

New _____
 Repair
 Upgrade _____
 Addition
 Renewal _____
 Change of Owner _____

13757
 71894

Receipt Number _____

BOULDER COUNTY HEALTH DEPARTMENT

3450 Broadway, Boulder, 80302
 441-1190

APPLICATION AND PERMIT TO INSTALL, CONSTRUCT, ALTER OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM (SEPTIC TANK)

CERTIFICATION TO BOULDER COUNTY LAND USE DEPARTMENT (COUNTY BUILDING INSP. DEPT.)

Owner Ronald W. Davies Mailing Address P.O. Box 24, Allenspark, CO. 80510
 City Allenspark State CO. Zip 80510 Home Phone 747-2471 Work Phone _____
 Agent _____ Street _____ City _____ Zip _____ Phone _____
 Site Address 11474 Highway 7 Installer Harold Law
 Legal Description (short) Tr. 1912NW 1/4 se 1/4 & tr 3544 11-3N-73

TO BE FILLED OUT BY APPLICANT

- Existing Buildings House
- Areas to be surfaced No
- Building proposed: Residential Residence
 Business _____ Commercial _____ Agric. _____
- No. of bedrooms 2 No. of baths 1
 No. of persons 2
- Basement plumbing: yes no _____ type _____
- Area of lot (acres) 1.84
- Subsoil drain tile (yes) _____ (no)
- Type of sewage disp. system requested:
 Septic tank vault _____ other _____
- Well (proposed) _____ (installed)
- Water District _____

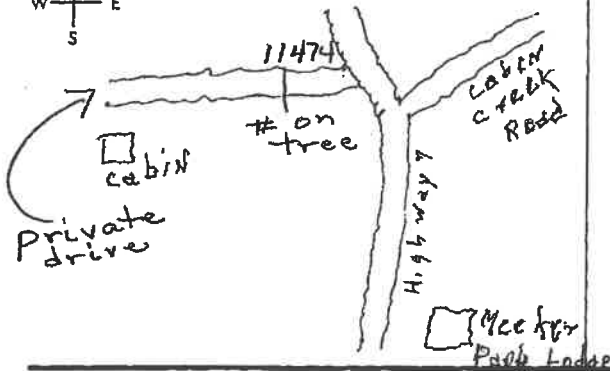
DEPARTMENT USE ONLY

- Slope 2-4% Waterlines MIN. 25'
- Soil Type SILTY SAND, DECOMPOSED GRANITE FRACTURED GRANITE
- Soil perc rate 15 minutes/inch (aver.)
- Water table depth 2' Bedrock 3'
- Location of central sewer MILES
- Sized for 2 bedrooms (2) persons/bedroom

Please locate on the plot plan below the well location or other type of individual water supply including the house, waterlines, proposed septic area and any streams, ditches, or steep banks on the site.

DETAIL DIRECTIONS TO PROPERTY

See engineering charts for well location.



DETAIL PLOT PLAN



SEE ENG DESIGN

Owner Signature (Authorized Agent) Ronald W. Davies Date 5-17-90

DEPARTMENT USE ONLY

Permission is hereby granted to the owner or his agent to perform the work indicated below in accordance with the Boulder County I.S.D.S. Regulations. This permit is to remain in full force for one year from date, unless revoked for non-compliance. Plans and specifications of proposed sewage-disposal system when reviewed and attached to this permit have been considered satisfactory. Approval is given if this building site meets existing Zoning and/or Subdivision regulations of Boulder County as they apply in this specific case.

Install	Septic Tank	1000	gals.	Absorption Field	314 raised bed	sq. ft., OR
	Vault	////				feet of trench three feet wide.
	Other	////				No one trench/line may exceed 100 feet.

Install infiltration system per plans and specifications of RMC design job #9-1513.001.00, dated 5-14-90. Bottom of infiltrator must be installed a min. of 2' above original grade on the uphill side. Engineer must verify the suitability and percolation rate of all fill soils. Sod and other organic material to be removed prior to placement of fill soil. Maintain a min. of 155" to all wells, 25' from water lines, and 10' from trees and property lines. System must be installed by contractor licensed by the Boulder County Health Dept. Final inspection of the system by this Dept. and the Design Engineer is required prior to final approval and use of the system.

Authorized Signatures Gregory J. Dolan Approved by Board of Health _____
 Owner or Agent Ronald W. Davies Permit Date 6-14-90
 Installer _____ Date 6-15-90
 Final Approval 8-8-90 Engineer Approval _____ Final Inspection 7-10-90
 (Health Officer - Sanitarian Signature) Milton B. Ambrose

TO OWNER: Leave entire sewage-disposal system uncovered for final inspection. A final inspection is required for all system installations unless otherwise specified. THE HEALTH OFFICER SHALL ASSUME NO RESPONSIBILITY IN CASE OF FAILURE OR INADEQUACY OF A SEWAGE DISPOSAL SYSTEM BEYOND CONSULTING IN GOOD FAITH WITH THE PROPERTY OWNER OR REPRESENTATIVE.
 Environmental Health (8/86)

INDIVIDUAL SEWAGE DISPOSAL SYSTEM
FIELD WORK SHEET

APPLICANT RONALD W. DAVIES.

LOCATION NW 1/4 SE 1/4 11-3N-73W.
(Legal & Specific Area)

TYPE OF SYSTEM REQUESTED RAISED BED.

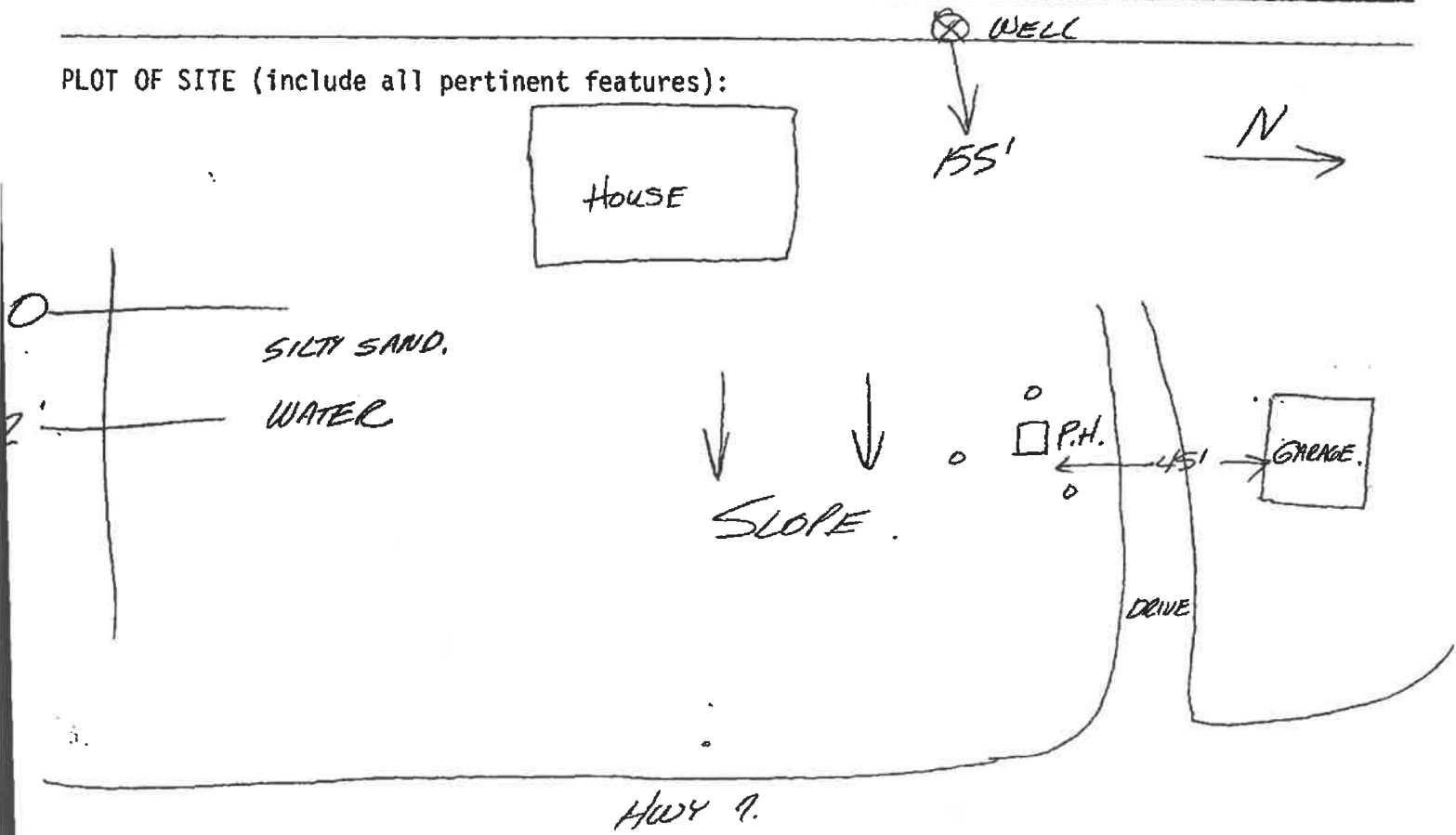
SANITARIAN RECOMMENDATION: Approval ; Denial Reason

FIELD INSPECTION: Date 5-24-90 Sanitarian VF.

- | | | |
|--|---|----------------------|
| 1. Perc Rate <u>15 MPI</u> | 2. Soil Type <u>SILTY SAND DECOMPOSED quite</u> | 3. Slope <u>2-4%</u> |
| 4. Groundwater Depth <u>2'</u> | 5. Bedrock Depth <u>> 2' 3' per engineer.</u> | |
| 6. Water Supply <u>WELL.</u> | 7. Distance to Water Lines <u>MIN 25'</u> | |
| 8. Lot Size <u>1.84 ACRES.</u> | 9. Structure Proposed <u>2 BEDROOM HOUSE.</u> | |
| 10. Distance to Waterways & Gulleys <u>MIN 50'</u> | 11. Density <u>LOW.</u> | |
| 12. Area for Expansion <u>O.K.</u> | 13. Distance to Wells <u>155' TO OWNERS.</u> | |
| 14. Municipal Sewer Availability <u>MILES.</u> | 15. History of Area <u>HIGH GROUNDWATER HIGH BEDROCK.</u> | |

Sanitarian Comments

PLOT OF SITE (include all pertinent features):



SEWAGE DISPOSAL SYSTEM FINAL INSPECTION

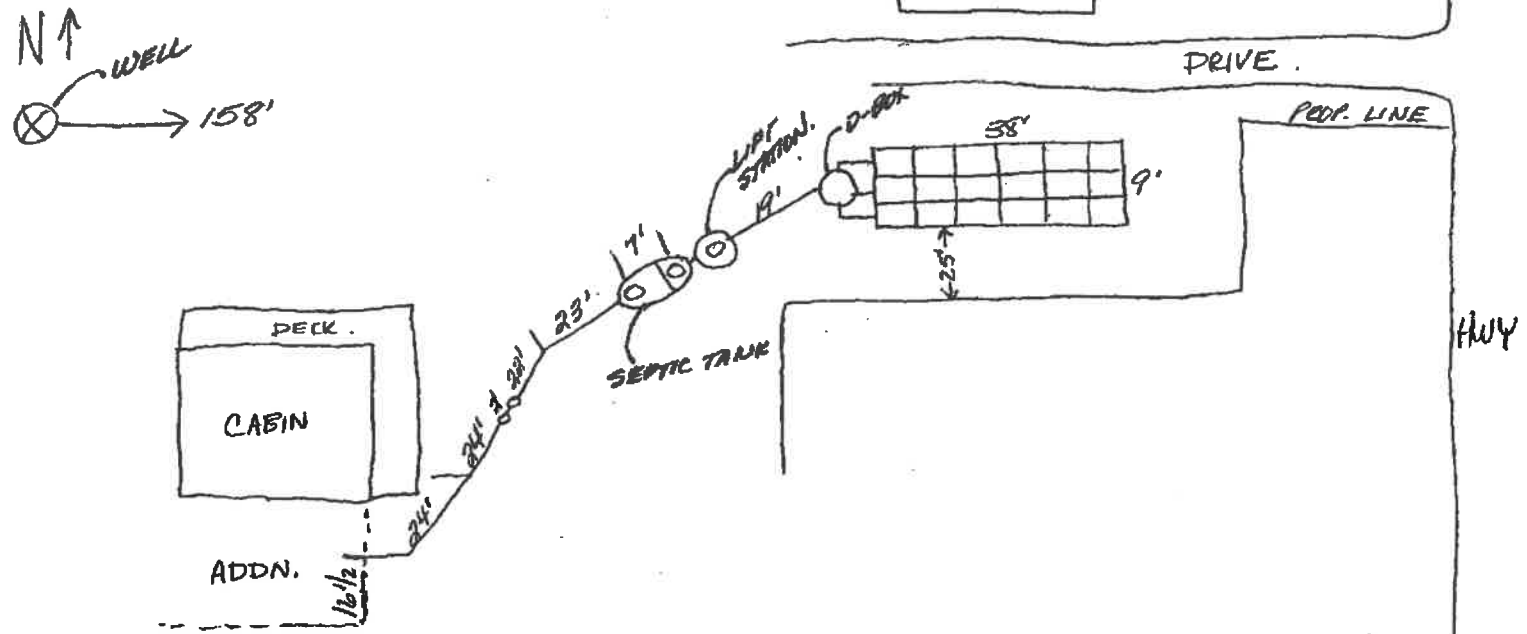
13751

Boulder County Health Department

NAME RONALD W. DAVIES.
 LEGAL DESCRIPTION 11-3N-13W.
 INSTALLER RRB.

System Installed in area of tests YES.
 Distribution Box CONCRETE. Water Levelled YES.
 Distribution Lines 3 Capped YES. Slope LEVEL.
 Type of Grouting SEWERTITE.
 Depth of Gravel INFILTRATOR.
 Paper/Straw NA.
 Septic Tank/Aeration Unit Construction 1000 gal 2 comp. concrete.
 Company ERIE PRECAST.
 Size Meets Minimum Requirements 324 in req. 18 units installed
 Distance to Wells 158' TO OWNERS.
 Distance to Streams/Ditches MIN 50'
 Depth of Fill Under System 2' Adequate Shoulder 3' BERM.
 Depth of System _____
 Other _____

SCHEMATIC OF SYSTEM (Location, House, Direction, Distances)



APPROVED ✓

DENIED _____

DATE 7-10-90

REASON Final approval pending ① Engineer's review ② Some sewer connect
Victor Amherst
 Inspected By

STATE OF COLORADO
DIVISION OF WATER RESOURCES
OFFICE OF THE STATE ENGINEER

Index No.	_____
IDWD	_____
Use	_____
Registered	_____

MAP AND STATEMENT FOR WATER WELL FILING

PERMIT NUMBER 43089

STATE OF COLORADO)
COUNTY OF Boulder) SS

WELL LOCATION
Boulder County

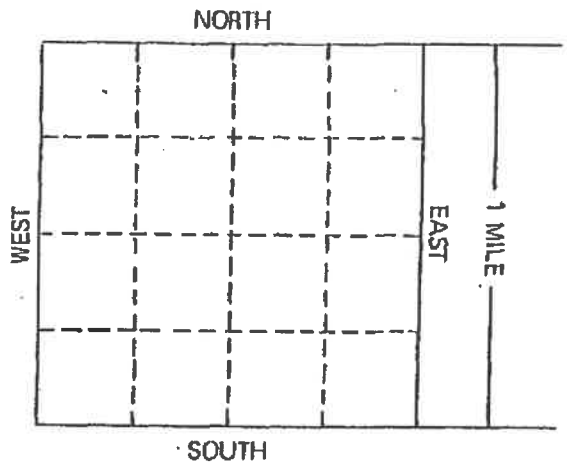
Know all men by these presents: That the undersigned
Ronald W Davies

NW 1/4 of SE 1/4, SEC. 11
3N R. 73W 6th P.M.

claimant(s), whose address is 961 Lincoln Street
City Boulder, Colorado 80303, states:

INDICATE WELL LOCATION ON DIAGRAM

Claimant(s) is (are) the owner(s) of the well described hereon; the
total number of acres of land irrigated from this well is None;
work was commenced on this well by actual construction 20
day of November, 19 70;
the yield from said well is 90 Gal HOUR (gpm), for
which claim is hereby made for Domestic purposes;



that the average annual amount of water to be diverted is
N. A. acre-feet; and that the aforementioned
statements are made and this map and statement are filed in
compliance with the law.

WELL SHALL BE LOCATED WITH REFERENCE TO
GOVERNMENT SURVEY CORNERS OR MONUMENTS,
OR SECTION LINES BY DISTANCE AND BEARING.

N. A. ft. from N. A. section line.
(North or South)

N. A. ft. from N. A. section line.
(East or West)

X
Claimant(s)
Subscribed before me on this _____ day of _____, 19____.
My commission expires _____

Ground Water Basin N. A.

Water Management District N. A.

Notary Public _____
WELL DATA
Date Completed November 20, 1970
Static Water Level 10'
Total Depth 170'

Domestic wells may be located by the following:

LOT N. A., BLOCK N. A.

SUBDIVISION N. A.

FILING # N. A.

ACCEPTED FOR FILING IN THE OFFICE OF THE STATE ENGINEER OF COLORADO ON THIS
_____ DAY OF _____, 19____.

State Engineer

WELL LOG

WELL DATA

From	To	Type of Material	Water Loc.
0	1	Overburden	
1	25	Pink Granite	
25	30	Gray Granite & Quartz	
30	170	Gray & Pink Granite	
		Water	25
			60
			140
			155

Type Drilling Air Percussion

HOLE DIAMETER:
9 in. from 0 ft. to 10 ft.
5 15/16 in. from 10 ft. to 170 ft.
 _____ in. from _____ ft. to _____ ft.

CASING RECORD
Plain Casing
6 5/8" OD Steel
 Size, kind _____ from 0 ft. to 10 ft.
4 1/2" Plastic
 Size, kind _____ from 9 ft. to 170 ft.
 Size, kind _____ from _____ ft. to _____ ft.

4 1/2" Plastic Perforated Casing
 Size, kind _____ from 90 ft. to 170 ft.
 Size, kind _____ from _____ ft. to _____ ft.
 Size, kind _____ from _____ ft. to _____ ft.

GROUTING RECORD
 Material Cement
 Intervals 4' to 10'
 Placement Method Dumped

GRAVEL PACK RECORD
 Size _____ Interval _____

TEST DATA
 Date Tested November 20, 1970
 Type of Pump Air Test
 Length of Test 4 Hours
 Constant Yield 90 Gallons per HOUR
 Drawdown 150'

WELL DRILLERS STATEMENT
 The undersigned, being duly sworn, deposes and says: he is the driller of the well hereon described; he has read the statement made hereon; knows the content thereof, and the same is true of his own knowledge.

 Thaine A. Norris
 License No. 245

Use additional paper if necessary to complete log.

State of Colorado, County of _____ ss

Subscribed and sworn to before me this _____ day of _____, 19____

My Commission expires _____, 19____

Notary Public

DIVISION OF WATER RESOURCES, DEPARTMENT OF NATURAL RESOURCES
101 Columbine Bldg., 1845 Sherman Street, Denver, Colorado 80203

RECEIVED
SEP 17 1970
GROUND WATER DIV.
COLORADO
STATE ENGINEER

APPLICATION FOR: A PERMIT TO USE GROUND WATER
 A PERMIT TO CONSTRUCT A WELL
 REPLACEMENT FOR NO. _____
 A PERMIT TO INSTALL A PUMP
 OTHER

PRINT OR TYPE

LOCATION OF WELL

APPLICANT Ronald W Davies

COUNTY Boulder

Street Address 961 Lincoln St

NW $\frac{1}{4}$, of the SE $\frac{1}{4}$, sec. 11

City & State Boulder, Colorado

T. 3N, R. 73W, 6th P.M.

Use of ground water Domestic

Street or Lot & Block N. A.

Owner of land on which well is located Same

City or Subdiv. N. A. Filing N. A.

Owner of irrigated land N. A.

Ground Water Basin N. A.

Number of acres to be irrigated None

Water Management District N. A.

Legal description of irrigated land N. A.

LOCATE WELL ON THE BACK OF THIS SHEET

Other water rights on this land N. A.

Driller MORRIS & SONS DRILLING CO. No. 245

Aquifer (s) ground water is to be obtained from Granite

Driller's Address 2680 Sixth St., Boulder, Colorado 80302

Thomas A. Morris
Signature of Applicant

Storage capacity N. A. AF

CONDITIONS OF APPROVAL

ANTICIPATED PUMPING RATE 20 GPM

AVERAGE ANNUAL AMOUNT OF GROUND WATER TO BE APPROPRIATED N. A. Acre-feet.

ESTIMATED WELL DATA

Anticipated start of drilling Oct 10, 1970

Anticipated start of use November 19 70

Hole Diameter:

9 in. from 0 ft. to 20 ft.
6 in. from 20 ft. to 150 ft.

Casing:

Plain 6 5/8 in. from 0 ft. to 20 ft.
in. from _____ ft. to _____ ft.

Perf. _____ in. from _____ ft. to _____ ft.
in. from _____ ft. to _____ ft.

ESTIMATED PUMP DATA

Type _____ HP _____ Outlet Size _____

APPLICATION APPROVED:
VALID FOR ONE (1) YEAR AFTER DATE ISSUED
UNLESS EXTENDED FOR GOOD CAUSE SHOWN TO
THE ISSUING AGENCY

PERMIT NO. 43089 CONDITIONAL

DATE ISSUED SEP 17 1970

[Signature]
STATE ENGINEER

BY Harlan W. Eber



engineers • planners • surveyors

May 15, 1990

Boulder County Health Department
3450 Broadway
Boulder, CO 80302

Re: Ronald W. Davies
Sec. 24, T3N, R71W
RMC Job No. 1513.001.00

Dear Madams and Gentlemen:

Due to high water elevation this time of year, we submit herewith design for an elevated leach field incorporating use of the infiltrator. This will replace an existing pit.

It is our opinion that when properly installed this system will function adequately.

A variance is requested to place the field 155 feet from the existing well. This condition will alleviate the need to remove trees in a heavily wooded area further to the east.

Sincerely,
ROCKY MOUNTAIN CONSULTANTS, INC.

Harold E. Law, PLS

Reviewed by:

HEL/na.j





engineers • planners • surveyors

June 6, 1990

Boulder County Health Department
3450 Broadway
Boulder, CO 80302

Re: Ronald W. Davies Septic System, Section 11, T3N, R73W - Geologic Field Inspection.

Gentlemen:

On this day I accompanied Mr. Harold Law on a geologic field inspection of Mr. Davies property. I observed the present tank next to the house serving as a sewage receptacle.

The Davies are living in the house year-round and are in the process of adding to the existing dwelling.

The proposed new leach field will be located 155 feet from the Davies well. A copy of the well permit and drillers log is attached.

My observation of the test hole showed three feet of gravelly sandy slopewash overlying dense fractured granite. The primary joint pattern strikes N 85° E and dips almost 90° S.

The test pit had standing water two feet below the surface as the site is in a meadow with high temporary groundwater.

If any leakage at all takes place from the proposed leach field it would be along the primary joint pattern and would be in a direction away from the well.

The Davies well is up-dip from the present tank and the proposed leach field. The well is further away from the leach field than it presently is from the tank. The other two nearby houses do not have wells.

I recommend granting a permit contingent on a water sample being taken from the existing well and being tested for coliform count. A follow up test should be made one year after installation.

If you have any questions, please do not hesitate to call.

Sincerely,
ROCKY MOUNTAIN CONSULTANTS, INC.

George S. Clausen, P.E.
Geological Engineer

GSC/naj
Enclosure

ROCKY MOUNTAIN CONSULTANTS, INC.
437 South St. Vrain
P.O. Box 1649
Estes Park, CO 80517

586-2458 Local
825-8233 Metro

FINAL INSPECTION OF SEPTIC SYSTEM

TO: BOULDER COUNTY HEALTH DEPARTMENT

NAME: RONALD W. DAVIES

LOCATION: SEC. 11, T3N, R73W

JOB NO.: 9-1513.001.00 DATE OF INSPECTION: 7-6-90

COMMENTS:

PERC. RATE OF IMPORTED SOIL
= 1" IN 12 MINUTES

I hereby certify that this system was inspected and found to be installed according to the approved plan, except as noted above.

Harold E. Law
Inspector

Reviewed by:



RECEIVED

ON 46825

KEY OWS



JUN 29 2012 ENVIRONMENTAL HEALTH Boulder County Public Health

PROPERTY TRANSF FEE 50.00

ONSITE WASTEWATER SYSTEM Inspection Report

NOTE: Inspections should not be performed on properties that utilize only a sealed vault for storage of wastewater. Owners of those properties should first call Boulder County Public Health at 303-441-1564.

Owner: Gordon Novak Jr., Dan Novak, Katherine Burbanck Date of Inspection: 6-23-12
Ordered by: Gordon Novak Jr. Inspector Name: GREGORY FALCONER
Site Address: 11474 Highway 7, Albuspark 80510 Company Name: A-1 PROFESSIONAL
Owner Phone No: 303 747-2135 / 512 471-9569 Address: PO BOX 11, SEPTIC SYSTEM
Legal Desc: Parcel 119711400023 Phone No: 970 586 1110 INSPECTORS
Send to: Gordon Shaw Novak Jr. E-mail Address: greg@gregfalconer.com
Mailing Address: 801 Loma Linda Dr., West Lake Hills TX 78746
Size of the property in acres: 1.84
Type of existing building or structure (if commercial, list all uses or tenants): Residential cabin, used mainly in summer

I. GENERAL INFORMATION (TO BE FILLED OUT AND SIGNED BY OWNER)

- 1. Age of Onsite Wastewater System 22 Years
2. Water Softener [] Yes [x] No
Garbage Disposal [] Yes [x] No
Grease Trap [] Yes [x] No
3. Residential [x] Yes [] No
Commercial [] Yes [x] No
Flow Meter [] Yes [x] No
In Home Business [] Yes [x] No Type:
4. Number of Bedrooms in House 2
Number Listed on OWS Permit 2 Pass Fail
Number Listed in Assessor's Records 2
House Currently Unoccupied [] Yes [x] No How Long:
5. Has a sewage backup ever occurred? [] Yes [x] No
6. List any known repairs to system Septic pump electrical repaired by owner
7. Is there a service contract for system components? [] Yes [x] No Company
8. Date septic tank last pumped 6-23-12 SUC N 4P
(Attach pumping receipt) 710612007 Frequency Company Johnston Sanit. Loveland
9. Water supply supplied by a well? [x] Yes [] No
Standard potability test sample of well taken? [x] Yes [] No
Potability test results [] Pass [] Fail We consider it non-potable, A pass or fail here does not indicate a pass or fail for the inspection use for washing only

The above information is true to the best of my knowledge

Owner/Agent: Gordon Novak Date: 6/23/2012 (AGENT MUST PROVIDE SIGNATURE AUTHORIZATION FROM OWNER):

INSPECTION REPORT MUST BE TURNED INTO BOULDER COUNTY WITHIN 90 DAYS

II. SYSTEM TYPE

Components of Onsite Wastewater System - Complete as Required

1. Pretreatment (Septic Tank) Unit 1: Type CONCRETE Manufacturer _____ Capacity (gal) 1000
2. Pump: Pump Tank 1: Capacity (gal) 300
3. Pretreatment/Treatment Unit 2: Type N/A Manufacturer _____ Capacity (gal) _____
4. Pump: Pump Tank 2: Capacity (gal) _____
5. Soil Treatment Unit: Type CHAMBER DISTRIBUTION Area (Ft²) 630
6. Vault (see instructions): Type N/A Manufacturer _____ Capacity (gal) _____
- Warning Device Pass Fall
- Pumping receipts Pass Fall
- Location of warning device above ground & beside pump tank
7. Additional components
Gray Water discharge
8. (if separate from OWS) None Surface Subsurface Tank Pass Fall

III. EVALUATION PROCEDURES

1. Number of bedrooms counted or confirmed in house
(ONLY count bedrooms if the assessors record shows more bedrooms exist than the OWS is approved for)
Number of bedrooms doesn't exceed OWS record
2. Locate, access, and open the septic tank cover:
3. If at grade, is tank cover secure:
4. Can surface water infiltrate into tank(s):
5. Any indicators of previous failure:
6. Inspect lkl, measure sludge & scum level:
7. Inspect effluent screen (if applicable):
8. Run an operation test:
Gallons added in the operation test: 100+
Does water backflow into tank:
9. Pump out primary treatment (septic) tank:
How many gallons: 1000
10. Inspect the condition of the septic tank:
Inspect condition of inlet and outlet baffles
Comments (cracks, deterioration, infiltration, or damage): N/A
11. Does the system contain a dosing or pump tank, ejector or grinder pump?
If so, was the condition of the tank checked?
Comments:
- a. Is the pump elevated off the bottom of the chamber?
- b. Does the pump work?
- c. Is there a check valve or purge hole present?
- d. Is there a high water alarm?

<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fall
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fall
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fall
<input checked="" type="checkbox"/> No/Pass	<input type="checkbox"/> Yes/Fall
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> No/Pass	<input type="checkbox"/> Yes/Fall
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No (Fall)
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fall
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fall
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

- e. Does the alarm work? .
- f. Type of alarm?
- g. Do electrical connections appear satisfactory?
- h. Was the pump tank cleaned?
- 12. Was the soil treatment area probed to determine its location and to check for excessive moisture, odor, and/or effluent?
 - a. Any area subject to serious erosion
 - b. Any area subject to compaction
 - c. Any indication of previous failure
 - d. Seepage visible on the surface of the field
 - e. Improper vegetation present:
 - f. Heavy saturation in the distribution media:
 - g. Even distribution of effluent in the field .
 - h. Snow cover over the absorption area
 - i. Irrigation present on absorption area

- | | | | | | |
|-------------------------------------|-------|-------------------------------------|--------|--------------------------|------|
| <input checked="" type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | Both |
| <input type="checkbox"/> | Audio | <input checked="" type="checkbox"/> | Visual | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | | |
| <input checked="" type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | | |

13. Distance between water well and soil treatment area 155 Feet

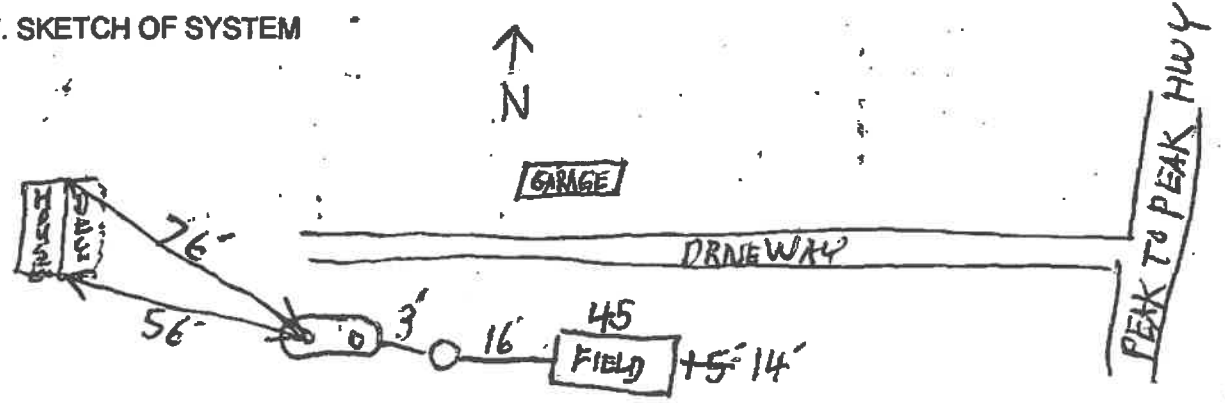
14. Inspection Results of OWS:
- Acceptable (No Repairs Required)
 - Unacceptable (Repairs Required)
 - Repairs Required
- Explain/Define Repairs Needed or Repairs Made:

Complete System Replacement Required. Explain:

Further Exploratory Work Required. Explain:

Certified inspector Signature: Dreg L. Falcone Date: 6/23/12
 (By this signature I verify that I am a NAWT or NSF certified inspector who personally conducted the inspection on this property)

IV. SKETCH OF SYSTEM



Falconer Home Inspection

INVOICE

P. O. Box 11
Allenspark, CO. 805107
Phone 970-586-1010 - Cell 970-481-8979 -
greg@gregFalconer.com

DATE: 6/10/2012

TO:
[Name] **Gordon Novak Jr.**
[Street Address] 801 Loma Linda Dr.
[City, ST ZIP Code] West Lake Hills, TX 78746
[Phone] 512-471-9569 303-747-2135

FOR: **SEPTIC INSPECTION**
LOCATION: 11474 Peak to Peak Hwy
Allenspark, CO 80510

DESCRIPTION	AMOUNT
<p>Boulder Septic Inspection for property transfer certificate</p> <p>Payable by Master Card or Visa. Make all checks payable to Falconer Home Inspection Payment is due upon completion of service. If you have any questions concerning this invoice, contact Greg Falconer by phone, email or U. S. Mail.</p> <p style="text-align: center;">Thank you for your business!</p>	\$350.00
PAID IN FULL by check	\$350.00



Today's Date: 6/29/2012 1:25:13
PM

Account#: R0058147

Detailed Property Information Report

Property Address: 11474 PEAK TO PEAK HWY
City: MOUNTAINS
Parcel No: 119711400023
Owner: NOVAK GORDON SHAW JR ET AL
NOVAK DANIEL MCCORMICK ET AL
BURTON KATHARINE EILEEN NOVAK ET AL

Mailing Address: 1592 SPRING WATER PL
City, State, Zip: HIGHLANDS RANCH, CO 80129
Sec-Town-Range: 11 -3N -73
Subdivision: TR, NBR 960 ALLENSPARK AREA
Legal Description: TR 1912 .58 AC TR 1929 .26 AC NW 1/4 SE 1/4 & TR 3544 1 AC 11-3N-73 1.84 ACS M/L PER DEED 1501789-90 3/6/95 BCR
Square Feet: 77,492
Acres: 1.78



Today's Date: 6/29/2012 1:25:13 PM

Account#: R0058147

Assessment Information Report

Site Address: 11474 Parcel
 PEAK No.:
 TO 119711400023
 PEAK
 HWY
 Tax Area: 001365 Neighborhood ALLENSPARK
 No. of
 Improvements:

Deed#	Date	Sale Price
3201689	2/3/2012	\$0.00
2660050	1/20/2005	\$227,500.00
1523132-3	6/12/1995	\$0.00
1522923	6/9/1995	\$0.00
1506575	3/30/1995	\$0.00
1501789-0	3/6/1995	\$0.00

Imprv#: 1 of Class: SINGLE FAM RES IMPROVEMENTS Design: 1 STORY - RANCH Built: 1955

Square Footage

Level	Total
FIRST FLOOR (ABOVE GROUND) FINISHED AREA	1265
DETACHED GARAGE	528
DECK AREA	335

Rooms

Total: 4.00
 Bedrooms: 2.00
 Full Bath: 1.00
 3/4 Bath: 0
 Half Bath: 0

Total Account Value

	Actual	Assessed
Total:	251000	19979
Structure:	99000	251000
Land:	152000	12099

PROPERTY TRANSFER CERTIFICATE OF OPERATION

is hereby granted to the property located at:

11474 PEAK TO PEAK HWY, ALLENSPARK, CO 80510

Parcel Number 119711400023

Indicating that the onsite wastewater system has been inspected and approved for continued operation in accordance with the Boulder County Public Health Onsite Wastewater System (OWS) Regulations.

Date Issued: 07/02/2012

Boulder County Public Health



BOULDER COUNTY
PUBLIC
HEALTH

Opportunity for a healthy life.



Mark D. Williams, Water Quality Coordinator

This certification shall remain valid for a period of four years from the date it is issued. The issuance of this Certificate of Operation is based solely on the conditions observed on the date of inspection and from Boulder County Public Health (BCPH) at the time the certificate was issued. Therefore, it may not represent the current operational status of the system, or any BCPH inspections conducted after the issuance of this Certificate.