APPLICATION to INSTALL, CONSTRUCT, ALTER or REPAIR ON-SITE WASTEWATER SYSTEM

Owner: Dear I Roger church Phone: (970) 259-1806
 Mailing Address: 2855 N Main B-106
 Site Address: 191 Aspen Dr Assessor's Parcel #
 Subdivision: W. Colorado Lakes Estates Unit Block Lot 4
 Lot size: 5 ACRES (acres) # of Dwellings: 1 Bedrooms: 3 Water Supply: WELL

I acknowledge this application does not guarantee that an OSWS can be installed or a building permit issued. The issuance of this permit does not imply any warranty by this department as to the operation of the system. This system will be constructed in accordance with the San Juan Basin Health Department Onsite Wastewater System Regulations. The owner of the property assumes responsibility for system maintenance.

Date: 2-20-07 Owner's Signature: Dear I Roger church
 Permit Fee: \$ 350.00 Perc. Test Fee: \$ 225.00 Rec'd By: Natalie Caselli-EHS Date: 2-20-07
check # 8480

PERMIT to INSTALL, CONSTRUCT, ALTER or REPAIR ON-SITE WASTEWATER SYSTEM

Percolation Rate: 45 Min/Inch Limiting Zone: Feet:
 Soil Profile: 1ft Topsoil silty clay loam/loamy Slope %: Eng. Design: N (Y/N)
 From the application information & the site evaluation, the following minimum installation specifications are required:
 Septic Tank(s): 1000 (gal.) Equivalent Sizing: 100% 75% 60% Other 80 (%)
 Final Disposal: 905 (ft.) Depth: 24" Gravel-Less Chambers: 0-1 Number of Units: 90

DESIGN SPECIFICATIONS/COMMENTS:

- Excavate a bed within the area the perc tests were performed 24" deep, a minimum of 6" of between the each row or use a trench style formation with 6' of separation in between rows. Install field on the contour.
- Bed should be level, lines from house to tank and from tank to leachfield must have a minimum drop in elevation of 1/8" per foot
- Meet all minimum mandatory setbacks from wells, property lines, steep slopes (25ft) etc.
- Install at least one cleanout between the house and septic tank and one additional cleanout for each 100' between the house and tank
- Use 90 standard Quick 4 Infiltrators. Install the system as directed by the manufacturer(s).
- Divert all surface run-off from leach field.
- With gravel-less chamber installation, one (1) inspection port shall be provided for each bed or trench.
- Backfill with sandy backfill and remove large rocks before backfilling.

Brett Francis
 Environmental Health Specialist

5/18/07

Date:

FINAL INSPECTION

The above system has been inspected and found to comply with the above requirements.

Paul Schmidt
 System Installer

See as-built drawing on reverse side

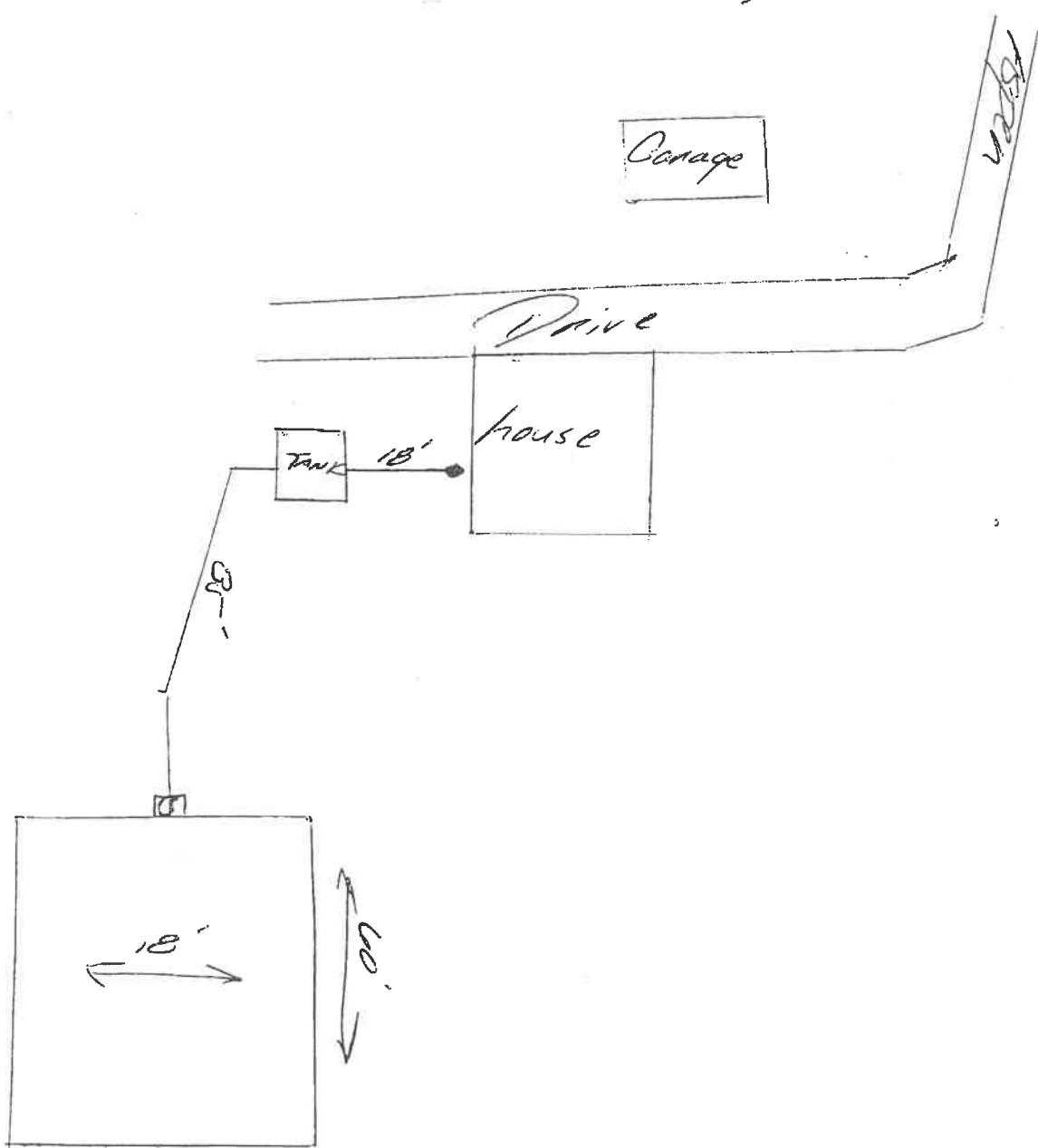
Brett Francis
 Environmental Health Specialist

5/15/07

Date:

281 Sawyer Drive • Durango, CO 81303 • (970) 247-5702
 507 South 8th Street • Pagosa Springs, CO 81147 • (970) 264-2409

NOTE: Before backfilling, be sure field is
at 24" in depth on all four sides
South side of field at 6". BT 5-5-07
Be sure to divert surface run-off



San Juan Basin Health Department - Transaction Receipt

Response Success

Amount \$90.00

Payment For Onsite Wastewater

Description 191 Aspen Dr TRT

Invoice Number (If Church

unknown, put customer

name)

Phone Number 9709032439

Card Number XXXX-XXXX-XXXX-3617

Transaction Date 10/19/2021

Name On Account Megan Galeazzi

Email Address megan@mountainseptic.com

Billing Address 2804 Oak Drive

Durango, CO, 81301

Reference Number P2JG214NLA4

Authorization Agreement

I, Megan Galeazzi, authorize San Juan Basin Health Department to electronically charge my credit card account for the amount indicated above.

My entry of the information above and the checking of my acceptance of this agreement shall be my signature to execute this transaction.



SAN JUAN BASIN public health

[DEPARTMENT USE ONLY]
 EXISTING WWP # _____
 TRT APPLICATION # _____
 INSPECTION DATE _____

EVALUATION PROCEDURES (Cont.) (CDI = Corrected/Added During Inspection)

Soil Treatment Area (Cont.)

Is there serious erosion, compaction or subsidence?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there indication of previous failure?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is seepage visible on the surface of the STA?	<input checked="" type="checkbox"/> NO/Acceptable	<input type="checkbox"/> YES/Unacceptable
Is seepage visible down-slope from the STA?	<input checked="" type="checkbox"/> NO/Acceptable	<input type="checkbox"/> YES/Unacceptable
Is improper vegetation present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there saturation or ponding in the distribution media?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is effluent evenly distributed across the STA?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Is there snow cover or irrigation present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES

Comments:

Lagoon

What is the depth of water in the lagoon? _____ feet

How much freeboard is there between the water level and the top of the berm?

_____ >2 FT/Acceptable _____ 1-2 FT/Acceptable _____ <1 FT/Unacceptable

Is seepage visible on the outside of the berm?	<input type="checkbox"/> NO/Acceptable	<input type="checkbox"/> YES/Unacceptable
What is the condition of the berm?	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Does the lagoon receive proper sunlight?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there excessive aquatic plant growth in the lagoon?	<input type="checkbox"/> NO or CDI	<input type="checkbox"/> YES
Is the lagoon fenced properly?	<input type="checkbox"/> YES/Acceptable	<input type="checkbox"/> NO/Unacceptable

Comments:

Water Supply

Distance from STA or lagoon to nearest water well or cistern: _____ 100 feet

Are there water line-sewer line crossings? NO YES

Other Components (Describe: _____)

Inspection Results (attach additional narrative if necessary) Acceptable Unacceptable

INSPECTION SUMMARY

Acceptable (no repairs required) Unacceptable (repairs or replacement required)

Repairs required that do not require a new permit (surface features/ electrical only)

Note any items corrected/added during inspection:

Added risers

Explain/define repairs needed:

If complete replacement is needed, explain here:

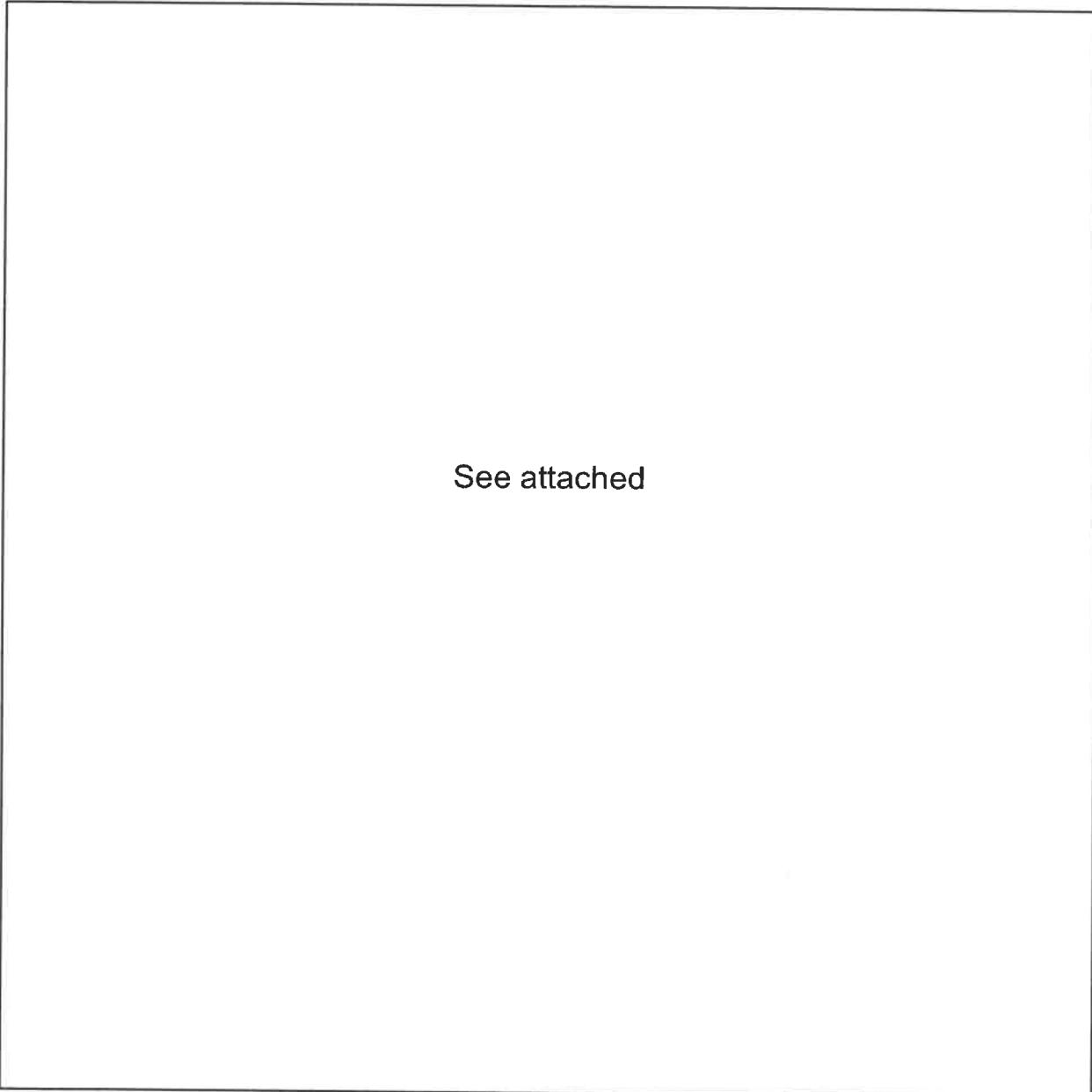
If further inspection or investigation is needed, explain here:

SAN JUAN BASIN public health

[DEPARTMENT USE ONLY]
EXISTING WWP # _____
TRT APPLICATION # _____
INSPECTION DATE _____

RECORD DRAWING

If SJBPH does not have a record drawing on file, draw the entire system. Include a north arrow, location of dwellings and other structures, distances to septic tank(s), pump or siphon vault(s), soil treatment area, and lagoon if present. Include relevant setbacks to surface water, wells, cisterns, water service lines, and property lines.



See attached

ATTESTATION

By signing this form, I hereby verify that I am an NAWT-certified inspector who personally conducted the inspection of this property on the date reported.

Inspector Name Aaron Schenk Signature  Date _____

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[DEPARTMENT USE ONLY]
EXISTING WWP # _____
TRT APPLICATION # _____
INSPECTION DATE _____

EVALUATION PROCEDURES (Cont.) (CDI= Corrected/Added During Inspection)

Operating Test

Run an operating test: Gallons added <u>100</u>	<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> Not Completed
Does water added to the inlet line flow into the tank?	<input checked="" type="checkbox"/> YES/Acceptable	<input type="checkbox"/> NO/Unacceptable
Does water flow back into the tank from the outlet?	<input checked="" type="checkbox"/> NO/Acceptable	<input type="checkbox"/> YES/Unacceptable
What is the condition of the inside of the tank?	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable

Comments _____

Aerator (this section is for aeration tanks NOT being used as a Higher-level treatment system. Use this section for most lagoon-type systems – these systems are indicated with "aeration tank" or "home type" on most original permits)

Does the system contain an aeration tank?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Is the aerator working?	<input type="checkbox"/> YES/Acceptable	<input type="checkbox"/> CDI/Acceptable
<i>(NOTE: Do not replace a failed aerator or install a new one without a minor repair permit from SJBPH. However, you may restore electrical to a disconnected aerator during inspection.)</i>		
Aerator Manufacturer/Model (if working) _____ Age (years) _____		

Pump Chamber

Does the system contain a dosing or other pump?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
What is the condition of the pump chamber?	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Is the pump elevated off the bottom of the chamber?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the pump work?	<input type="checkbox"/> YES/Acceptable	<input type="checkbox"/> NO/Unacceptable
<i>(NOTE: Do not replace failing pump without minor repair permit from SJBPH)</i>		
Is there a check valve or purge hole present?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there a high-water alarm on a separate circuit?	<input type="checkbox"/> YES or CDI	<input type="checkbox"/> NO
Does the alarm work?	<input type="checkbox"/> YES/Acceptable	<input type="checkbox"/> NO/Unacceptable
Type of alarm:	<input type="checkbox"/> Audio	<input type="checkbox"/> Visual
Do electrical connections appear satisfactory?	<input type="checkbox"/> YES	<input type="checkbox"/> Both
Has the pump chamber been pumped?	<input type="checkbox"/> YES/Acceptable	<input type="checkbox"/> NO/Unacceptable

Siphon Chamber

Does the system contain a dosing or other siphon?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
What is the condition of the siphon chamber?	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Is the siphon elevated off the bottom of the chamber?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the siphon work?	<input type="checkbox"/> YES/Acceptable	<input type="checkbox"/> NO/Unacceptable
<i>(NOTE: Do not replace failing siphon without minor repair permit from SJBPH)</i>		
Has the siphon chamber been pumped?	<input type="checkbox"/> YES/Acceptable	<input type="checkbox"/> NO/Unacceptable

Higher-level Treatment System (or other Pretreatment System)

Is the HLTS operational?	<input type="checkbox"/> YES/Acceptable	<input type="checkbox"/> NO/Unacceptable
<i>(NOTE: Do not replace failed HLTS without minor repair permit from SJBPH)</i>		

Comments:

Soil Treatment Area

Probe the soil treatment area.	<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> Not Completed
Check the water level in the inspection ports.	<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> Not Completed

SAN JUAN BASIN public health

[DEPARTMENT USE ONLY]
EXISTING WWP # _____
TRT APPLICATION # _____
INSPECTION DATE _____

TRANSFER OF TITLE INSPECTION REPORT for On-Site Wastewater Treatment Systems

PROPERTY INFORMATION

Property Owner Roger Church Inspection Ordered By Roger Church
Owner or Agent's Phone # 970-382-7207 Mailing or Email Address rlchurc@attglobal.com
Property Address 191 Aspen Dr Durango CO 81301 County La Plata Lot Size (acres) 5.6 acres
Existing OWTS Permit #: WWP 2007 - 023 Date of Inspection 10/8/2021

List All Buildings Served by this OWTS (include commercial uses):

INSPECTOR INFORMATION

Name of Inspector Aaron Schenk Inspector's Certification # 15848ITC
Inspector's Address 281A S. Skylane dr Durango CO 81303 Certification Expiration Date 2/23
Inspector's Email Address aaron@mountainseptic.com Inspector's Phone # 970-903-4297

GENERAL INFORMATION (to be completed by property owner or agent)

Age of OWTS: Tank(s) 14 years Soil Treatment Area 14 years Lagoon years
Water Softener? Y / N Garbage Disposal? Y / N Grease Trap? Y / N # of Bedrooms 3
Commercial Uses (include # of employees/users) _____
Is the dwelling or facility unoccupied or vacant? Y / N If so, for how long? _____
Has a sewage backup ever occurred? Y / N Date of last sewage backup _____
List any known repairs to system _____ Water supply Well
Is there a service contract for system components? Y / N Date of last service _____
Date septic tank was last pumped _____ Usual frequency of pumping _____

SYSTEM COMPONENTS (mark components not present with "N/A")

Septic Tank 1: Material Concrete # of Compartments 2 Capacity (gallons) 1000
Septic Tank 2: Material _____ # of Compartments _____ Capacity (gallons) _____
Aerator: Location (circle one): Middle Compartment of Septic Tank / Separate Aerator Vault
Pump: Location (circle one): Pump Vault / Final Compartment of Septic Tank
Siphon: Location (circle one): Siphon Vault / Final Compartment of Septic Tank
Higher-Level or other Treatment Unit: Manufacturer/Model _____
Soil Treatment Area: Distribution Media Chambers (Chambers, GSF, Rock-and-Pipe, or Other)
of Trenches _____ # of Beds _____ Total # of Laterals _____ Area (ft²) 905
Lagoon: Depth (ft) _____ Dimensions at Bottom (ft x ft) _____ Lined? Y / N
Vault: Material _____ Capacity (gallons) _____ Warning Device? Y / N
Other Components: _____
Greywater or Other Discharges not connected to OWTS: _____

EVALUATION PROCEDURES (CDI = Corrected/Added During Inspection)

Septic Tank(s) or Vault(s)

Locate, access and open the septic tank cover(s)	<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> Not Completed
Is tank cover at or above grade? <u>YES/Acceptable</u>	<input checked="" type="checkbox"/> CDI/Acceptable	<input type="checkbox"/> NO/Unacceptable
Can surface water infiltrate into tank?	<input checked="" type="checkbox"/> NO/Acceptable	<input type="checkbox"/> YES/Unacceptable
Any indications of previous failure?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Inspect lid; measure sludge and scum level	<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> Not Completed
Is effluent filter present? <u>YES</u>	<input type="checkbox"/> CDI	<input checked="" type="checkbox"/> NO

SAN JUAN BASIN public health

[DEPARTMENT USE ONLY]
EXISTING WWP # _____
TRT APPLICATION # _____
ACCEPTANCE DATE _____

APPLICATION for a Transfer of Title Acceptance Document

Existing Permit Number: WWP 2007 -023 (if more than one exists, write the most recent)

What is the current status of the existing permit?

Final (Date of Final Signature 6/5/07) Active (for ongoing repairs or expansion)
 Expired (NOTE: A new permit may be required)

Property Address: 191 Aspen dr Durango CO 81301 Parcel Number 537530402005

Current Property Owner: Roger Church Application Date 10/19/2021

Property Owner's Agent (optional): Jaime Marquez

Owner or Agent's Phone Number: 970-382-7207 Email address: rlchurc@attglobal.net

GENERAL INFORMATION (to be completed by Owner or Owner's Agent):

What is currently served by this OWTS?

Commercial (describe): _____
 Residential: Number of dwellings: 1 Number of bedrooms: 2
(list number of bedrooms in each dwelling separately, i.e. "3+2")
 RV only Other (describe): _____

Number of dwellings listed by County Assessor: 1 Number of bedrooms: 2

Number of dwellings listed on existing permit: 1 Number of bedrooms: 3

NOTE: Your application may be rejected if the listing by the County Assessor exceeds the existing permit. A new permit may be required to add additional capacity.

Are there any other on-site wastewater treatment systems on the property? (Y/N) N

NOTE: Separate applications for a Transfer of Title Acceptance Document and separate Inspection Reports must be submitted for each OWTS on the property being transferred.

Are there any ongoing Maintenance or Inspection contracts for an OWTS on this property? (Y/N) N

Attach a copy of the most recent maintenance agreement. Date of expiration: n/a

INSPECTION INFORMATION (attach Inspection Report(s) to this Application upon submission):

Date of Most Recent Inspection: 10/8/2021 Inspector: Aaron Schenk

Inspection Result Acceptable? (Y/N) Y Inspector's NAWT Certification Number: 15848ITC

Date of Most Recent Septic Tank Servicing: 10/8/2021 Cleaner: Mtn Septic Acceptable? (Y/N) Y

Record Drawing: Record Drawing Attached OR SJBPH has Record Drawing on file

FEES \$90 administrative fee: Date paid: 10/19/2021 Payment type: Card Received by: SJBH

If using the SJBPH online payment form, write "Transfer of Title Acceptance Document" in the Description field and write the Property Address in the Invoice Number field.

AFFIRMATION (must be signed by current property owner): I am requesting...

A Transfer of Title Acceptance Document (all inspection and servicing reports are acceptable, bedroom count matches permit and County Assessor records)

A Conditional Transfer of Title Acceptance Document (check at least one of the following):

Buyer has completed an agreement to obtain necessary permits and repairs (attached)
 Conditions do not allow for repairs (attach explanation)
 Inspection could not be completed (attach explanation)

I acknowledge: (1) The information above is true and accurate to the best of my knowledge, (2) SJBPH may deny this application or issue conditional acceptance in accordance with relevant laws and regulations, (3) issuance of an acceptance document does not imply any warranty by SJBPH as to the operation of the OWTS, and (4) the property owner and all future property owners assume the responsibility and liability for proper maintenance of the OWTS.

Signature of Property Owner Roger Church Date: 10/19/2021

SAN JUAN BASIN public health

Existing WWP#: WWP2007-023
TRT Application #:TRT2021-0527
Acceptance Date:10/20/2021

TRANSFER OF TITLE ACCEPTANCE DOCUMENT

This document has been issued to confirm that the transfer of title to the property described below has met all applicable requirements of the San Juan Basin Public Health (SJBPH) On-Site Wastewater Treatment Systems (OWTS) Regulations 2018, Section 8.A. SJBPH therefore accepts the transfer of title in accordance with applicable laws and regulations. This acceptance expires upon closing, or on the expiration date indicated, whichever comes first.

PROPERTY INFORMATION

Address: 191 ASPEN, DURANGO Parcel Number: 537530402005

Property Owner: ROGER CHURCH County: La Plata

Approved Use of OWTS: Commercial: Residential RV Only 1 Dwellings Other: 3 Bedrooms

Existing OWTS Permit #: WWP2007-023 Date Finalized: 06/05/2007

INSPECTION INFORMATION

Most Recent Inspection Date: 10/08/2021 Inspector: Aaron Schenk
Inspectors NAWT Cert. Num.: 15848ITC
Date of Recent Septic Service: 10/08/2021 Cleaner: Mountain Septic

CONDITIONS OF ACCEPTANCE

None

Failure to complete the conditions of acceptance will result in revocation of this Acceptance Document. SJBPH will revoke this Acceptance Document if it is determined that the system is no longer functioning in accordance with applicable regulations or that false or misleading material statement were provided on the application or inspection reports.

DATE ISSUED: 10/20/2021

DATE OF EXPIRATION: 10/20/2022

ISSUED BY:

Jasmine Park