



Fort Collins
1525 Blue Spruce Dr.
Fort Collins, CO 80524
(970)498-6700

Loveland
200 Peridot Ave., STE 200
Loveland, CO 80537
(970)619-4580

Estes Park
1601 Brodie Ave.
Estes Park, CO 80517
(970)577-2050

ON-SITE WASTEWATER TREATMENT SYSTEM ACCEPTANCE DOCUMENT

May 12, 2026

Dear Debby Johnson,

The on-site wastewater treatment system (OWTS) serving 320 Del Monte Road in Berthoud was inspected on 04/28/2026 by Johnston Sanitation.

At the time of inspection the system was found to be in compliance with the Larimer County On-Site Wastewater Treatment System Regulations and meets the criteria for a Transfer of Title Acceptance Document.

The following details on the system were obtained from permit records and/or the inspection listed above:

Permitted System Design Capacity: 3

Discrepancy in Bedroom Number Identified? NO

Tank Size: 1000 gallons

Soil Treatment Area Size: 1320 Square Feet

Flow Test Results: At the time of inspection, a flow test was completed and the system found to be functioning correctly.

Inspector's Comments: Tank was pumped by Sullivan Septic prior to inspection on 4-9-26. Compartment 2 had 0 inches of sludge and scum. PVC inlet and outlet 'T's. Both are in acceptable condition. Tank level and operations test indicate tank and STA are functioning as designed. Outlet side of tank is showing minor signs of deterioration. 8 inch cast iron inlet riser. 3 inch cast iron outlet riser. Lids are secure and at grade. STA was probed and located and where permit suggests.

LCDHE Comments: The typical lifespan of a system is 25-50 years depending on maintenance and use, so the system should be closely monitored for continued functionality.

Evidence of Past System Failure: NO

Critical Items Requiring Repair: N/A

This Acceptance Document is valid until 04/28/2027.

If you have any questions regarding this document please contact the Larimer County Health Department.

APPLICATION AND PERMIT FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

ENTERED

LARIMER COUNTY HEALTH DEPARTMENT

363 Jefferson St., Fort Collins, CO 80524

221-2100 EXT. 596

MICROFILMED
2168



0426000016

1. _____ 1/4, _____ 1/4, _____ 1/4, S ²⁶/₃₃ T 4 R 70
2. Subdivision _____
3. Lot _____ Block _____ Filing _____ Zoned _____
4. New Repair _____ 320 Del Monte Rd
5. Address/Location 749 County Rd. 27E, Berthoud, Co
6. Owner of Record Thomas & Linnea Sahl Address Same Ph. 532-3117
7. Agent _____ Address _____ Ph. _____
8. System Contractor _____ Address _____ Ph. _____
9. Building Type Residence Basement Bathroom No Design Capacity 3 Bdrm
10. Lot Size 35A Slope 5% Perc. Rate/H.C. 34 mpi Depth to Bedrock >8'
11. Depth to water Table >8' Potable Water Supply Well Aquifer _____
12. Water District None
13. Sanitation District _____
14. Nearest Location of Public Sewer To Building _____
15. Exhibits check: Plot Plan _____ Eng. Geol. Report _____ Engineers Design _____
16. Owner/Agent Signature Linnea S. Sahl Date 7-7-82
17. Engineer Signature _____ P.E. Reg. # _____ Date _____
18. Fee of \$ 150.00 payable at time Permit is issued. # 859
19. Plot plan on reverse of this form.

Mail to:
P.O. 334, Berthoud

Permission is hereby granted to the owner or his agent to perform the work indicated below in accordance with the Larimer County Individual Sewage Disposal Regulations and is conditional upon the final installation approval of the Larimer County Health Department. This permit is to remain in full force for the duration of the Larimer County Building Permit, or 120 days after its issuance, where applicable, providing it is not revoked for non-compliance. The issuance of this permit does not constitute assumption by the Department or its employees of liability for the failure or inadequacy of the sewage disposal system.

20. Type and design of System Standard Design system, 1000 gal septic tank followed by 1,320 sq ft. of absorption field. Maintain 100 ft distance between field and well.

(Design Code 1)

21. Maintenance Schedule pump tank every 3-4 years

22. Please notify the department 24 hours in advance of backfilling to obtain final inspection for issuance of "Occupancy Certificate".

| Approval Signature | Date | Approval Signature | Date |
|--|---------------|--|----------------|
| 23. Site Inspection: <u>J. Casman</u> | <u>7/9/82</u> | Sanitation District: _____ | |
| 24. Preliminary: <u>J. Casman</u> R.P.S. | <u>7/9/82</u> | Occupancy Permit Signed: <u>M. Zimma</u> | <u>11-9-87</u> |
| 25. Final Inspection: <u>JRC</u> R.P.S. | <u>5/2-84</u> | And Transmitted By: _____ | |

Route: white - owner; pink - system contractor; Tag Copy - File.

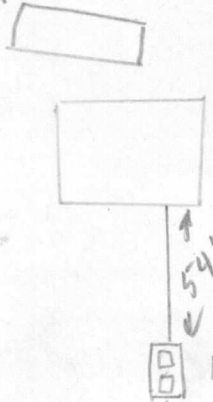
Bonneville Rd

WATER SLIDE + TUNNEL

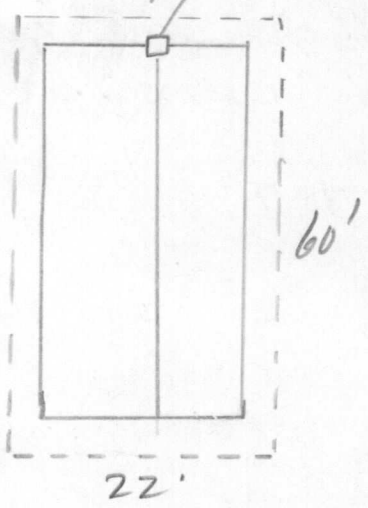
CR 27E

11
N

Temporary trailer



120'



60
22/0
130/0
120/0
130



Onsite Wastewater Treatment System
Property Sale Inspection

Property Information

Note: If more than one OWTS is installed on the property, a separate Property Sale Inspection must be completed for each ON#. Issuance of an acceptance document will follow submission and review of the associated inspection report and will include information provided from the inspection as well as a review of records on file.

Property Address: 320 Del Monte Road

Tax Schedule:

City, State, ZIP: Berthoud, Colorado, 80513

Structure Type: Residential Multifamily Auxiliary Commercial Not Connected

Inspection Type: Initial Inspection 2nd Initial Inspection Other

Date of Inspection: 04/28/2026

Inspection Company: Johnston Sanitation

Certified Inspector: Evan Welting

Form Completed by: Denise Welting

System Use Information

Property Vacant/Occupied: Occupied Vacant If vacant, how long vacated?

Type of System Use: Permanent Seasonal How many seasonal months used?

No. of Bedrooms: 3 Match LCDHE Approval: Yes No No record on file

No. of Bathrooms: Water Supply: Well Cistern Municipal Other

System Use Comments

None

General OWTS Information

Note: Comments are required for answers which indicate components are not functioning as intended or otherwise require explanation

Was flow test conducted? Yes No If yes, how many gallons used? 180-190

Cleanouts between house and tank: Yes No If yes, approximate location from structure?

Evidence of damage or settling between house and tank: Yes No

Evidence of damage or settling between tank and STA: Yes No

Do current LCDHE records match system as currently installed: Yes No *If no, submit a record of system as inspected.*

Is there advanced treatment unit on system: Yes No *If no, skip to OWTS Tanks*

Advanced treatment Unit (ATU): ATU Functioning Appropriately: Yes No

General Information Comments:

Tank was pumped by Sullivan Septic prior to inspection on 4-9-26.

OWTS Tank(s)

Note: Comments are required for answers which indicate components are not functioning as intended or otherwise require explanation

If this is a sealed vault does it have an alarm? Yes No

Tank 1

Tank 2 Check if not applicable

Tank Use: Main Pump Other

Tank Use: Main Pump Other

Tank Size (gallons): 1,000

Tank Size (gallons):

Type: Concrete Poly Other

Type: Concrete Poly Other

No. of Compartments: 2

No. of Compartments:

Comp. 1 Accumulations: Sludge: 1 Scum: 0

Com. 1 Accumulations: Sludge: Scum:

Comp. 2 Accumulations: Sludge: Scum:

Com. 2 Accumulations: Sludge: Scum:

| | |
|--|--|
| Tank pumped: <input type="checkbox"/> Yes <input type="checkbox"/> No Gal Pumped:1,000 | Tank pumped: <input type="checkbox"/> Yes <input type="checkbox"/> No Gal Pumped: |
| Tank Fully Inspected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Tank Fully Inspected: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Tank functioning as intended: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Tank functioning as intended: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Tank Baffle/Tee in good condition: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Tank Baffle/Tee in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Effluent within operational limits: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Effluent within operational limits: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| If no, did effluent return to normal levels: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | If no, did effluent return to normal levels: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Does tank have an effluent filter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Does tank have an effluent filter: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Tank risers to grade: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Tank risers to grade: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Risers in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Risers in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Riser lids secure and in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Riser lids secure and in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Are there additional tanks? Yes No
If yes, an additional form must be completed.

OWTS Tank Comments:

Compartment 2 had 0 inches of sludge and scum. PVC inlet and outlet 'T's. Both are in acceptable condition. Tank level and operations test indicate tank and STA are functioning as designed. Outlet side of tank is showing minor signs of deterioration. 8 inch cast iron inlet riser. 3 inch cast iron outlet riser. Lids are secure and at grade.

OWTS System Distribution

Note: Comments are required for answers which indicate components are not functioning as intended or otherwise require explanation

System distribution: Gravity Dosed (pump/gravity) Pressure distribution Other

If Gravity skip to OWTS STA

Dosing unit: Pump Siphon

Is dosing unit operational: Yes No

| | |
|--|--|
| Risers in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Riser lids secure and in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <i>Are there multiple types?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, explain in the comment section</i> | |

OWTS Distribution Comments:

OWTS Soil Treatment Area (STA)

Note: Comments are required for answers which indicate components are not functioning as intended or otherwise require explanation

| STA 1 | STA 2 <input checked="" type="checkbox"/> Check if not applicable |
|---|---|
| Year Installed: | Year Installed: |
| Type: <input type="checkbox"/> Chamber <input type="checkbox"/> Rock/Pipe <input type="checkbox"/> Other | Type: <input type="checkbox"/> Chamber <input type="checkbox"/> Rock/Pipe <input type="checkbox"/> Other |
| Additional Distribution Component: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Additional Distribution Component: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| If yes, Type: <input type="checkbox"/> Distribution Box <input type="checkbox"/> Diverter Valve | If yes, Type: <input type="checkbox"/> Distribution Box <input type="checkbox"/> Diverter Valve |
| Is dist. component accessible at grade: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Is dist. component accessible at grade: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Distribution component in good repair: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Distribution component in good repair: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Was distribution component adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Was distribution component adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

| | |
|--|---|
| Wet spots or surfacing observed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Wet spots or surfacing observed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Observation ports (O.P) at/above grade: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | Observation ports (O.P) at/above grade: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Is there standing effluent in O.P? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | Is there standing effluent in O.P? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Is vegetation cover excessive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Is vegetation cover excessive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Is there evidence of compaction? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Is there evidence of compaction? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Is there evidence of encroachment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Is there evidence of encroachment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

OWTS STA Comments

STA was probed and located and where permit suggests.



Public Health

Larimer County Department of Health and Environment
 1525 Blue Spruce Drive, Fort Collins, CO 80524
 970-498-6700 | www.larimer.gov/health