

Use Permit For An On-site Waste Water Treatment System

PROPERTY INFORMATION:	OWNER INFORMATION:	Estate of Deborah Jewel Konecny C/O
Address: 9371 E Wagon Wheel Way Parker CO 80138	Dwelling Type: Single Family	Address: 9371 E Wagon Wheel Way Parker, CO 80138
County: Douglas	No. of Bedrooms: 4	
APN: 2235-060-01-002	Water Supply: Private Well	
	Onsite ID: House	Phone: [REDACTED]

PERMIT INFORMATION: STS31075	Permit Type: OWTS	Construction Phase: Use Permit
Tank 1 Tank Capacity Built (Gal): 1000 Tank Material: C-Concrete Tank Tees/Baffles: Tees	Tank 2 Tank Capacity Built (Gal): 1000 Tank Material: C-Concrete Tank Tees/Baffles: Tees	
Effluent Filter(s)? NO	Effluent Filter(s)? NO	

NOTE: A "Not Specified" comment indicates that either the information was not available or not applicable at the time the permit was issued.

Associated Professionals

Business

Certified Inspector:
David Bocanegra-Herrada
PO Box 418
Franktown, CO 80116

Certified Inspector
NAWT Certification: 16065ITC
Primary Phone: (303) 791-7716
Email Address: customerservice@douglascountyseptic.com

FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM

CONDITIONS FOR USE

This certifies that the On-Site Wastewater Treatment System (OWTS) was either installed or inspected at the property location and was in conformance with the Douglas County Health Department OWTS regulation in effect at the indicated date, and the engineer design (if applicable). This certification for Use allows the owner to use the system until one of the following occurs:

- Sale of the property to another owner.
- Change of use in the property.
- Addition of use to one bedroom.
- Addition of a modular unit or mobile home.
- Other circumstances as deemed appropriate by Douglas County Health

LIMITATIONS AND DISCLAIMER

Issuance of a Use Permit is subject to the applicable conditions, restrictions and limitation set forth in the OWTS regulations, and is based solely on the conditions observed on the date of inspection(s) and on Department Records at the time of permitting. The issuance of a Use Permit does not constitute a guarantee, warranty or representation by the Department that the system was installed correctly, or that the system will operate properly or will not fail.

Permit Valid From: 01/18/2024

Jake Dertz

PROPERTY INFORMATION:

OWNER INFORMATION: Estate of Deborah Jewel Konecny C/O

Address: 9371 E Wagon Wheel Way
Parker CO 80138

County: Douglas

APN: 2235-060-01-002

Dwelling Type: Single Family

No. of Bedrooms: 4

Water Supply: Private Well

Onsite ID: House

Address: 9371 E Wagon Wheel Way
Parker, CO 80138

Phone: 

PERMIT INFORMATION: STS31075

Permit Type: OWTS

Construction Phase: Use Permit

General Comments:

Per Repair Verification Form dated 01/09/24

At the time of service, DCS installed riser extensions on the inlet of the primary tank, the outlet of the primary tank, and the outlet compartment of the secondary tank. The risers were sealed with quickset to make them water tight and (3) new plastic lids were installed and secured with screws. Also, DCS replaced a sanitary tee in the outlet compartment of the primary tank.

Permit # _____

USE PERMIT APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS)

IMPORTANT NOTE: All items listed below MUST be completed and submitted at the same time:

- Tri-County Health Department Use Permit Application form AND Application fee.
- Tri-County Health Department Inspection Report completed by a CERTIFIED inspector (an inspection report completed by an uncertified inspector will NOT be accepted). If multiple OWTS systems serve the property, then a separate inspection report and fee for each OWTS system must be submitted.
- Copy of the most recent septic tank pumper's receipt (if available).
- If the OWTS system needs to be repaired, then a Minor or Major Repair Permit Fee may be applicable.

(PERMIT FEE IS NON-REFUNDABLE)

Submit electronically to eh@douglas.co.us

Completion of All Fields is Required

Application Date: 12/22/23

PROPERTY FOR WHICH PERMIT IS REQUESTED

Address: 9371 Wagon Wheel Way

City: Parker State: CO Zip: 80134

Parcel Number (APN): _____ Lot Size in Acres: 2.5

Current Property Owner Name: Estate of Deborah Jewel Konecny (C.O. Jamie Konecny, Daughter)

Owner Phone: _____

County: Douglas

Name of Applicant: Douglas County Septic

Address: P.O. Box 418

City: Franktown State: CO Zip: 80116

Applicant Phone: 303-791-7716 Email: customerservice@douglascountyseptic.com

Dwelling Type: Single Family Multi-Family Commercial Other _____

Number of Bedrooms (existing): 4

Water Supply: Public Community Private Well Public Non-Community Unknown
 Other

Is more than one building connected to the one OWTS system? Yes No

Are multiple OWTS serving the property? Yes No *(Complete a separate inspection form and fee for each OWTS)*

Reason for Use Permit (Check One): Sale Bedrooms Added (# Added _____)

Change in Use (Commercial or Business) Addition of Mobile Home

Other (explain): _____

Use Permit Inspector

Name: David Bocanegra Phone: 303-791-7716 Email: customerservice@douglascountyseptic.com

National Association of Wastewater Technicians (NAWT) Certification Number: 16065 ITC

Use Permit Inspection Form

Date of Inspection: 12/20/2023

Use Permit Inspection Information

IMPORTANT NOTE: This Douglas County Health Department (DCHD) Inspection Form must be completed by a **CERTIFIED** inspector. An Inspection report completed by an **UNCERTIFIED** inspector(s) will **NOT** be accepted.

Name: David Bocanegra Phone: 303-791-7716 Email: customerservice@douglascountyseptic.com

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

Number: 16065 ITC If Other, certifying entity: _____

Owner and Property Information

Owners Name: ESTATE OF DEBORAH KONECNY Phone: 720-205-5403 (Jason) Email: jkonecny818@gmail.com

Address: 9371 Wagon Wheel Way

City: Parker State: CO Zip: 80134 County: Douglas

Address of Property for which Use Permit is requested (if different from above):

City: _____ Colorado Zip: _____

Section 1: Tanks

Tank 1

Tank Size (gallons): 1000

Does this match DCHD records? Yes No

Type: Concrete Polyethylene Fiberglass Other

Was tank pumped? Yes No

If yes: Date Pumped: 12/20/23 Pumped by: DCS

Attach copy of pump receipt

Yes No

- Is the tank in good condition such that the tank functions are not compromised?
- Is the tank a two compartment tank?
 Tees Baffles (check one)
- If Tees or Baffles, are they in good condition?
- Is top of tank or riser to grade?
- Are the risers in good condition such that their function is not compromised?
- Is the lid (riser or manhole) in good condition?
- Does lid have a secure closing mechanism or sufficient weight to prevent unauthorized access?

(Tank 1 information continued on next page)

Tank 2

Check if Not Applicable (N/A)

Tank Size (gallons): 1000

Does this match DCHD records? Yes No

Type: Concrete Polyethylene Fiberglass Other

Was tank pumped? Yes No

If yes: Date Pumped: _____ Pumped by: _____

Attach copy of pump receipt

Yes No

- Is the tank in good condition such that the tank functions are not compromised?
- Is the tank a two compartment tank?
 Tees Baffles (check one)
- If Tees or Baffles, are they in good condition?
- top of tank or riser to grade?
- Are the risers in good condition such that their function is not compromised?
- Is the lid (riser or manhole) in good condition?
- Does lid have a secure closing mechanism or sufficient weight to prevent unauthorized access?

(Tank 2 information continued on next page)

Property Address: _____

Tank 1 (continued)

- | Yes | No | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Was tank water level above the outlet invert? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Was tank water level below the outlet invert? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does tank have an effluent filter(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | If YES, is the filter accessible for cleaning? |
| <input type="checkbox"/> | <input type="checkbox"/> | If YES, is the filter clean and in good condition? |

Comments:

At the time of inspection, the primary tank and secondary tank appeared to be in acceptable condition. The inlet and outlet lids on the primary tank, and the outlet lid of the secondary tank were all located below grade; new risers and lids will need to be installed to bring access for all three to grade.

Tank 2 (continued)

- | Yes | No | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Was tank water level above the outlet invert? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Was tank water level below the outlet invert? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does tank have an effluent filter(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | If YES, is the filter accessible for cleaning? |
| <input type="checkbox"/> | <input type="checkbox"/> | If YES, is the filter clean and in good condition? |

◆◆◆Are additional tanks installed? Yes No - If YES, complete another use permit inspection form for the additional tanks. ◆◆◆

Is system equipped with a Siphon, Pumps & Floats or Controls?

Yes No
(If "Yes" complete Section 2)

Section 2: Dosing Systems

Dosing Unit: Siphon Pump

Note: N/A answers apply to a siphon only

- | N/A | Yes | No | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is siphon or pump operational? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are floats properly tethered and operational? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the junction box (J-Box) approved for use? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, are J-Box and wiring properly installed and functional? |

- | N/A | Yes | No | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is there an audio visual alarm? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If alarm, is alarm operational? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is pump in a screened vault? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, is the vault in acceptable condition and screen clean? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is there a means to disconnect house power supply to junction box or control panel? |

Comments:

System Utilizes Uniform or Pressure Dosing, or is a Low Pressure Pipe or Drip Irrigation

Yes No
(If "Yes" complete Section 2A)

Section 2A: Pressure Dosed, Non-Pressurized Drip Dispersal System (NDDS) or Drip Irrigation Systems

- | N/A | Yes | No | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the distribution valves in a box or vault? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, is the box or vault in acceptable condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the distribution valves operational? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If Pressure dosed, NDDS, or Drip Irrigation, are risers at ends of zones in good condition? |

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an automatic distribution valve (ADV)? |
| <input type="checkbox"/> | <input type="checkbox"/> | If Yes, is the ADV working properly? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the system equipped with flushing valves? |
| <input type="checkbox"/> | <input type="checkbox"/> | If Yes, are the flushing valves accessible and operational? |

Comments:

Is System Equipped with a Secondary Treatment Unit?

Yes

No

(If "Yes" complete Section 3)

Section 3: Secondary Treatment

Type of Unit:

- ATU
- RSF
- ISF
- Textile Fiber
- Peat Filter
- Other

If other, indicate type: _____

Yes No

- Is secondary treatment unit operating properly?

Yes No

- Is there a current operation and maintenance (O&M) contract?

If Yes, when was system last inspected?

_____/_____/_____

Comments:

Section 4: Absorption Area (Required for all Systems)

Yes No

- Is absorption area covered with snow?
- Are there odors?
- Are there wet areas on ground surface?
- Is irrigated landscaping planted over absorption area?
- Is surface drainage adequate to protect absorption area?
- Is vegetative cover adequate to protect absorption area from excessive erosion?
- Is vegetative cover excessive?

Yes No

- Are driveways, horse corrals, patios, or pools constructed over the septic tank or absorption area?
- Are there observation pipes in the absorption area?
If Yes, how many? _____
- If observation pipes, is there standing effluent in observation pipes?
- Is system equipped with a distribution box?
- If there is a distribution box, is it to grade?
- If distribution box is accessible, is it in good condition and are the outlets level?

Comments:

At the time of inspection, the soil treatment area (STA) appeared to be in acceptable condition with no signs of surfacing or biomat buildup. There were no visible inspection ports.

Section 5: Building Sewer (Required for all Systems)

Yes No

- Is there a cleanout(s) on the building sewer from house to septic tank?
- If Yes, state location of cleanouts or show on system diagram See diagram
- Is there any evidence of damage, plugging or settlement of the building sewer from house to first septic tank?
- Is there any evidence of damage, plugging or settlement of the building sewer from the septic tank to the absorption area?

Yes No

- If system is equipped with a pump, is there any evidence of damage, plugging 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?

Comments:

At the time of inspection, a flow test was performed which showed no signs of plugging or settlement between the house and the primary tank. When liquid flowed from the first tank, there were no signs of plugging or settlement between the two tanks. When liquid flowed from the second tank, there were no signs of plugging or settlement between the secondary tank and the STA.

Property Address: 9371 Wagon Wheel Way, Parker, CO, 80134

Section 6: General Questions and Inspector Comments (Required for All Systems)

Is the property Vacant Occupied If vacant, how long? 1 Month

Yes No

Is property served by a well?

Is there a system diagram (as-built diagram)?

If Yes, is diagram accurate?

If No diagram exists or if the diagram is inaccurate, please provide a system diagram on the System Record Drawing form.

Is the public sewer within 400 feet of the property?

Does the entire system meet all required set-backs in Table 5 of DCHD Regulation 22-01 On-site Wastewater Treatment Systems (OWTS)?

(If No, provide detailed information in Comments and indicate on diagram)

Comments:

At the time of inspection, the inlet/outlet lids for the primary tank and the outlet lid on the secondary tank were all located below grade. New risers and lids will need to be installed to bring access to grade. Because the house was vacant, DCS was unable to observe the system under normal usage conditions.

Yes No

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

IMPORTANT NOTE:

All non-permitted repairs must be documented on a Repair Verification Form

Yes No

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

David Bocanegra

12/20/2023

Inspector Signature

Date

Use Permit Deficiency Repair Verification Form

NOTE: REPAIRS DOCUMENTED ON THIS FORM ONLY APPLY TO REPAIRS NOT REQUIRING A PERMIT FROM DOUGLAS COUNTY HEALTH DEPARTMENT

IF ELECTRICAL WORK IS NECESSARY, A PERMIT FROM THE AGENCY HAVING JURISDICTION (AHJ) MAY BE REQUIRED-THE REPAIR CONTRACTOR SHALL CONTACT THE AHJ TO VERIFY IF AN ELECTRICAL PERMIT IS REQUIRED.

Date(s) of Repairs: 01/09/2024

Repair Contractor Information

Repair Contractor's Name: Douglas County Septic Phone: 303-791-7716

Repair Completed By: Efrain Jimenez

Company (if applicable): _____ Email: wendi@douglascountyseptic.com

Owner and Property Information

Owners Name: Deborah J. Konecny Estate

Phone: _____ Email: _____

Address: 9371 Wagon Wheel Way

City: Parker State: CO Zip: 80134 County: Douglas

Address of Property for which Use Permit is requested (if different from above):

Address: _____

City: _____ State: _____ Zip: _____

Please List All Completed Non-Permitted Repairs Below:

At the time of service, DCS installed riser extensions on the inlet of the primary tank, the outlet of the primary tank, and the outlet compartment of the secondary tank. The risers were sealed with quickset to make them water tight and (3) new plastic lids were installed and secured with screws. Also, DCS replaced a sanitary tee in the outlet compartment of the primary tank.

I hereby certify that the above indicated repairs have been completed.

Scott Kellogg
Repair Contractor Signature

CI0001608
System Contractor License Number
(If Applicable)

01/16/2024
Date



SERVICE INVOICE

Pumping • Repairs • Installations
 P.O. Box 418 • Franktown, CO 80116-0418
 Office 303.791.7716

Date	Invoice #
12/22/2023	23-2004

Bill To
Deborah J. Konecny Estate 9371 Wagon Wheel Parker, CO, 80134

Service Address
USE PERMIT INSPECTION

Tech	DB	Customer Phone	Terms	Due on receipt
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Arrival	Departure	# of bedrooms	# of people	Tank size	Scum	Sludge	Last Pump	Next Pump
10:01am	11:30am	3		1000	6	4	12/20/2023	12/20/2026

Date	Item	Description	Qty	Rate	Amount
12/20/2023	TP1000	Pump 1000 Gallons	1		
	Fuel	Fuel Surcharge	1		
	I3	Septic Use Permit Inspection	1		
	DCHD - UPI	Douglas County Health Department - Use Permit Fee	1		
	NOTE	At the time of inspection, the inlet/outlet lids for the primary tank and the outlet lid on the secondary tank were all located below grade. New risers and lids will need to be installed to bring access to grade. Because the house was vacant, DCS was unable to observe the system under normal usage conditions.			

Thank you for your business. VISIT US @ www.douglascountyseptic.com	Total
	Payments/Credits
	Balance Due



We Accept Major Credit Cards on balances up to \$1500.00.



SPECIALIZING IN SEPTIC TANK CLEANING/PUMPING, REAL ESTATE/USE PERMIT INSPECTIONS, CAMERA SEWER LINE INSPECTIONS, SEPTIC SYSTEM INSTALLATIONS & REPAIRS, TROUBLESHOOTING & MAINTENANCE.

**** ALL ACCOUNTS WILL BE ASSESSED A 1.5% MONTHLY OR 18% A.P.R. FINANCE CHARGE ON ANY UNPAID BALANCE AFTER 30 DAYS. CUSTOMER IS RESPONSIBLE FOR ALL COLLECTION & ATTORNEY FEES. ****