



Request for Comments

Case Name: Tucker Lot Coverage Variance

Case Number: VSP2023-00036

December 6, 2023

The Adams County Board of Adjustment is requesting comments on the following application: **Variance to allow a lot coverage of 13%, where the maximum lot coverage allowed is 7.5% within the Agricultural-1 zone district.** This request is located at 13150 E 148TH AVE. The Assessor's Parcel Number is 0157113002012.

Owner Information: TUCKER WILLIAM SAMUEL
13150 E 148TH AVE
BRIGHTON, CO 806017396

Please forward any written comments on this application to the Community and Economic Development Department at 4430 South Adams County Parkway, Suite W2000A Brighton, CO 80601-8216 or call (720) 523-6800 by 01/03/2024 in order that your comments may be taken into consideration in the review of this case. If you would like your comments included verbatim please send your response by way of e-mail to CSpaid@adcogov.org.

Once comments have been received and the staff report written, the staff report will be forwarded to you. The full text of the proposed request and additional colored maps can be obtained by contacting this office or by accessing the Adams County web site at www.adcogov.org/planning/currentcases.

Thank you for your review of this case.

Cody Spaid
Planner II

BOARD OF COUNTY COMMISSIONERS

Eva J. Henry
DISTRICT 1

Charles "Chaz" Tedesco
DISTRICT 2

Emma Pinter
DISTRICT 3

Steve O'Dorisio
DISTRICT 4

Lynn Baca
DISTRICT 5



VARIANCE

Application submittals must include all documents on the checklist as well as this page. Please use the reference guide (pg. 2) included in this packet for more information on each submittal item.

All applications shall be submitted electronically to epermitcenter@adcogov.org. If the submittal is too large to email as an attachment, the application may be sent as an unlocked OneDrive link. Alternatively, the application may be delivered on a flash drive to the One-Stop Customer Service Center. All documents should be combined in a single PDF. Once a complete application has been received, fees will be invoiced and payable online at <https://permits.adcogov.org/CitizenAccess/>.

- 1. Development Application Form (pg. 3)
- 2. Application Fees (see table below)
- 3. Number of variance requests:

Variance Request:	# of Requests:
Setback	
Height	
Lot Coverage	1
Other:	

- 4. Written Narrative of the Request and Hardship Statement (pg. 5)
- 5. Site Plan Showing Proposed Development/Variance, including:
 - Proposed Building Dimensions, Location, and Setbacks
 - Location of Well
 - Location of Septic Field
 - Location of Easements
- 6. Proof of Ownership (warranty deed or title policy)
- 7. Proof of Water and Sewer Services
- 8. Legal Description
- 9. Certificate of Taxes Paid
- 10. Certificate of Notice to Mineral Estate Owner/and Lessees (pg.6)
- 11. Certificate of Surface Development (pg. 7)

Application Fees:	Amount:	Due:
Variance	\$500-residential \$700-non-residential *\$100 per additional request	After complete application received



DEVELOPMENT APPLICATION FORM

Application Type:

<input type="checkbox"/> Conceptual Review	<input type="checkbox"/> Preliminary PUD	<input type="checkbox"/> Temporary Use
<input type="checkbox"/> Subdivision, Preliminary	<input type="checkbox"/> Final PUD	<input checked="" type="checkbox"/> Variance
<input type="checkbox"/> Subdivision, Final	<input type="checkbox"/> Rezone	<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Plat Correction/ Vacation	<input type="checkbox"/> Special Use	<input type="checkbox"/> Other: _____

PROJECT NAME:

APPLICANT

Name(s): Phone #:
Address:
City, State, Zip:
2nd Phone #: Email:

OWNER

Name(s): Phone #:
Address:
City, State, Zip:
2nd Phone #: Email:

TECHNICAL REPRESENTATIVE (Consultant, Engineer, Surveyor, Architect, etc.)

Name: Phone #:
Address:
City, State, Zip:
2nd Phone #: Email:

DESCRIPTION OF SITE

Address:

City, State, Zip:

Area (acres or square feet):

Tax Assessor Parcel Number

Existing Zoning:

Existing Land Use:

Proposed Land Use:

Have you attended a Conceptual Review? YES NO

If Yes, please list PRE#:

I hereby certify that I am making this application as owner of the above described property or acting under the authority of the owner (attached authorization, if not owner). I am familiar with all pertinent requirements, procedures, and fees of the County. I understand that the Application Review Fee is non-refundable. All statements made on this form and additional application materials are true to the best of my knowledge and belief.

Name:

Date:

Owner's Printed Name

Name:

Owner's Signature

HARDSHIP STATEMENT

Using the following hardship criteria for granting a variance, please provide an explanation of how the criteria have been satisfied (see Section Section 2-02-21-06 of the Adams County Development Standards and Regulations for the full text of the criteria). Please feel free to attach your statements using a separate piece of paper.

1. There exists special physical requirements or circumstances of the subject property such as irregularity, narrowness, shallowness, or slope.

The lot is only 1 acre, and narrow, away from the street frontage. We are requesting relief from the lot coverage limitation to expand to 13% maximum coverage for buildings. There is not sufficient storage for equipment and vehicles in an agricultural context.

2. Because of these physical circumstances, the strict application of the code would deprive the applicant of rights commonly enjoyed by other properties in the same district.

We understand many 1 acre properties are allowed to exceed the current zoning limits because of the difficulty in using a parcel this small. This is a typical property usage in this area.

3. Granting the variance will not confer on the applicant any special privilege.

We understand many 1 acre properties are allowed to exceed the current zoning limits because of the difficulty in using a parcel this small. This is a typical property usage in this area.

4. Due to the physical circumstances or conditions, the property cannot be developed in conformity with the regulations.

5. The special circumstances or hardship is not self-imposed.

Generally residential agricultural properties have a residence and numerous accessory buildings for equipment and storage.

6. That the variance, if granted, will be in harmony with the general purpose and intent of the Adams County regulations and with the Adams County Comprehensive Plan.

The property will remain residential agricultural in character.

7. That the variance, if granted, will not cause substantial detriment to the public good or impair the intent of these standards and regulations.

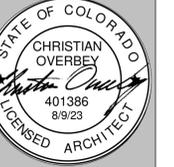
The property will remain residential agricultural in character.

8. That the variance, if granted, would not allow a use which is not otherwise permitted in the zone district in which the property is located, would not result in the extension of a non-conforming use, or would change the zone classification on the property.

The property will remain residential agricultural in character.



Christian Overbey Architect, LLC
AIA, NCARB, PMP
303.995.1081
christian@christianoverbey.com
www.christianoverbey.com



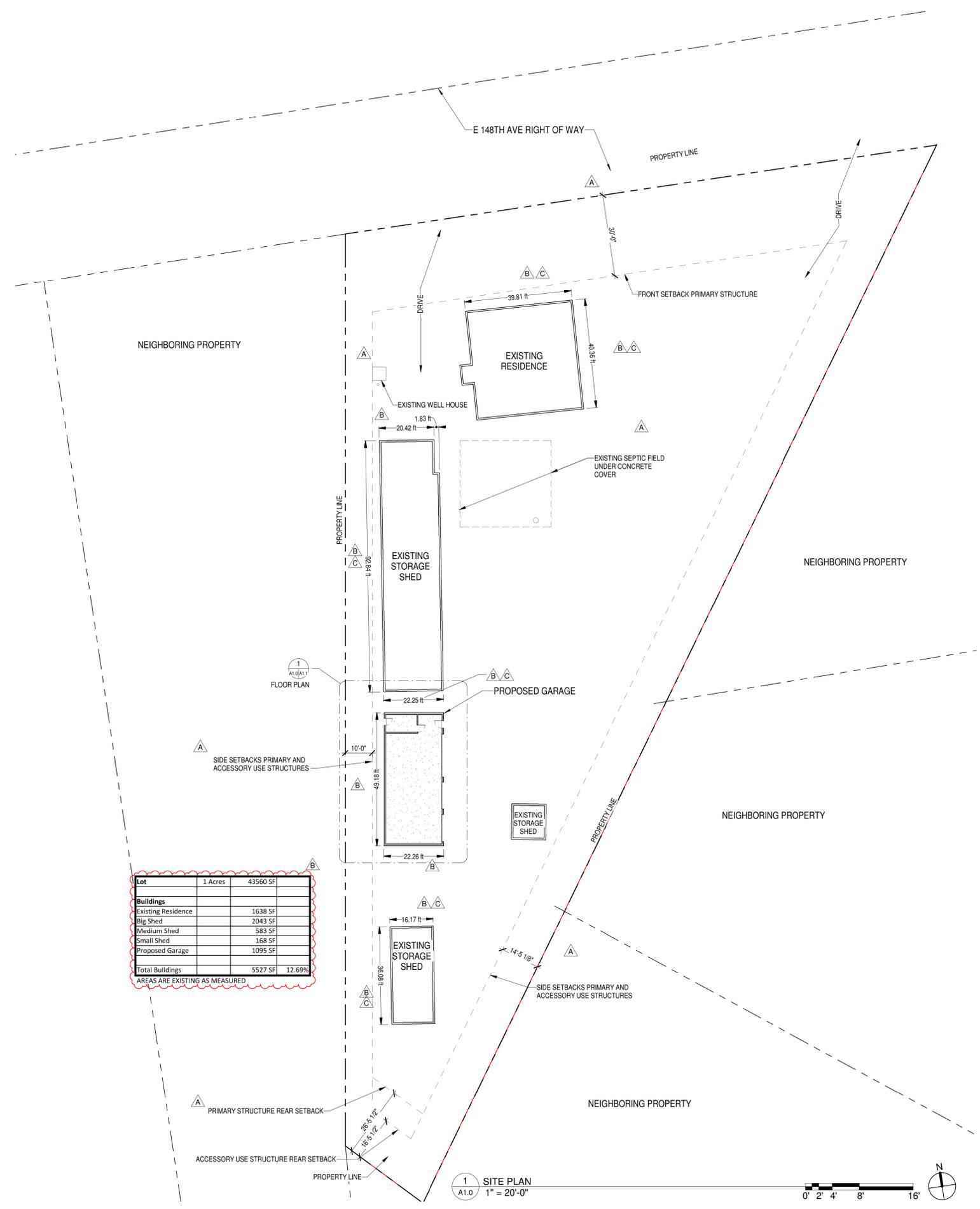
Tucker Garage
13150 E 148th Ave
Brighton, CO 80601-7396

SITE PLAN

Revisions		
No.	Description	Date
A	PERMIT REVIEW	8/9/23
B	PERMIT REVIEW	8/19/23
C	Variance Request	10/11/23
D	Variance Request	11/9/23

COPYRIGHTS RESERVED
SHEET DATE 7/18/23
PROJECT DATE 7/13/23
PROJ. NO. 2023-20
PERMIT APPLICATION
SHEET NO.

A1.0



Lot	1 Acres	43560 SF
Buildings		
Existing Residence	1638 SF	
Big Shed	2043 SF	
Medium Shed	583 SF	
Small Shed	168 SF	
Proposed Garage	1095 SF	
Total Buildings	5527 SF	12.69%

AREAS ARE EXISTING AS MEASURED

1 SITE PLAN
A1.0 1" = 20'-0"



STATE OF COLORADO)
)
COUNTY OF ADAMS)

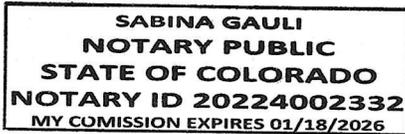
Subscribed and sworn to before me this 1st day of November, 2023, by
Sabina Gauli.

Witness my hand and official seal.

My Commission expires: 01/18/2026



Notary Public



Name and Address of Person Preparing Legal Description:

A recorded copy of this Certification shall be submitted to the Adams County Community and Economic Development Department within thirty days after the initial public hearing on all applicable land use applications.

CORRECTED (if checked)

Mortgage Interest Statement

Copy B For Payer/Borrower

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

11 Mortgage acquisition date

04/04/22

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CARRINGTON MORTGAGE SERVICES, LLC 1600 SOUTH DOUGLASS ROAD SUITES 110 & 200-A ANAHEIM, CA 92806 1-800-561-4567		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-1380 Substitute Form 1098 (Rev. January 2022) For calendar year 2022	
RECIPIENT'S/LENDER'S TIN 20-8745846		1 Mortgage interest received from payer(s)/borrower(s)* \$ 12,764.81		2 Outstanding mortgage principal \$ 596,321.08	
PAYER'S/BORROWER'S name, street address (including apt. no.) city or town, state or province, country, and ZIP or foreign postal code 0680683 SP 9434 -C01-P00000-I  WILLIAM SAMUEL TUCKER 13150 E 148TH AVE BRIGHTON CO 80601		3 Mortgage origination date 07/22/2021		4 Refund of overpaid interest \$ 0.00	
9 Number of properties securing the mortgage		10 Other TAXES PAID 2022: \$1,467.86		5 Mortgage insurance premiums \$ 3,099.84	
Account number (see instructions) 4000959593		PAYER'S/BORROWER'S TIN XXX-XX-0491		6 Points paid on purchase of principal residence \$ 0.00	
				7 <input checked="" type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.	
				8 Address or description of property securing mortgage	

Form **1098** (Rev. 1-2022)

(Keep for your records)





P.O. Box 5001
Westfield, IN 46074

Monthly Mortgage Statement

0021897 SP 9688 -C03-P00000-I



WILLIAM SAMUEL TUCKER
13150 E 148TH AVE
BRIGHTON CO 80601

Statement Date 10/04/23
Account Number 4000959593

Amount Due \$3,328.14

Due Date: 11/01/23

If payment is received after 11/17/23, a \$100.20 late fee will be charged.

Contact Us:

800-561-4567 800-486-5134

www.CarringtonMortgage.com

Account Information

Property Address:
13150 E 148TH AVE
BRIGHTON CO 80601

Interest Rate: 2.875%
Prepayment Penalty: No

Modification Date: N/A
Maturity Date: 08/01/2051

Home financing available
Contact us at (844) 833-2685
www.CarringtonHomeLoans.com

Explanation of Amount Due

Principal:	\$1,126.44
Interest:	\$1,378.62
Escrow:	\$823.08
(Taxes and/or Insurance)*	
Reg. Monthly Payment:	\$3,328.14
Overdue Payment:	\$0.00
Total Fees Charged:	\$0.00
Total Amount Due:	\$3,328.14

Current Loan Balances

Principal Balance*:	\$575,422.96
Escrow Balance:	\$3,750.79
Past Due Balance:	\$0.00
Deferred Balance(s):	N/A
Buydown Balance:	N/A
Partial Claim:	N/A
Negative Amortization:	N/A
Unapplied Funds:	\$0.00

* Your current Principal Balance is not a payoff quote.
See page 3 for Loan Payoff Information.

Past Payment Breakdown

	Paid Last Month	Paid Year to Date
Principal	\$1,123.75	\$11,117.39
Interest	\$1,381.31	\$13,933.21
Escrow (Taxes and/or Insurance)*	\$823.08	\$8,230.80
Fees and Charges	\$0.00	\$133.12
Unapplied Funds	\$0.00	\$0.00
Total	\$3,328.14	\$33,414.52

* Please see page 3 of this statement for additional information.

9688-03-00-0021897-0001-0044747-STD X

▲ Please detach and return with your payment ▲



Loan Number: 4000959593
WILLIAM SAMUEL TUCKER
13150 E 148TH AVE
BRIGHTON CO 80601

Amount Due \$3,328.14

Due Date: 11/01/23

Late charge if received after 11/17/23: \$100.20
Late Payment Amount if received after 11/17/23: \$3,428.34

Make a payment at **CarringtonMortgage.com**.
Pay by Check or AutoPay for free!



CARRINGTON MORTGAGE SERVICES LLC
PO Box 7015
Pasadena, CA 91109-7015

Payment Due	\$	
Additional Principal	\$	
Additional Escrow	\$	
Late Charge	\$	
Carrington Charitable Foundation Donation**	\$	
Total Amount Enclosed	\$	

000701540009595930003328140003428344

Transactions Since Your Last Statement

Date	Description	Amount	Principal	Interest	Escrow	Late Charge	Suspense	Miscellaneous
09/08	Hazard Insurance Disbursement	\$195.23	-	-	\$195.23	-	-	-
10/04	Mortgage Payment Applied	\$3,328.14	\$1,123.75	\$1,381.31	\$823.08	-	-	-



SPECIAL INFORMATION

If you choose to mail a payment, or are mailing additional principal or escrow funds, please complete and detach the coupon portion of this statement, and mail it with the check or money order to the Payment Processing Center using the return envelope provided. Be sure that the address shows through the window of the envelope. Be sure to write your account number on the check or money order. **PLEASE DO NOT SEND CASH.** Please do not send the entire statement. Please do not include correspondence on or with the payment.

Our records indicate that you are currently covered under Lender Placed Hazard Insurance. Obtaining your own insurance could save you money. Please see page 3 of this statement for important insurance information.

Announcing CMS AutoPay Service!

We are now able to automatically draft your monthly payments from your checking or savings account. The CMS AutoPay is fast, free, convenient and secure way to pay your mortgage. Enroll today by calling our Customer Service Department at (800) 561-4567 or log into your account on CarringtonMortgage.com.

Partial Payment Policy

Any partial payments that you make are not applied to your mortgage, but instead are held in a separate suspense account. If you pay the balance of a partial payment, the funds will then be applied to your mortgage. If you are subject to a pending bankruptcy proceeding, please contact our Customer Service department for additional information regarding payment application.

Principal Only Payments

Important Note: For a principal only payment, CMS will not apply that payment to principal if there are any scheduled payments past their due date including any outstanding unpaid fees and costs owed on the account. CMS will apply those funds when a full contractual amount is received to satisfy any scheduled payments past their due date, including any outstanding unpaid fees and costs owed on the account. Any extra funds received will be applied towards the principal.

We may charge you a NSF fee (of up to \$20.00) for any payment applied to your account, but rejected or returned unpaid by your financial institution, subject to applicable law or regulations.

Paying Your Loan Ahead

We allow you to prepay your periodic payments one month in advance. If you want to prepay more than one periodic payment, please contact us. Without written instructions from you, any attempt to prepay more than one periodic payment on your loan will result in your payments being applied to the principal balance of your loan.

9688-03-00-0021897-0001-0044747-STD X

Contact Us:

800-561-4567

800-486-5134

www.CarringtonMortgage.com

Visit www.CarringtonMortgage.com to make your payment today! Pay by Check or AutoPay at no charge! Additional Payment options available at www.CarringtonMortgage.com.

DW1

Form No. GWS-11 08/2016	COLORADO DIVISION OF WATER RESOURCES DEPARTMENT OF NATURAL RESOURCES 1313 Sherman St., Ste 821, Denver, CO 80203 Main: 303.866.3581 dwrpermitsonline@state.co.us	For Office Use Only
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RECEIVED

AUG 05 2021

WATER RESOURCES
STATE ENGINEER
COLO

CHANGE IN OWNER NAME/MAILING ADDRESS	
PRIOR TO COMPLETING THIS FORM, SEE INSTRUCTIONS ON REVERSE SIDE INCOMPLETE, POOR QUALITY, OR ILLEGIBLE FORMS CANNOT BE PROCESSED AND WILL BE RETURNED	
Name, address and phone number of person claiming ownership of the well permit:	
Name(s):	<u>WILLIAM SAMUEL TUCKER</u>
Mailing Address:	<u>13150 EAST 148TH AVENUE</u>
City, St, Zip:	<u>BRIGHTON, CO 80601</u>
Phone: (720) 431-7572	Email: <u>samuel@redrockconstruction.net</u>

Well Permit Number: 42714 Receipt Number: _____ Case Number(optional): _____

WELL LOCATION: County: Adams Well Name or # (optional): _____

13150 EAST 148TH AVENUE, BRIGHTON, CO 80601
Street Address at Well Location

Check if well address is same as owner's mailing address

NW 1/4 of the SE 1/4, Sec. 13 , Township 1 N. or S. Range 67 E. or W., 6 P.M.

Distance from Section Lines: _____ Ft. From N. or S. Line, _____ Ft. From E. or W. Line.

Subdivision Name (if applicable): ELMWOOD ACRERS , Lot 6 , Block _____ , Filing/Unit _____

NOTE: If changing/correcting the permitted location of a well, use Form No. GWS-42

I (we) claim and say that I am (we are) the owner(s) of the well permit described above, know the contents of the statements made herein, and state that they are true to my (our) knowledge. This filing is made pursuant to C.R.S. 37-90-143.

Signature(s) of the new owner	Please print the Signer's Name & title	Date
<u>William Samuel Tucker</u>	<u>William Samuel Tucker</u>	<u>July 22, 2021</u>

It is the responsibility of the new owner of this well permit to complete and sign this form. If an agent is signing or entering information, please see instructions.

Please allow 4 to 6 weeks for processing of this form. Thereafter, you can view or print the accepted document at:
<http://www.dwr.state.co.us/WellPermitSearch>

Signature of DWR staff indicates acceptance as a Change in Owner Name and/or Mailing Address.

For Staff Use Only

<u>Tammy Poindexter</u>	<u>8/11/2021</u>
Staff Signature	Date





Land Title
GUARANTY COMPANY
— Since 1967 —

3005 S. Parker Road, Suite 305, Aurora, CO 80014

the post[®] FIRST-CLASS MAIL PERMIT
07729/20041
US POSTAGE \$000.46⁹²



ZIP 50111
041M12250456

Colorado Division of Water Resources
Department of Natural Resources
1313 Sherman St. Ste 821
Denver, CO 80203



61 FRCNMP 80203

HIE

Water Division: 1 Water District: 2
 Designated Basin: N/A
 Management District: N/A
 County: ADAMS
 Parcel Name: ELMWOOD ARCES

Lot: 6 Block: Filin

Physical Address: 13150 EAST 148TH AVENUE BR
 CO 80601

NW 1/4 SE 1/4 Section 13 Township 1.0 S Range 67.0 W

UTM COORDINATES (Meters, Zone: 13, NAD83)

Easting: 514104.0 Northing: 4423694.8

inal well permit file for permit conditions of approval and additional details. The original permit file ca
 ell Permit Search Tool at www.water.state.co.us

al Permit

Date Issued:

Expiration Date: N/A

TORY

CHANGE IN OWNER NAME/MAILING ADDRESS. CHANGED TO WILLIAM SAMUEL TUCKER

CHANGE IN OWNER NAME/MAILING ADDRESS

Form No. GWS-11 08/2016	COLORADO DIVISION OF WATER RESOURCES DEPARTMENT OF NATURAL RESOURCES 1313 Sherman St., Ste 821, Denver CO 80203 (303) 866-3581 dwrpermitsonline@state.co.us	For Office Use Only
CHANGE IN OWNER NAME/MAILING ADDRESS		
PRIOR TO COMPLETING THIS FORM, SEE INSTRUCTIONS ON REVERSE SIDE INCOMPLETE, POOR QUALITY, OR ILLEGIBLE FORMS CANNOT BE PROCESSED AND WILL BE RETURNED		
Name, address and phone number of person claiming ownership of the well permit: Name(s): <u>Michael Richie and Dena Todd</u> Mailing Address: <u>516 Circle Drive</u> City, St. Zip: <u>Bayfield, CO 81122</u> Phone: (<u>979</u>) <u>324</u> <u>9230</u> Email: _____		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED SEP 29 2016 WATER RESOURCES STATE ENGINEER COLO </div>		
Well Permit Number: <u>42714</u> Receipt Number: <u>9003725</u> Case Number (optional): _____		
WELL LOCATION: County: <u>Adams</u> Well Name or # (optional): _____		
Street Address at Well Location _____ City _____ State _____ Zip _____		
<input type="checkbox"/> Check if well address is same as owner's mailing address		
<u>NW</u> 1/4 of the <u>SE</u> 1/4, Sec. <u>13</u> , Township <u>1.0</u> <input type="checkbox"/> N. or <input checked="" type="checkbox"/> S., Range <u>67.0</u> <input type="checkbox"/> E. or <input checked="" type="checkbox"/> W., <u>Sixth</u> _____ P.M.		
Distance from Section Lines: <u>4423695.6</u> Ft. from <input checked="" type="checkbox"/> N. or <input type="checkbox"/> S. Line, <u>514099.6</u> Ft. from <input checked="" type="checkbox"/> E. or <input type="checkbox"/> W. Line.		
Subdivision Name (if applicable): _____, Lot _____, Block _____, Filing/Unit _____		
NOTE: If changing/correcting the permitted location of a well, use Form No. GWS-42.		
I (we) claim and say that I am (we are) the owner(s) of the well permit described above, know the contents of the statements made herein, and state that they are true to my (our) knowledge. This filing is made pursuant to C.R.S. 37-90-143.		
Signature(s) of the New Owner _____	Please print the Signer's Name & Title _____	Date _____
It is the responsibility of the new owner of this well permit to complete and sign this form. If an agent is signing or entering information, please see instructions. Please allow 4 to 6 weeks for processing of this form. Thereafter, you can view or print the accepted document at: http://www.dwr.state.co.us/WellPermitSearch		
Signature of DWR staff Indicates acceptance as a Change in Owner Name and/or Mailing Address.		
For Staff Use Only <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: left;">  Staff Signature </div> <div style="text-align: right;"> Date <u>11/14/16</u> </div> </div>		

JAN 8. 1971
WRJ-25-70

Index No.	3401
IDWD	2
Use	
Registered	

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

MAP AND STATEMENT FOR WATER WELL FILING

PERMIT NUMBER 42714



STATE OF COLORADO) SS

WELL LOCATION

CLAIMANT (s) Donald Kimmel

Adams County

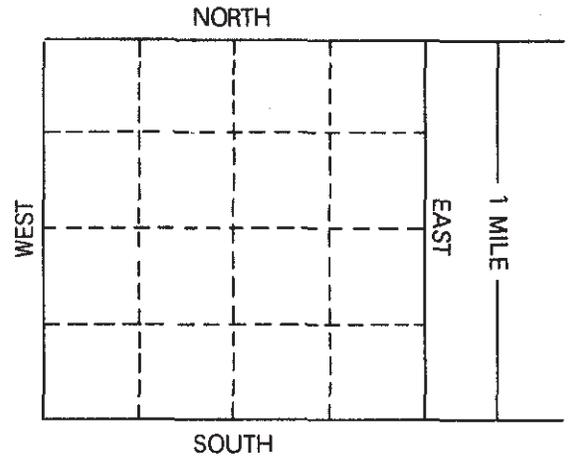
13150 E 148th Brighton, Colo.

That the undersigned, Claimant, being duly sworn deposes and says that he or (they) is (are) the owned (s) of the well described hereon; the total number of acres of land irrigated from this well is

NW 1/4 of SE 1/4, sec. 13
T. 18 R. 67W 6 P.M.

_____ ; work was commenced on this well by actual construction 22 day of August 19 70 the yield from said well is 20 gpm (gpm), for which claim is hereby made for domestic purposes; that the average annual amount to be diverted is _____ acre-feet; and that the aforementioned statements are made and this map and statement are filed in compliance with the law.

INDICATE WELL LOCATION ON DIAGRAM



X _____
Claimant (s)

Address
13150 E. 148th. Brighton Colo. 80601

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

Subscribed before me on this _____ day of _____, 19 _____

_____ ft. from _____ section line.
(North or South)

My Commission expires _____

_____ ft. from _____ section line.
(East or West)

Notary Public

Ground Water Basin _____

Water Management District _____

WELL DATA

Date Completed Aug. 22, 1970
Static Water Level 26'
Total Depth 39'

Domestic wells may be located by the following:

LOT 6, BLOCK _____
SUBDIVISION Elmwood Acres
FILING # _____

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

State Engineer

FORM TO BE MADE OUT IN QUADRUPPLICATE: WHITE FORM MUST BE AN ORIGINAL COPY ON BOTH SIDES AND SIGNED. WHITE copy & GREEN copy must be filed with the State Engineer within 30 days after well is completed: PINK copy is for the Owner & YELLOW copy is for the Driller.

WELL LOG

WELL DATA

From	To	Type & Color of Material	Water Loc.
0	7	soil	
7	39	gravel clay	x

Use additional paper if necessary to complete log.

Type Drilling Rotary

HOLE DIAMETER:
6 3/4 in. from 0 ft. to 39 ft.
 _____ in. from _____ ft. to _____ ft.
 _____ in. from _____ ft. to _____ ft.

CASING RECORD
Plain Casing
 Size 5, kind plas from 0 ft. to 26 ft.
 Size _____, kind _____ from _____ ft. to _____ ft.
 Size _____, kind _____ from _____ ft. to _____ ft.

Perforated Casing
 Size 5, kind plas from 26 ft. to 39 ft.
 Size _____, kind _____ from _____ ft. to _____ ft.
 Size _____, kind _____ from _____ ft. to _____ ft.

GROUTING RECORD
 Material cement
 Intervals constant
 Placement Method pumped

GRAVEL PACK RECORD
 Size 0 Interval _____

TEST DATA
 Date Tested Aug. 22
 Type of Pump bailed
 Length of Test 1hr.
 Constant Yield 20
 Drawdown 28'

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.

X *Boys Schuster*
 License No. 403

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
AUG 24 1970
GROUND WATER SECTION
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 Donald Kimmel
Street Address 13150 E 148th
City & State Brighton Colo
Use of ground water Domestic
Owner of land on which well is located _____
Owner of irrigated land _____
Number of acres to be irrigated _____
Legal description of irrigated land _____

COUNTY adams
NW $\frac{1}{4}$, of the SE $\frac{1}{4}$, sec. 13
T. 1-S, R. 67W, 6 P.M.
Street or Lot & Block 13150 E 148th
City or Subdiv. Plot 6 - Elmwood Acres Brighton
Ground Water Basin _____
Water Management District _____

Other water rights on this land _____
Aquifer (s) ground water is to be obtained from _____

LOCATE WELL ON THE BACK OF THIS SHEET
Driller Roger Schocke No. 403
Driller's Address 6500 E 88th Ave Henderson
Donald Kimmel
Signature of Applicant

Storage capacity _____ AF
ANTICIPATED PUMPING RATE 20 GPM
AVERAGE ANNUAL AMOUNT OF GROUND WATER TO BE APPROPRIATED _____ Acre-feet

CONDITIONS OF APPROVAL

ESTIMATED WELL DATA

Anticipated start of drilling Aug 21 1970
Anticipated start of use Aug 25 1970
Hole Diameter:

7 7/8 in. from 0 ft. to 40 ft.
_____ in. from _____ ft. to _____ ft.

Casing:

Plain 6 in. from 0 ft. to 20 ft.
5 in. from 20 ft. to 30 ft.
Perf. 5 in. from 20 ft. to 40 ft.
_____ in. from _____ ft. to _____ ft.

ESTIMATED PUMP DATA

Set 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. 42714 CONDITIONAL
DATE ISSUED AUG 24 1970
E. J. Guiper
STATE ENGINEER
BY Barlan W. Ebers

NOTICE: THIS APPLICATION MUST BE COMPLETED SATISFACTORILY BEFORE ACCEPTANCE

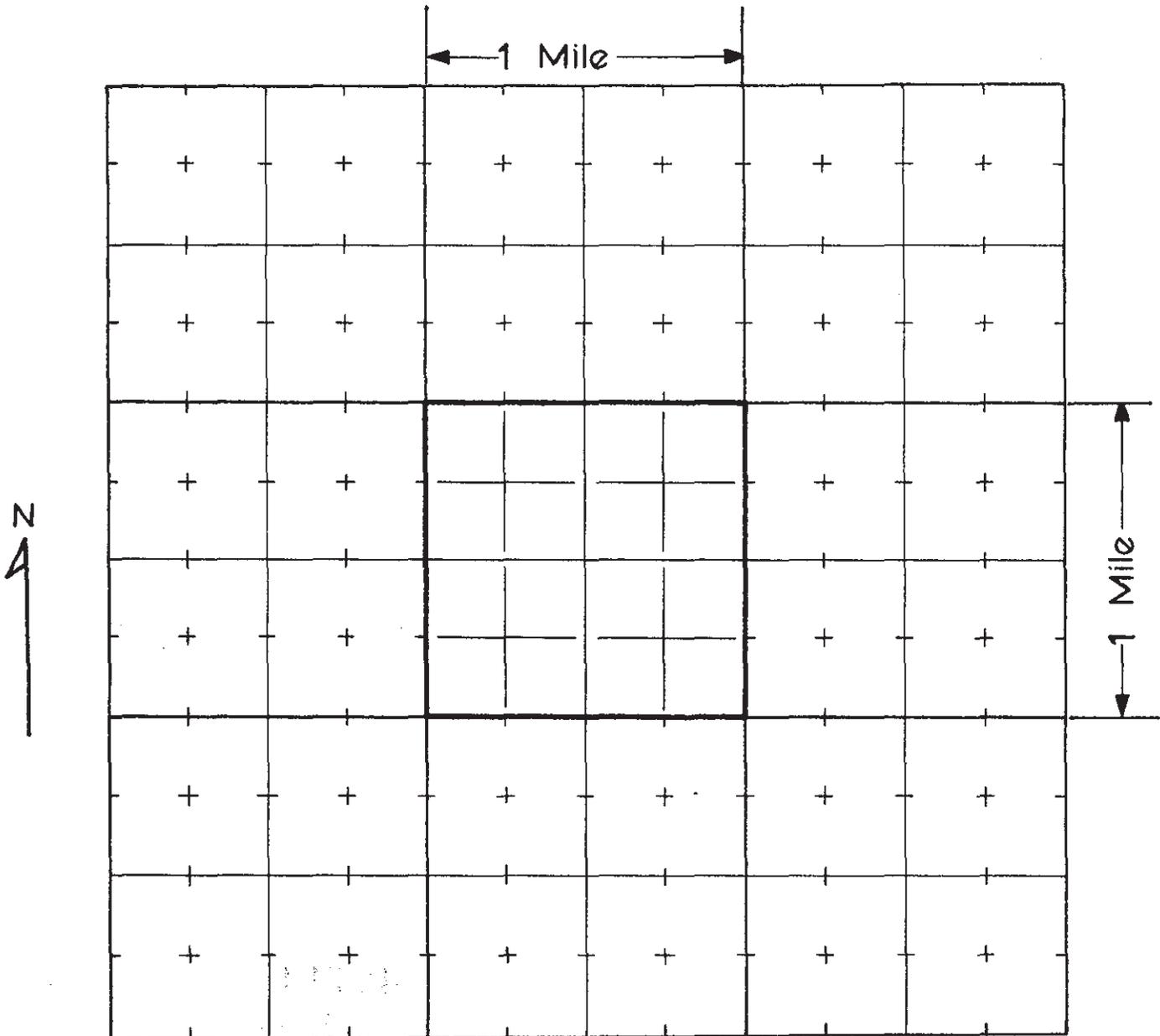
(OVER)

THE LOCATION OF THE PROPOSED WELL SHALL BE SHOWN ON THE DIAGRAM BELOW WITH REFERENCE TO SECTION LINES OR GOVERNMENT SURVEY CORNERS OR MONUMENTS.

_____ feet from _____ (North or South) section line
_____ feet from _____ (East or West) section line

IF WELL IS FOR IRRIGATION, THE AREA TO BE IRRIGATED MUST BE SHADED OR CROSS-HATCHED.

This diagram represents nine (9) sections. Use the CENTER SQUARE (one section) to indicate the location of the well.



THE SCALE OF THE DIAGRAM IS TWO INCHES EQUALS ONE-MILE

APPL
TYPE
E

Use Permit For An On-site Waste Water Treatment System

PROPERTY INFORMATION:

OWNER INFORMATION:

Address: 13150 E 148th Ave
Brighton, CO 80601--739
County: Adams
APN: 0157113002012

Dwelling Type: Single Family
No. of Bedrooms: 3
Water Supply: Private Well
Onsite ID: House

Address: 13150 E 148th Ave
Brighton, CO 80601-739
Phone: 720-545-0798

PERMIT INFORMATION: ON0040893

Permit Type: OWTS

Construction Phase: Complete - Use Permit

Tank 1

Tank Capacity Built (Gal): 1,000
Tank Type: T-Treatment
Tank Material: C-Concrete
Tank Baffle: T's
No of Compartments: 1
Effluent Screen? No

Soil Treatment Area Built:

Type: BD: Bed with Rock
Area (Sq ft): 2,396
Final Depth (Inches): 48
Chamber Type:
No of Chambers:
Application Method: Gravity

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 Name: High Plains Sanitation Services
Name: Jeff Nicoll
55562 E County Road 46
Strasburg, CO 80136--

OWTS - Inspector
NAWT Certification: 12599ITC Exp. 10/31/2022
Phone: 303-622-4126
Email: highplainssan@gmail.com

OWTS - Permit Comments

Tuesday, September 7, 2021 4:23 PM - Jeff McCarron

The Use Permit inspector noted that the septic tank was a one-compartment septic tank, which was allowed by Tri-County Health Department until 9/1/1974. This system was initially permitted in 1970 and at that time was an approved configuration.

The field size is a combination of the original bed absorption system from 1970 (800 square feet) and the newer 1995 bed (1596 square feet).

The Use Permit inspector noted that the septic tank has a parking area built over it. TCHD recommends not driving over any part of the system or building anything on the system as it may reduce the life expectancy of the system.

FOR AN ON-SITE WASTE WATER TREATMENT SYSTEM

Use Permit For An On-site Waste Water Treatment System

PROPERTY INFORMATION
OWNER INFORMATION:

Address: 13150 E 148th Ave
Brighton, CO 80601--739
County: Adams
APN: 0157113002012

Dwelling Type: Single Family
No. of Bedrooms: 3
Water Supply: Private Well
Onsite ID: House

Address: 13150 E 148th Ave
Brighton, CO 80601-739
Phone: 720-545-0798

PERMIT INFORMATION: ON0040893

Permit Type: OWTS

Construction Phase: Complete - Use Permit

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 Tri-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 Tri-County Health Dept.

Tri-County Health Department must be contacted if any of the above occurs.

MAINTENANCE REQUIREMENTS

- * The septic tank must be inspected once every four years and pumped according to the Requirements in the current Tri-County Health Department OWTS Regulation.
- * If the septic or dosing tank is equipped with an effluent filter, the filter must be cleaned at manufacturer recommended intervals or more often.
- * If the system has alternating beds or is a drip or low pressure pipe system, beds or zones must be rotated annually.
- * Additional maintenance requirements may apply. Refer to the Tri-County Health Department "Your Septic System Guidelines and Records" or engineer's report for specific requirements.

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:

9/7/2021



Jeff McCarron 09/07/2021



Use Permit Deficiency Repair Verification Form

NOTE: REPAIRS DOCUMENTED ON THIS FORM ONLY APPLY TO REPAIRS NOT REQUIRING A PERMIT FROM TRI-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: 8/23/21

Repair Contractor Information

Repair Contractor's Name: Grein Excavating, LLC Phone: 303-659-5295

Repair Completed By: Michael Grein

Company (if applicable): Grein Excavating, LLC Email: greinexcavating@gmail.com

Owner and Property Information

Owners Name: Elisida Gallegos

Phone: 720-454-0798 Email: elsiemary.46@gmail.com

Address: 13150 E. 148th Ave.

City: Brighton State: CO Zip: 80601 County: Adams

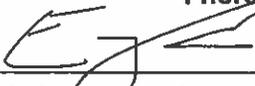
Address of Property for which Use Permit is requested (if different from above):

City: _____ Colorado Zip: _____ County: _____

Please List All Completed Non-Permitted Repairs Below:

Collapse and bury existing 750 gallon septic tank. Reroute lines around 750 gallon tank to existing 1,000 gallon septic tank.

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

 CI0001309 8/31/21
Repair Contractor Signature System Contractor License Number Date
(If Applicable)



Permit # 0N0040893

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 EHWebfillableforms@tchd.org

Completion of All Fields is Required

Application Date: 7/9/21

PROPERTY FOR WHICH PERMIT IS REQUESTED

Address: 13150 E 148th Ave

City: Brighton

State: CO

Zip: 80601-7396

Parcel Number (APN): 0157113002012

Lot Size in Acres: 1.00

Current Property Owner Name: Octavio & Elisida Gallegos

Owner Phone: 720-545-0798

Owner Email: _____

County: Adams

Name of Applicant: High Plains Sanitation Services

Address: 55562 E County Road 46

City: Strasburg

State: CO

Zip: 80136

Applicant Phone: 303-622-4126

Email: highplainssan@gmail.com

Dwelling Type: Single Family Multi-Family Commercial Other _____

Number of Bedrooms (existing): 3

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: Jeff Nicoll

Phone: 303-622-4126

Email: highplainssan@gmail.com

National Association of Wastewater Technicians (NAWT) Certification Number: 12599ITC



Use Permit Inspection Form

Date of Inspection: 06/23/21

Use Permit Inspection Information

IMPORTANT NOTE: This Tri-County Health Department (TCHD) Inspection Form must be completed by a **CERTIFIED** inspector. An inspection report completed by **UNCERTIFIED** inspector(s) will **NOT** be accepted.

Name: Jeff Nicoli Phone: 303-622-4126 Email: highplainssan@gmail.com

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

Number: 12599ITC If Other, certifying entity: _____

Owner and Property Information

Owners Name: Octavio & Elisida Gallegos Phone: 720-454-0798 Email: _____

Address: PO Box 343

City: Brighton State: CO Zip: 80601 County: _____

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

13150 E 148th Ave

City: Brighton Colorado Zip: 80601-7396 County: Adams

Section 1: Tanks

Tank 1

Tank Size (gallons): 1000

Does this match TCHD records? Yes No

Type: Concrete Polyethylene Fiberglass Other

Was tank pumped? Yes No

If yes: Date Pumped: 06/23/21 Pumped by: HPSS

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): 750

Does this match TCHD 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?
- 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 2 information continued on next page)

Tank 1 (continued)

Yes No

- Was tank water level **above** the outlet invert?
- Was tank water level **below** the outlet invert?
- Does tank have an effluent filter(s)?
- If YES, is the filter accessible for cleaning?
- If YES, is the filter clean and in good condition?

Tank 2 (continued)

Yes No

- Was tank water level **above** the outlet invert?
- Was tank water level **below** the outlet invert?
- Does tank have an effluent filter(s)?
- If YES, is the filter accessible for cleaning?
- If YES, is the filter clean and in good condition?

Comments: Secondary tank is deteriorated and probe was able to pass through top of tank. Tank will need to be replaced.

◆◆◆ 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

N/A Yes No

- Is siphon or pump operational?
- Are floats properly tethered and operational?
- Is the junction box (J-Box) approved for use?
- If Yes, are J-Box and wiring properly installed and functional?

- Is there an audio visual alarm?
- If alarm, is alarm operational?
- Is pump in a screened vault?
- If Yes, is the vault in acceptable condition and screen clean?
- 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

Yes No

- Are the distribution valves in a box or vault?
- If Yes, is the box or vault in acceptable condition?
- Are the distribution valves operational?
- If Pressure dosed, NDDS, or Drip Irrigation, are risers at ends of zones in good condition?

- Is there an automatic distribution valve (ADV)?
- If Yes, is the ADV working properly?
- Is the system equipped with flushing valves?
- 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? North end of North STA
- 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: South STA appears to be under utilized drive area.

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 3 - S side of house, and E side of shop
- 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: Inlet line between house and tank has roots present at the cleanout. Line should be routed to clear roots and prevent potential blockage.

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

Is the 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 TCHD Form S-103.

Is the public sewer within 400 feet of the property?

Does the entire system meet all required set-backs in Table 5 of TCHD Regulation O-14 On-site Wastewater Treatment Systems (OWTS)?

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

Comments: _____

Yes No

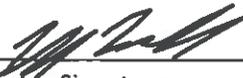
In my opinion, at the time of the inspection, the OWTS has deficiencies that require repairs.

IMPORTANT NOTE:

All non-permitted repairs must be documented on TCHD Form S-406

Yes No

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



Inspector Signature

06/23/21

Date

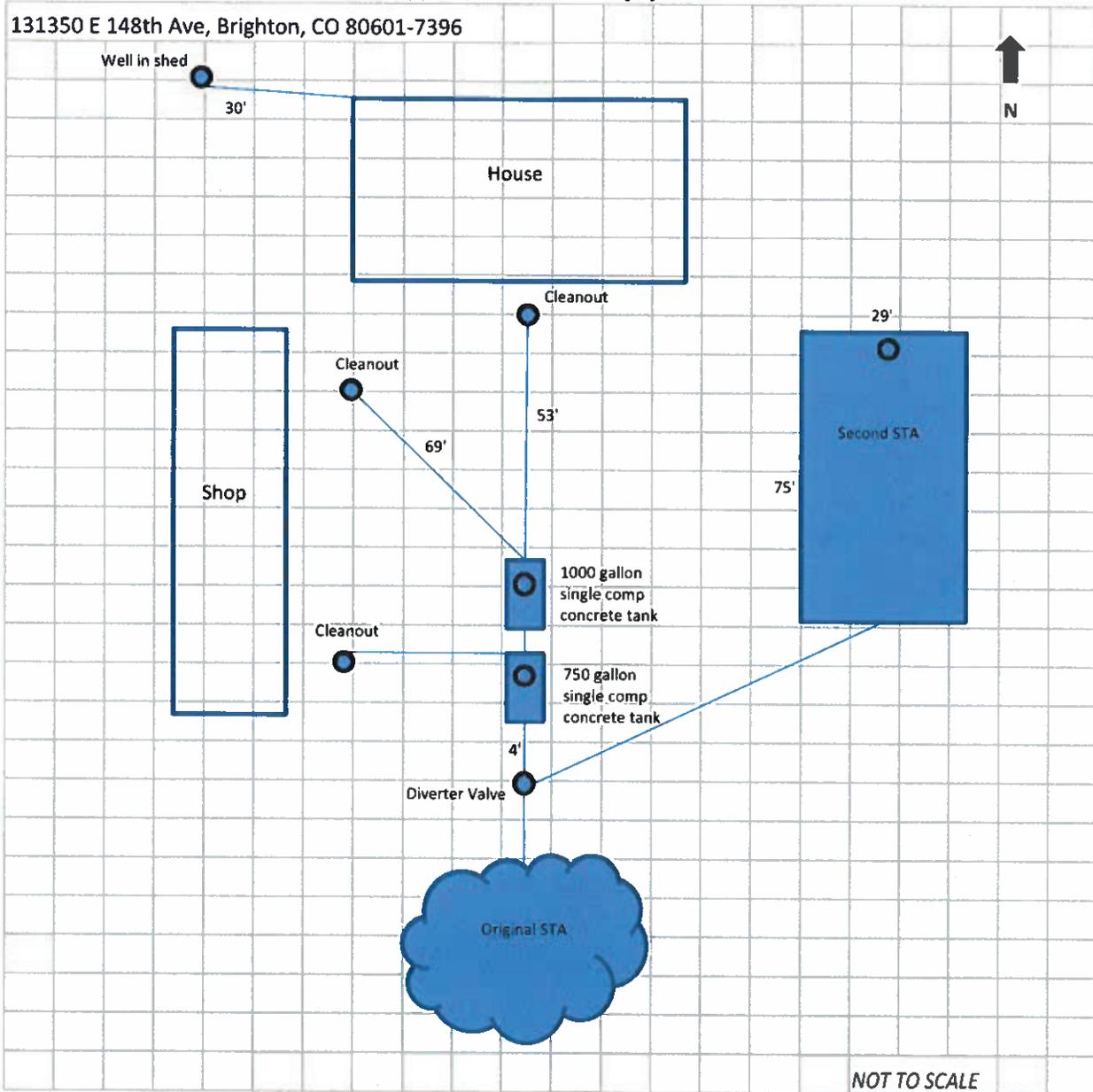
High Plains

SANITATION SERVICES

Jeff & Lisa Nicoll
55562 E CR 46
Strasburg, CO 80136
303-622-4126
highplainssan@gmail.com

Onsite Wastewater System Inspection Report Approximate location of system

131350 E 148th Ave, Brighton, CO 80601-7396



High Plains Sanitation Service
55562 E CR 46
Strasburg, CO 80136
(303) 622-4126
highplainssan@gmail.com
www.highplainssanitation.com

High Plains

SANITATION SERVICES

BILL TO
Elsie Gallegos
13150 E 148th Ave
Brighton, CO 80601

HPSS Invoice 06-21-107

DATE 06/23/2021 TERMS Due on receipt

DUE DATE 06/23/2021

PAID

ACTIVITY	QTY	RATE	AMOUNT
1100 Septic Tank Pumping - First Tank	1,000	0.33	330.00
1100:1108 Septic System Inspection	1	250.00	250.00
1100:1115 Use Permit Processing	1	80.00	80.00
1100:1116 Administration Fee	1	35.00	35.00
PAYMENT			695.00
TOTAL DUE			\$0.00

Accounts 30 days past due are subject to a \$25 late fee PLUS 20% APR

Onsite Wastewater System Inspection Report

Property Address: 13150 E 148th Ave, Brighton, CO 80601-7396

COUNTY RECORD SEARCH

County for Records – Tri County Health Department – Adams

County Record Status – Septic files available

SITE INSPECTION

Age of system – Original system installer 1970 (51 years) & new tank/STA installed 1995 (26 years)

Date of Inspection – 06/23/21

Date of Last Pumping – 06/23/21

Service Provider of last pumping –

High Plains Sanitation Service
55562 E County Road 46
Strasburg, CO 80136
303-622-4126
highplainssan@gmail.com

Tank Information – 2 tanks - 1000 – single compartment – concrete primary tank & 750 – single compartment – concrete secondary tank.

Located – Approximately 53' south of the cleanout on the south side of the house. The access ports for both tanks are to grade. There is a 32" riser on the access port for the primary tank, comprised of concrete and steel. There is a 36" riser on the access port of the secondary tank, comprised of concrete and steel. The lids and risers are in good condition.

Tank Integrity – Primary tank appears to be in good condition with no apparent cracks or leakage from the chambers. Secondary tank is in poor condition, with a probe being able to pass through the tank wall. Tank will need to be replaced.

Baffles & Tees – PVC Sanitary Tees on the inlet and outlet lines of each tank.

Sludge level in the primary tank was 8" & Scum layer in the primary tank was 2".

Sludge level in the secondary tank was 6" & Scum layer in the secondary tank was 0".

Inlet line – Appears to be installed properly and was running clear at the time of inspection. The inlet line was scoped with a line camera, and roots were present in the line at the cleanout. Roots should be removed to prevent blockage in the line.

Outlet line – Appears to be installed properly and was running clear at the time of inspection.

Connection line between tanks – appears to be installed properly, with no visible signs of settling.

Soil Treatment Area information

Type of system – 2 fields with a diverter valve - Gravity fed, gravel bed STAs, over 48" to depth for the original STA, and approx. 48" to depth for the second STA.

Components of absorption system – The diverter valve for the fields is located south of the secondary septic tank. Refer to the updated "As Built" Drawing" provided by High Plains Sanitation Service for approximate locations of the tank and fields.

Soil Conditions at the time of inspection – Dry – No indication of surfacing or back up of the system.

OBSERVATIONS:

At the time of this inspection, we found the system to be in fair condition and functioning correctly, but in need of repairs. The secondary tank has significant deterioration, and a probe was able to pass through the tank wall. There are roots present in the inlet line at the cleanout near the house, going to the primary tank. The south cleanout for the shop connects to the secondary tank.

The septic primary septic tank was pumped as part of this inspection, the secondary tank will need to be pumped prior to replacement.

RECOMMENDATIONS:

We recommend a tank replacement for the secondary tank due to the condition. We recommend having the roots removed from the inlet line to prevent potential blockage in the line.

General Recommendations:

We recommend that the primary tank be pumped every 2-3 years to assess the amount of usage and condition of the system and that the dosing tank be pumped as needed, i.e. when the sludge level in the dosing chamber reaches approximately 3".

We recommend that the grass and weeds over the leaching fields be kept mowed to help in evapotranspiration of the soil treatment areas. Be cautious of the inspection port at the north end of the north STA.

We recommend keeping livestock off the fields. Livestock compact the soil and will inhibit the fields from functioning correctly.

We recommend that water conservation practices be utilized to avoid hydraulic overload, i.e. spread wash out over the week, no more than 2 loads a day, check for and repair leaking faucets and running toilets regularly, limit the length of showers, etc.

Neither High Plains Sanitation Services nor any of its agents or employees undertake or assume liability to the owner of the above property, or any purchaser of the above property or any lending agency making a loan on the above property in connection with either its examination of the property or in the report.

This is a visual inspection conducted solely for the purpose of detecting health hazards observable at the time of inspection, and does not constitute a warranty that the system is without flaw or that it will continue to function in the future. Inspections requested during periods of rain, snow or when a residence has been unoccupied may be of questionable value.

Signature Jeffrey Nicoll

County Pumping License Numbers: TCHD – CI0002139 / NAWT Inspector Certification: 12599ITC



13150 E 148th Ave, Brighton, CO 80601-7396



Well located in shed to the west of the house



Cleanout located on south side of the house



Looking south from house to primary tank

Looking north from primary tank to house



Cleanout located in front of shop apartment

Looking southeast from shop apartment to tanks



Cleanout located in front of shop bathroom

Looking northeast from shop cleanout to tanks



Access port for Primary Tank – Before Pumping

Access port for Secondary Tank



Probe able to pass through top of secondary tank



Diverter valve for STA's located 4' south of secondary tank



Looking east from tanks to North STA

Looking west from North STA to tanks



Looking north across North STA from south end Looking south across North STA from north end



Inspection port at north end of North STA



Looking south from tanks to South STA

Looking north from South STA to tanks



Looking south across South STA from north end

Looking north across South STA from south end



Access port for Primary STA – After Pumping

- [Tax Account Search](#)
- [Shopping Cart](#)
- [My Reports](#)
- [Help](#)
- [Treasurer Main Page](#)
- [Assessor Main Page](#)
- [Adams County Main Page](#)
- [Logout public](#)

The amount of taxes due on this page are based on last year's property value assessments. For current year values visit the [Adams County Assessor's site.](#)

Summary

Account Id R0008929
 Parcel Number 0157113002012
 Owners TUCKER WILLIAM SAMUEL
 Address 13150 E 148TH AVE
 BRIGHTON, CO 80601-7396
 Situs Address 13150 E 148TH AVE
 Legal SUB:ELMWOOD ACRES DESC: TRACT 6

Inquiry

As Of 

Payment Type First
 Second

Total Due \$0.00

Value

Area Id	Mill Levy	
292 - 292	104.2600000	
	Actual	Assessed
RES IMPRV LAND - 1112	97,000	6,740
SINGLE FAMILY RES - 1212	327,184	22,740
1217 - 1217	8,757	610
Total Value	432,941	30,090
Taxes		\$3,137.18

DUE DATES:

First Half Payment Due March 1
Second Half Payment Due June 15
OR
Full Payment Due April 30

If paying or corresponding by mail, please use the following addresses:

PAYMENTS ARE TO BE MAILED TO: P.O. BOX 869 BRIGHTON, CO 80601-0869

CORRESPONDENCE IS TO BE MAILED TO: 4430 South Adams County Parkway, Suite C2436 Brighton, CO 80601