

410 S Wilcox St. Castle Rock, CO 80104 Phone: (720) 643-2400 www.douglas.co.us/health-department/ environmental-health/

Use Permit For An On-site Waste Water Treatment System

PROPERTY INFORMATION:		OWNER INFORMA	TION: Es	state of Deborah Jewel Konecny C/C
Address: 9371 E Wagon Wheel Way Parker CO 80138	Dwelling Type: No. of Bedrooms:	8	Address:	9371 E Wagon Wheel Way Parker, CO 80138
County: Douglas	Water Supply:	Private Well		
APN: 2235-060-01-002	Onsite ID:	House	Phone:	
PERMIT INFORMATION: STS31075	Permit Type:	OWTS		Construction Phase: Use Permit
SALE-SUSTRIALIZA DELEGIO- PERCIPITAL PRODUCTIONER	Permit Type: Tank 2	OWTS		Construction Phase: Use Permit
Tank 1	Tank 2	OWTS y Built (Gal): 1000		Construction Phase: Use Permit
PERMIT INFORMATION: STS31075 Tank 1 Tank Capacity Built (Gal): 1000 Tank Material: C-Concrete	Tank 2 Tank Capacit			Construction Phase: Use Permit

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 up to one bedroom.

-Addition of a modular unit or mobile home.

-Other circumstances as deemed appropriate by Douglas County Health

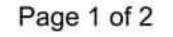
LIMITATIONS AND DISCLAIMER

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 Deitz







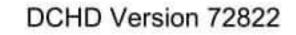
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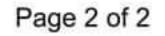
PROPERTY INFORMATION:	OWNER INFOR	OWNER INFORMATION: Estate of Deborah Jewel Konecny C/O		
Address: 9371 E Wagon Wheel Way Parker CO 80138 County: Douglas	Dwelling Type: Single Family No. of Bedrooms: 4 Water Supply: Private Well	Address: 9371 E Wagon Wheel Way Parker, CO 80138		
APN: 2235-060-01-002	Onsite ID: House	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 (PERMIT FEE IS NOI	
Submit electronically to	o eh@douglas.co.us
Completion of All Fields is Required Appl	ication Date: <u>12/22/23</u>
PROPERTY FOR WHICH PERMIT IS REQUESTED	
Address: <mark>9371 Wagon Wheel Way</mark>	
City: Parker	_State: CO Zip: 80134
Parcel Number (APN):	Lot Size in Acres:2.5
Current Property Owner Name: Estate of Deborah Je	wel Konecny (C.O. Jamie Konecny, Daughter)
Owner Phone:	
County: Douglas	
Al CA U - Douglas County Sontis	
Name of Applicant: Douglas County Septic	
Address: P.O. Box 418	
	State: <u>CO</u> Zip: <u>80116</u>
Applicant Phone: <u>303-791-7716</u> En	nail: <u>customerservice@douglascountyseptic.com</u>
Dwelling Type: 🔲 Single Family 🛛 Multi-Family	
Number of Bedrooms (existing): 4	
Water Supply: Public Community Private We	ll 🔲 Public Non-Community 🔲 Unknown
□ Other	
Is more than one building connected to the one OW	/TS system? 🖵 Yes 🔳 No
Are multiple OWTS serving the property?	No (Complete a separate inspection form and
Reason for Use Permit (Check One): Sale Be Change in Use (Commercial or Business) Add Other (explain):	dition of Mobile Home
Use Permit	Inspector
Name: David Bocanegra Phone: 303-7	

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



Use Permit Inspection Form

Date of Inspection: <u>12/20/2023</u>	
Use Perm	it Inspection Information
inspector. An Inspection report completed by an UNCERTIFIE	nt (DCHD) Inspection Form must be completed by a CERTIFIED ED inspector(s) will NOT be accepted. ne: <u>303-791-7716</u> Email: <u>customerservice@douglascountyseptic.com</u>
National Association of Wastewater Technicians (NAW	
-	ying entity:
Owner a	nd Property Information
Owners Name: ESTATE OF DEBORAH KONECNY Phone Address: 9371 Wagon Wheel Way	ne: <u>720-205-5403 (Jason)</u> Email: <u>jkonecny818@gmail.com</u>
City: ParkerState:	Zip: <u>80134</u> County: <u>Douglas</u>
Address of Property for which Use Permit is requested	
City: Colorado	Zip:
S	ection 1: Tanks
Tank 1	Tank 2 Check if Not Applicable (N/A)
Tank Size (gallons):	Tank Size (gallons): 1000
Does this match DCHD records? 🗹 Yes 🔲 No	Does this match DCHD records? 🗹 Yes 🗖 No
Type: 🗹 Concrete 🗖 Polyethylene 🗖 Fiberglass 🗖 Other	Type: 🗹 Concrete 🗖 Polyethylene 🗖 Fiberglass 🗖 Other
Was tank pumped? 🗹 Yes 🛛 No	Was tank pumped? 🔲 Yes 🖾 No
If yes: Date Pumped: 12/20/23 Pumped by: DCS	If yes: Date Pumped: Pumped by:
Attach copy of pump receipt	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	Yes No ✓ Is the tank in good condition such that the tank functions are not compromised? ✓ Is the tank a two compartment tank? ✓ Tees ✓ Tees or 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?(<i>Tank 2 information continued on</i>
· -	next page)

Property Address: _

Tank 1 (continued)	Tank 2 (continued)
Yes No Image: Second	Yes No Image: Was tank water level above the outlet invert? Image: Was tank water level below the outlet invert? Image: Was tank water level below the outlet invert? Image: Was tank have an effluent filter(s)? Image: Was tank have an effluent filter accessible for cleaning? Image: Was tank have an effluent filter clean and in good condition?
	e and to be in a secondally any dition. The inlatend sublatives on the

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.

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

Is system equipped with a Siphon, Pumps & Floats or Controls?		Yes 🗖 (If "Yes" comple	No 🗹
Section 2: D	osing Systems		
Dosing Unit: Siphon Pump No N/A Yes No Is siphon or pump operational? Is siphon or pump operational? Image: Are floats properly tethered and operational? Is the junction box (J-Box) approved for use? Is the junction box and wiring properly installed and functional? Image: Comments: Image: Comments: Image: Comments Image: Comments	If a	Iy to a siphon only there an audio visual alarm? alarm, is alarm operational? pump in a screened vault? Yes, is the vault in acceptabl ean? there a means to disconnect action box or control panel?	e condition and screen
System Utilizes Uniform or Pressure Dosing, or is a Low Pressure Pipe or Dri	p Irrigation	Yes ロ (If "Yes" complet	No ☑ e Section 2A)
Section 2A: Pressure Dosed, Non-Pressurized Drip Dispersal System (NDDS) or Drip Irrigation Systems			
N/A Yes No Are the distribution values in a box or vault? If Yes, is the box or vault in acceptable condition? Are the distribution values operational? If Pressure dosed, NDDS, or Drip Irrigation, are risers at ends of zones in good condition?	☐ ☐ If Y ☐ ☐ Is ti ☐ ☐ Is ti	there an automatic distribution Yes, is the ADV working propet the system equipped with fl Yes, are the flushing valves erational?	perly? ushing valves?

Comments:

Is System Equipped with a Secondary Treatment Unit?	Yes No
	(If "Yes" complete Section 3)
Section 3: Second	ary Treatment
Type of Unit:	Yes No
ATU RSF ISF Textile Fiber Peat Filter Other	Is there a current operation and maintenance (O&N contract?
If other, indicate type:	If Yes, when was system last inspected?
Yes No	
Is secondary treatment unit operating properly?	//

Section 4: Absorption Area (Required for all Systems)			
Yes No	Yes	No	
Is absorption area covered wit	h snow?	~	Are driveways, horse corrals, patios, or pools constructed over the septic tank or absorption area?
Are there odors?		/	Are there observation pipes in the absorption area?
Are there wet areas on ground	d surface?	Ľ	If Yes, how many?
Is irrigated landscaping plante area?	d over absorption		If observation pipes, is there standing effluent in observation pipes?
Is surface drainage adequate absorption area?	to protect	✓	Is system equipped with a distribution box?
Is vegetative cover adequate		\square	If there is a distribution box, is it to grade?
absorption area from excessive Is vegetative cover excessive			If distribution box is accessible, is it in good condition and are the outlets level?

Comments:

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.

Yes No	Yes No
Is there a cleanout(s) on the building sewer from house to septic tank?	If system is equipped with a pump, is there any evidence of damage, plugging or settlement of the
If Yes, state location of cleanouts or show on system diagram See diagram	pump line (force main) from the septic tank to the absorption area?
Is there any evidence of damage, plugging or settlement of the building sewer from house to first septic tank?	If Yes, explain what was noted:
Is there any evidence of damage, plugging or settlement of the building sewer from the septic tank to	If system has more than one tank, is there any evidence of damage, plugging or settlement of the building sewer between the tanks?

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.

Section 6: General Questions and Inspector Comments (Required for All Systems)
he property 🗹 Vacant 🗖 Occupied If vacant, how long?
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

V

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 Email: wendi@douglascountyseptic.com Company (if applicable): **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	CI0001608	01/16/2024	
Repair Contractor Signature	System Contractor License Number	Date	

(If Applicable)

SERVICE INVOICE

 Date
 Invoice #

 12/22/2023
 23-2004

Deborah J. Konecny Estate **USE PERMIT INSPECTION** 9371 Wagon Wheel Parker, CO, 80134 Tech DB **Customer Phone** Terms Due on receipt # of people Last Pump Next Pump Arrival Departure # of bedrooms Tank size Scum Sludge 1000 12/20/2023 12/20/2026 10:01am 11:30am 3 6 4 Date Item Description Qty Rate Amount TP1000 Pump 1000 Gallons 12/20/2023 1 Fuel Fuel Surcharge 1 Septic Use Permit Inspection I3 1 DCHD - UPI Douglas County Health Department - Use Permit Fee 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. Total Thank you for your business. **Payments/Credits** VISIT US @ www.douglascountyseptic.com **Balance Due** CERTIFIED VISA Nowra We Accept Major Credit CPOW NAWT NAWI Cards on balances up to \$1500.00. INSPECTOR 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. **

Service Address

DOUGLAS COUNTY SEPTIC

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

Bill To