



FREMONT COUNTY

DEPARTMENT OF PLANNING AND ZONING

615 MACON AVENUE, ROOM 210, CAÑON CITY, COLORADO, 81212

Telephone 719-276-7360 / Facsimile 719-276-7374

Email: Planning@fremontco.com

Fremont County

JUL 10 2025

Planning & Zoning

☐ Accessory Dwelling Unit

\$200.00

PROPERTY INFORMATION: Provide information to identify property.

Property Address:

694 S. Pine Vista Cañon City, CO 81212

Tax ID/Parcel Numbers:

99604523

Zone District:

PROPERTY OWNER(S) INFORMATION: Indicate the person(s) or organization(s) who own the property proposed for development. Attach additional sheets if there are multiple property owners.

Name(s) (Individual or Organization):

Thomas E. Marzec Candace L. Marzec

Mailing Address:

694 S. Pine Vista Cañon City, CO 81212

Telephone:

419.283.9854

Email Address:

Tmarzec61@gmail.com



Fremont County Planning & Zoning Department

Accessory Dwelling Unit Application

1. Fire Protection District / Source: Tallahassee Volunteer Fire Dept.
2. Primary Dwelling Square Footage: 1250 - 1700
3. Accessory Dwelling Square Footage: 675
4. List Utility Provider information:

<u>WATER</u>	<u>Well</u>
<u>SANITATION</u>	<u>Septic</u>
<u>ELECTRICAL</u>	<u>Sangre De Cristo</u>
<u>TELEPHONE</u>	<u>AT & T</u>
<u>REFUSE</u>	<u>Logan Wolf</u>
<u>IRRIGATION WATER</u>	<u>N/A</u>
<u>NATURAL GAS / PROPANE</u>	<u>Mile High Propane</u>
<u>CABLE TELEVISION</u>	<u>N/A</u>

5. REQUIRED ATTACHMENTS

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> EXHIBIT 5.1 | Copy of the most recent recorded deed. |
| <input type="checkbox"/> EXHIBIT 5.2 | Signed Declaration of Covenant & Restriction stating ADU restrictions. |
| <input type="checkbox"/> EXHIBIT 5.3 | Written proof from the appropriate entity or service provider that water and sewer/septic services are adequate for all uses on the parcel. |
| <input type="checkbox"/> EXHIBIT 5.4 | Floor plan of ADU |
| <input type="checkbox"/> EXHIBIT 5.5 | Plot Plan Showing: <ol style="list-style-type: none"> a. All structures proposed or existing with dimensions to property lines & structures. b. All utilities for the structures, including electric, gas, water, and sanitary sewer/septic. c. All parking areas. d. All exterior access points |

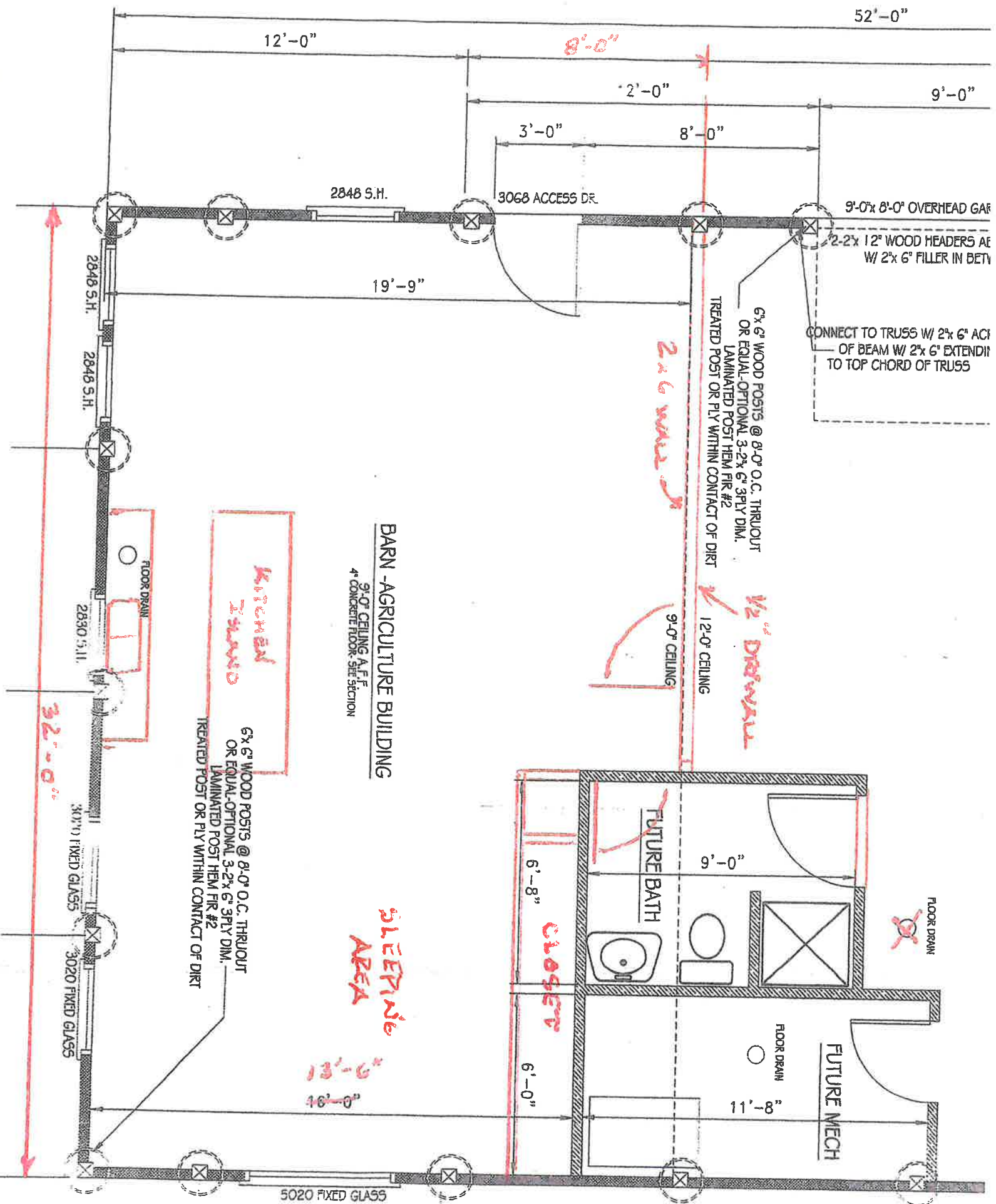
By signing this Application, the Applicant, or the agent / representative / consultant acting with due authorization on behalf of the Applicant, hereby certifies that all information contained in the application and any attachments to the Application, is true and correct to the best of the Applicant's knowledge and belief.

The Applicant understands that required private or public improvements imposed as a contingency of approval for the application may be required as a part of the approval process.

Fremont County hereby advises the Applicant that if any material information contained herein is determined to be misleading, inaccurate or false, the Board of County Commissioners may take any and all reasonable and appropriate steps to declare null and void, any actions of the Board regarding the Application.

Signing this Application is a declaration by the applicant that all plans, drawings and commitments submitted with or contained within this Application are or will be in conformance with the requirements of the Fremont County Zoning Resolution.

<u>Tom MARZEC</u>	<u>T. E. Marzec</u>	<u>7/18/25</u>
Printed Name	Applicant Signature	Date
<u>Candace Marzec</u>	<u>Candace L. Marzec</u>	<u>7.10.2025</u>
Printed Name	Owner Signature	Date



WARRANTY DEED

THIS DEED, Made this 07 day of July, 2016 between

Tina L. Terrill

of the County of WAYNE and State of Michigan, grantor, and

Thomas E. Marzec and Candace L. Marzec

whose legal address is 5104 Rowland, Toledo, OH 43613

of the County of _____, State of Ohio, grantees:

WITNESS, That the grantor, for and in consideration of the sum of Seventy Thousand Dollars and No/100's (\$70,000.00), the receipt and sufficiency of which is hereby acknowledged, has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell, convey and confirm, unto the grantees, their heirs and assigns forever, not in tenancy in common but in joint tenancy, all the real property together with improvements, if any, situate, lying and being in the County of Fremont, and State of COLORADO, described as follows:

Lot 13, Pine Vistas Correction Plat

County of Fremont
State of Colorado

Doc Fee
\$7.00

also known by street and number as 694 South Pine Vista, Canon City, CO 81212

TOGETHER with all and singular the hereditaments and appurtenances thereunto belonging, or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof, and all the estate, right, title, interest, claim and demand whatsoever of the grantor, either in law or equity, of, in and to the above bargained premises, with the hereditaments and appurtenances.

TO HAVE AND TO HOLD the said premises above bargained and described, with the appurtenances, unto the grantees, their heirs and assigns forever. And the grantor, for himself, his heirs and personal representatives, does covenant, grant, bargain and agree to and with the grantees, their heirs and assigns, that at the time of the enrolling and delivery of these presents, he is well seized of the premises above conveyed, has good, sure, perfect, absolute and indefeasible estate of inheritance, in law, in fee simple, and has good right, full power and lawful authority to grant, bargain, sell and convey the same in manner and form as aforesaid, and that the same are free and clear from all former and other grants, bargains, sales, liens, taxes, assessments, encumbrances and restrictions of whatever kind or nature soever, except all taxes and assessments for the current year, a lien but not yet due or payable, and those specific Exceptions described by reference to recorded documents as reflected into the Title Documents accepted by Buyer in accordance with section 8.1 "Title Review", of the contract dated June 13, 2016, between the parties.

The grantor shall and will WARRANT AND FOREVER DEFEND the above-bargained premises in the quiet and peaceable possession of the grantees, their heirs and assigns, against all and every person or persons lawfully claiming the whole or any part thereof.

The singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

IN WITNESS WHEREOF, the grantor has executed this deed on the date set forth above.
SELLER:


Tina L. Terrill

STATE OF Michigan
COUNTY OF Wayne

}ss:

The foregoing instrument was acknowledged before me this 6th day of July, 2016 by Tina L. Terrill

MARY A. RUFFNER
Notary Public, State of Michigan
County of Wayne
My Commission Expires Sep. 30, 2022
Acting in the County of Wayne


Notary Public
My Commission expires:



1391.99'

35.2963 acres

1496.21'

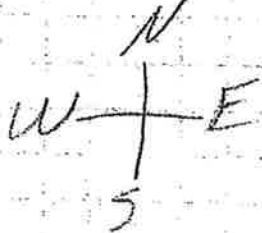
1197'

Proposed 32x52
polebuilding/garage
1664 sq. ft.

Drive

5 Pine Vista

1" = 180'



654'

Primary

ADU

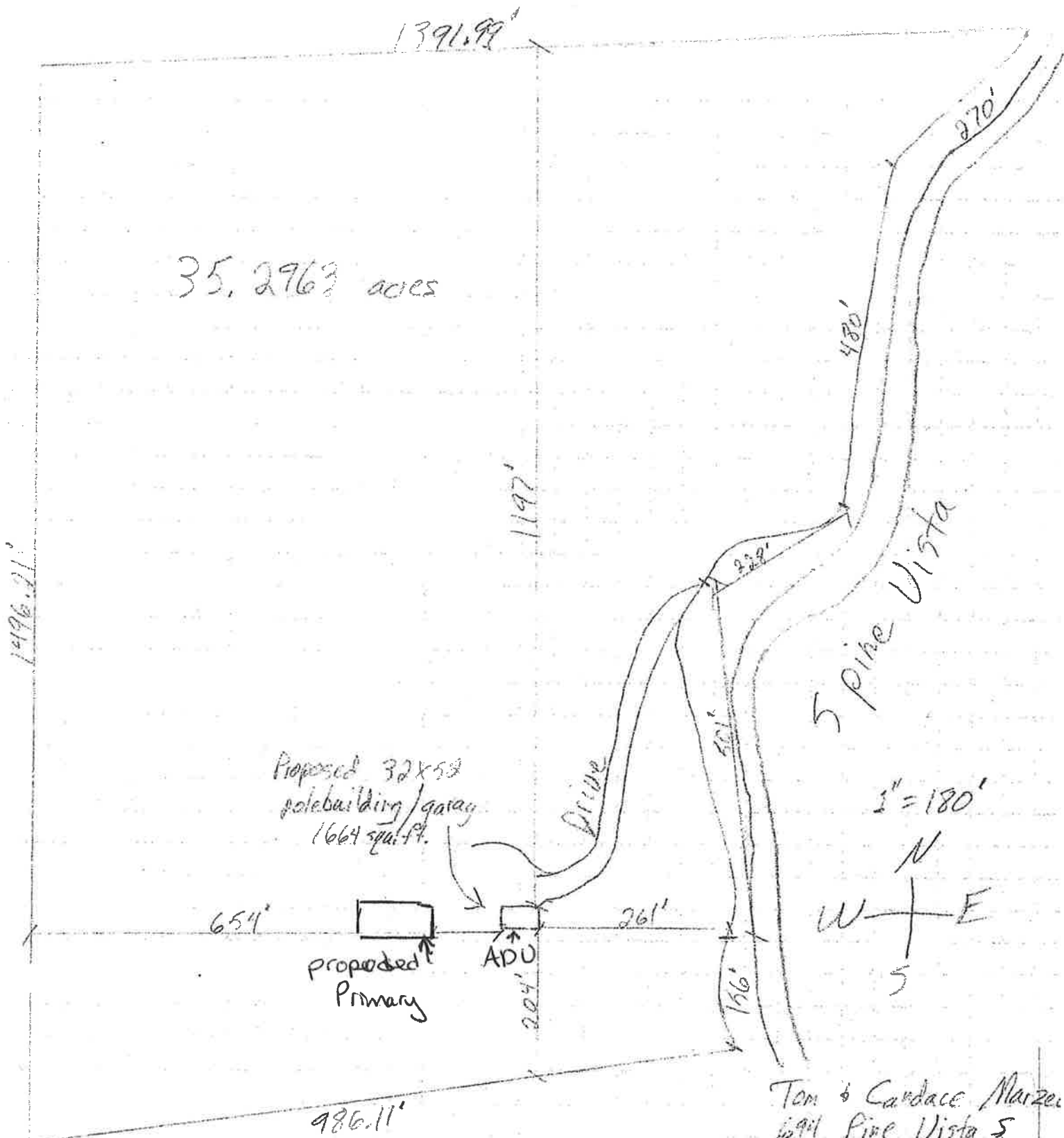
204'

261'

156'

986.11'

Tom & Candace Marzetti
694 Pine Vista S
Canon City CO 81212
419-283-9854



Tom & Candace Marzel
6911 Pine Vista 5
Canon City CO 81212
419-2831-9854

**DECLARATION OF COVENANTS AND RESTRICTIONS
TO REAL PROPERTY REGARDING AN ACCESSORY DWELLING UNIT**

This Covenant between (land owner) and the County of Fremont, State of Colorado, is hereby recorded and attached to that parcel of land as described in deed as recorded in the records of the Fremont County Clerk and Recorder's office under Reception Number 940720, and described as follows:

(INSERT LEGAL DESCRIPTION)

694 S. Pine Vista, Lot 13 Pine Vistas Correction Plat
REF From 996-04-219

I/We, herein, covenant and agree to the County of Fremont on behalf of ourselves and all heirs, assigns and successors of interest, into whose ownership the title to or interest in the above-described real property might transfer, as follows:

1. The owners are the sole and exclusive fee-simple owners of the above described parcel located within Fremont County, Colorado.
2. The owner(s) shall reside in the primary or accessory dwelling unit (ADU) as the principal and permanent residence at all times that the other dwelling unit is occupied. The owner(s) shall reside on the property for at least (6 months) out of the year, and at no time receive rent for, or otherwise allow a third party non-owner to reside in, the owner-occupied unit.
3. Sale of the ADU, separate from the primary dwelling, is prohibited.
4. Subdivision of the property in a manner that separates the ADU from the primary dwelling is prohibited.
5. Formal approval from Fremont County is required for modification of the size of the ADU.
6. These covenants and restrictions, shall run with the land and be binding and enforceable upon the owners and any and all of their heirs, assigns, grantees, and successors in interest into whose ownership title to the above-described real property may pass.
7. These covenants and restrictions will automatically terminate upon removal of the ADU from the parcel.
8. The provisions of these covenants and restrictions are enforceable in law or equity by Fremont County and its assigns. The Owner(s) expressly consent to and grant a private cause of action for enforcement, including damages and reasonable attorney fees, to any party is adversely affected by the failure to comply with the covenants and restrictions set forth herein.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed
this 10 day of July, 2025.

Thomas & Candace Marzec
Owner

State of Colorado
County of Fremont

The foregoing instrument was acknowledged before me this 10th of July 2025 (date)

by Joanne Kohl (name of person acknowledged).

Joanne Kohl
Notary Public

Print Name: Thomas Marzec & Candace Marzec

My commission expires: May 26, 2026 (Seal)

Thomas Marzec
Candace Marzec

Owner

State of Colorado
County of Fremont



The foregoing instrument was acknowledged before me this _____ (date)

by _____ (name of person acknowledged).

Notary Public

Print Name: _____

My commission expires: _____ (Seal)

Form No. GWS-31 02/2017		WELL CONSTRUCTION AND YIELD ESTIMATE REPORT State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 www.water.state.co.us and dwrpermitsonline@state.co.us			For Office Use Only	
1. Well Permit Number: 317875		Receipt Number: 10003923				
2. Owner's Well Designation:						
3. Well Owner Name: THOMAS MARZEC						
4. Well Location Street Address: 694 S PINE VISTA CANON CITY						
5. As Built GPS Well Location (required): <input type="checkbox"/> Zone 12 <input checked="" type="checkbox"/> Zone 13 Easting: 462644 Northing: 4274729						
6. Legal Well Location: SW 1/4, SE 1/4, Sec., 27 Twp. 16, <input type="checkbox"/> N or S <input checked="" type="checkbox"/> , Range 72 <input type="checkbox"/> E or W <input checked="" type="checkbox"/> , 6TH P.M.						
County: FREMONT						
Subdivision: PINE VISTAS, Lot 13, Block _____, Filing (Unit) _____						
7. Ground Surface Elevation: _____ feet Date Completed: 7/3/20 Drilling Method: AIR PERCUSSION						
8. Completed Aquifer Name : _____ Total Depth: 380 feet Depth Completed: 380 feet						
9. Advance Notification: Was Notification Required Prior to Construction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Date Notification Given: _____						
10. Aquifer Type: <input type="checkbox"/> Type I (One Confining Layer) <input type="checkbox"/> Type I (Multiple Confining Layers) <input type="checkbox"/> Laramie-Fox Hills (Check one) <input checked="" type="checkbox"/> Type II (Not overlain by Type III) <input type="checkbox"/> Type II (Overlain by Type III) <input type="checkbox"/> Type III (alluvial/colluvial)						
11. Geologic Log:					12. Hole Diameter (in.)	
Depth	Type	Grain Size	Color	Water Loc.	From (ft)	To (ft)
0-380	GRANITE		PINK	320	0	40
					40	380
13. Plain Casing						
OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)		
6 5/8	IRON	.188	+1	40		
4 1/2	PVC	SCH 40	20	300		
Perforated Casing Screen Slot Size (in):						
OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)		
4 1/2	PVC	SCH 40	300	380		
14. Filter Pack:					15. Packer Placement:	
Material _____					Type _____	
Size _____					Depth _____	
Interval _____						
16. Grouting Record						
Material	Amount	Density	Interval	Method		
CEMENT	6 BAGS	6:1	0-40	POURED		
Remarks:						
17. Disinfection: Type LIQUID CLOROX Amt. Used 5 CUPS						
18. Well Yield Estimate Data: <input type="checkbox"/> Check box if Test Data is submitted on Form Number GWS-39, Well Yield Test Report						
Well Yield Estimate Method: AIR						
Static Level: 60				Estimated Yield (gpm) 10		
Date/Time measured: 7/3/20				Estimate Length (hrs) _____		
Remarks:						
19. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed (or name entered if filing online) and certified in accordance with Rule 17.4 of the Water Well Construction Rules, 2 CCR 402.2. The filing of a document that contains false statements is a violation of section 37-91-108(1)(e), C.R.S., and is punishable by fines up to \$1,000 and/or revocation of the contracting license. If filing online the State Engineer considers the entry of the licensed contractor's name to be compliance with Rule 17.4.						
Company Name: FINNEY DRILLING & EXCAVATING, INC		Email: larryfinneydrilling@gmail.com		Phone w/area code: 719-275-9525		License Number: 1358
Mailing Address: 752 CREEKVIEW CT., CANON CITY, CO 81212						
Sign (or enter name if filing online) LARRY FINNEY			Print Name and Title LARRY FINNEY OWNER/OPERATOR			Date: 7/22/20

Form No. GWS-32 10/2016	PUMP INSTALLATION AND PRODUCTION EQUIPMENT TEST REPORT State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 www.water.state.co.us and dwrpermitsonline@state.co.us	For Office Use Only																
1. Well Permit Number: 317875 Receipt Number: 10003923																		
2. Owner's Well Designation:																		
3. Well Owner Name: Thomas Marzec																		
4. Well Location Street Address: 694 S Pine Vista, Canon City, CO 81212																		
5. GPS Well Location: <input type="checkbox"/> Zone 12 <input checked="" type="checkbox"/> Zone 13 Easting: 462644 Northing: 4274729 County: FREMONT																		
6. Legal Well Location: SW 1/4, SE 1/4, Sec. 27 Twp. 16 <input type="checkbox"/> N or S <input checked="" type="checkbox"/> , Range 72 <input type="checkbox"/> E or W <input checked="" type="checkbox"/> Distances from Section Lines: _____ ft. from <input type="checkbox"/> N or S <input type="checkbox"/> sec. line, and _____ ft. from <input type="checkbox"/> E or W <input type="checkbox"/> sec. line Subdivision: Pine Vistas _____, Lot 13 _____, Block _____, Filing (Unit) _____																		
7. Check Installation Type: <input checked="" type="checkbox"/> Initial Pump Installation <input type="checkbox"/> Replacement Pump <input type="checkbox"/> Change in Depth Only <input type="checkbox"/> Repair																		
8. Pump Data: Type: Submersible Date Installed(mm/dd/yyyy): 04/27/2021 Pump Manufacturer: Sta-Rite Pump Model No. S10P4HS15231-03 Design GPM: 10 at RPM 3450 HP 1.5 Volts 230 Full Load Amps 10 Pump Intake Depth: 370 Feet, Drop/Column Pipe Size Inches, 1" Kind of Drop Pipe Sch 80 PVC Additional Information for Pumps Greater Than 50 GPM: Turbine Driver Type: <input type="checkbox"/> Electric <input type="checkbox"/> Engine <input type="checkbox"/> Other _____ Design Head: _____ feet Number of Stages: _____ Shaft size: _____ inches																		
9. Other Equipment: Airline Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No, Orifice Depth ft. _____ Monitor Tube Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No, Depth ft. _____ Flow Meter Mfg. _____ Meter Serial No. _____ Meter Readout: <input type="checkbox"/> Gallons, <input type="checkbox"/> Thousand Gallons, <input type="checkbox"/> Acre feet Beginning Reading: _____																		
10. Cistern Information: Material: _____ Capacity: _____ gallons																		
11. Production Equipment Test Data: <input type="checkbox"/> check box if data is submitted on Form Number GWS-39 Well Yield Test Report. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Date:</td> <td style="width: 25%;">4/27/21</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>Total Well Depth: 04/27/2021 ft.</td> <td>Time: 12:30</td> <td></td> <td></td> </tr> <tr> <td>Static Level: 30 ft.</td> <td>Rate (gpm): 15</td> <td></td> <td></td> </tr> <tr> <td>Date Measured: 04/27/2021</td> <td>Pumping Level (ft): 370'</td> <td></td> <td></td> </tr> </table>			Date:	4/27/21			Total Well Depth: 04/27/2021 ft.	Time: 12:30			Static Level: 30 ft.	Rate (gpm): 15			Date Measured: 04/27/2021	Pumping Level (ft): 370'		
Date:	4/27/21																	
Total Well Depth: 04/27/2021 ft.	Time: 12:30																	
Static Level: 30 ft.	Rate (gpm): 15																	
Date Measured: 04/27/2021	Pumping Level (ft): 370'																	
12. Disinfection: Type: HTH Amt. Used: 4.5 ounces																		
13. Notification: Was Advanced Notification Required Prior to Installation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Date Notification Given: _____																		
14. Water Quality analysis available: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please submit with this report.																		
15. Remarks:																		
16. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed (or name entered if filing online) and certified in accordance with Rule 17.4 of the Water Well Construction Rules, 2 CCR 402-2. The filing of a document that contains false statements is a violation of section 37-91-108(1)(e), C.R.S., and is punishable by fines up to \$1,000 and/or revocation of the contracting license. If filing online, the State Engineer considers the entry of the licensed contractor's name to be compliance with Rule 17.4.																		
Company Name: Foster's Rocky Mountain Pumps LLC	Email: rockymtnpumps@gmail.com	Phone w/area code: (719) 275-7659																
License Number: 89																		
Mailing Address: 818 Della Vista Lane, Canon City, CO 81212																		
Sign (or enter name if filing online) Joel R. Foster II	Print Name and Title Joel R. Foster II	Date: 05/01/2021																



COLORADO
Division of Water Resources
Department of Natural Resources

WELL PERMIT NUMBER 317875-
RECEIPT NUMBER 10003923

ORIGINAL PERMIT APPLICANT(S)

THOMAS MARZEC

APPROVED WELL LOCATION

Water Division: 2 Water District: 12
Designated Basin: N/A
Management District: N/A
County: FREMONT
Parcel Name: PINE VISTAS
Lot: 13 Block: Filing:
Physical Address: 694 S PINE VISTA CAN-ON CITY, CO 81212
SW 1/4 SE 1/4 Section 27 Township 16.0 S Range 72.0 W Sixth P.M.

Well to be constructed on specified tract of land

PERMIT TO CONSTRUCT A NEW WELL

ISSUANCE OF THIS PERMIT DOES NOT CONFER A WATER RIGHT
CONDITIONS OF APPROVAL

- 1) This well shall be used in such a way as to cause no material injury to existing water rights. The issuance of this permit does not ensure that no injury will occur to another vested water right or preclude another owner of a vested water right from seeking relief in a civil court action.
- 2) The construction of this well shall be in compliance with the Water Well Construction Rules 2 CCR 402-2, unless approval of a variance has been granted by the State Board of Examiners of Water Well Construction and Pump Installation Contractors in accordance with Rule 18.
- 3) Approved pursuant to CRS 37-92-602(3)(b)(II)(A) as the only well on a tract of land of 35.37 acres described as Lot 13, Pine Vistas division of land, Fremont County.
- 4) The use of ground water from this well is limited to fire protection, ordinary household purposes inside not more than three (3) single family dwellings, the watering of poultry, domestic animals and livestock on a farm or ranch and the irrigation of not more than one (1) acre of home gardens and lawns.
- 5) The pumping rate of this well shall not exceed 15 GPM.
- 6) The return flow from the use of this well must be through an individual waste water disposal system of the non-evaporative type where the water is returned to the same stream system in which the well is located.
- 7) Pursuant to Rule 6.2.3 of the Water Well Construction Rules, the well construction contractor shall submit the as-built well location on work reports required by Rule 17.1 within 60 days of completion of the well. The measured location must be accurate to 200 feet of the actual location. The location information must include a GPS location (UTM coordinates) pursuant to the Division of Water Resources' guidelines.

NOTE: This permit will expire on the expiration date unless the well is constructed by that date. A Well Construction and Yield Estimate Report (GWS-31) must be submitted to the Division of Water Resources to verify the well has been constructed. An extension of the expiration date may be available. Contact the DWR for additional information or refer to the extension request form (GWS-64) available at: <http://www.water.state.co.us>

NOTICE: This permit has been approved subject to the following changes: The quarter/quarter, quarter, Section, Township, Range and P.M. were determined from mapping software used by this office. You are hereby notified that you have the right to appeal the issuance of this permit, by filing a written request with this office within sixty (60) days of the date of issuance, pursuant to the State Administrative Procedures Act. (See Section 24-4-104 through 106, C.R.S.)

NOTE: This parcel is located in the SW 1/4 of the SE 1/4 and the NW 1/4 of the SE 1/4 of Section 27, Township 16 South, Range 72 West of the Sixth Principal Meridian. The well may be constructed anywhere on the parcel.

Issued By GEOFFREY DAVIS

Date Issued: 7/7/2020

Expiration Date: 7/7/2022

Foster's Rocky Mountain Pumps LLC818 Della Vista Lane
Canon City, CO 81212**Estimate**

RockyMtnPumps@gmail.com

719-275-7659 Phone/Fax

Date

7/15/2020

Name / Address

Tony Marzec
694 S. Pine Vista

Estimate #

Conventional

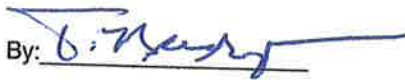
Customer Phone

419 283-9854

Description	Total
1 1/2 HP 10 gpm with control box 380' Drop pipe with #10 wire Pump Set Package Electrical Package FL 17 pressure tank and kit 2 check valves Well Cap 50' Pex 75' 10-3 UF Labor	5,180.00
NOTE: 1) Does not include excavation 2) For package descriptions please visit www.fostersmp.com	
✓ # 1005	DEPOSIT - 2500.00 BAL 2680.00

Thank you for allowing us to supply you with our estimate. We look forward to doing business with you

Estimate Accepted By:



RMP Representative:

The above estimate is good for 30 days. This estimate is for completing the job as described above. Should the stated job require more than one trip to complete, additional labor will be charged. The above estimate is based on material prices at the date of this quote. Actual job costs may vary due to unforeseen problems. Payment shall be 50% upon acceptance of this estimate with the balance due upon completion of the job. If payment in full for work provided and material furnished by Rocky Mountain Pumps (RMP) is not received within 30 days, a monthly rebilling fee of \$25.00 will be added. Acceptance of this estimate allows RMP to proceed with stated labor and materials within 30 days, and becomes a contractual agreement between the two parties.

If it is necessary for RMP to take legal action to collect any amount owed for labor performed or materials installed, the signator will be liable for all attorney fees and court costs expended by RMP, plus interest. RMP reserves the right to repossess said materials after 30 days of non-payment of any balance due.

9:40

LTE



ON HUNT



7800

ROONEY
JEFFREY
TODD
TRUST

$$3 \times 2 = 6$$

$$6 \times 75 = 450$$

$$450 / 0.60 = 750$$

$$750 \times 1 \times 0.70 = 525$$

$$525 / 12 = 44$$

MARZEC
THOMAS
E &
CANDACE
L

44 Infiltrators

LeachField
-44 Infiltrators
-3 rows of 15

1000 gal.
Tank

3 bedroom house

RECEIVED

MAR 15 2021

MAILED

Hyb



71°

1000 ft

38.62205, -105.42929

Elevation 7668 ft



Map Layers



Offline Maps



My Content



Map Tools



Tracker



Date Applied: 3/15/2021
Permit Fee: \$ 283.00
Use Tax: \$ 32.80
Colorado State Surcharge: \$ 23.00
Total: \$ 338.80
Building Permit # (if applicable):

Septic Permit #: S21-048
Expiration Date: 3/18/2021
Paid By: eGovs - 3/18/2021
Receipt #: 2021-LKXDKF
Inspection Request Line (719) 276-7373

FREMONT COUNTY ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

Owner: Tom Marzec
Mailing Address: 5104 Rowland Rd.
City, State, Zip Code: Toledo, Ohio
Phone Number:
OWTS Contractor: Larry Finney
Construction Address: 694 S Pine Vista, Canon City, CO 81212
Gate/Combination Lock #: ☐ Directions From Major Thoroughfare: (Include Legible Map & Directions)
Legal Description: Sch# 99604523
Type/Use of Structure: Single Family Dwelling
Lot Size: 35.3 Acres
Source, Type of Water: Well
Maximum Potential # of Bedrooms: 3
Basement: No
Washer: Yes
Garbage Disposal: No
Engineering Firm: Edward Cody Lyons - CROW
Type of System: New System - OWTS
Absorption: 450 Square Feet
Perc Rate: Profile Holes Min./Inch
Project Number: 1000
Tank Size: 1000 Gallons
LTAR: 060
NOTES: Keep excavation shallow - Locate in designated area - Maintain all separations

Is Site Within 400 Feet of Sewer Main?: ☐ Yes ☒ No
If YES, Is A Letter of Refusal To Connect Attached?: N/A
Or Within a Sewer District?: ☐ Yes ☒ No

Is Site In A Designated Flood Plain?: ☐ Yes ☒ No
If YES, Engineer's Requirements Listed?:

I certify that the On-Site Waste Water Treatment System (OWTS) described in this permit will be installed in compliance with the attached percolation test report and the Fremont County and State of Colorado Regulations. I understand that I will be responsible for the operation, maintenance, and performance of the OWTS. In addition, I am aware that it is my responsibility to provide the contractor with a copy of the attached percolation test report. I am also aware that the issuance of this permit does not constitute assumption by the local health department or its employees of liability for failure of any OWTS. Request for inspection will be required after installation of all pipe and gravel (prior to installation of hay, straw or similar pervious material) unless otherwise specified by engineer. The system must be properly protected from off site drainage, vehicular traffic, and livestock. This system and its running order is the sole responsibility of the owner. After this system has been inspected and approved by the inspector it shall be assumed that this system is in proper working order. Approval of a Fremont County On-Site Waste Water Treatment Permit does not guarantee or assure that the proposed use is permitted within the zone district for the property, nor does it guarantee or assure that any proposed building complies with applicable land use and requirements for the zone district, such as setbacks, height restrictions, or other similar issues. You have the responsibility and obligation to verify and confirm that all proposed uses are allowed in the zone district and conform to the requirements of the zone district for the property.

Owner or Applicant's Signature: Signature on File

Date Applied: 3/15/2021

FINAL OWTS INSPECTION:

Tank Information: Size: 1000 Inlet/Outlet Gallons
Is Entrance and Exit Sealed: ☐ Yes ☐ No
Pipe Inlet-Outlet?: ☐ Yes ☐ No
Absorption Bed Information:
Pipe & Rock: ☐ Chamber: ☒ Absorption Bed: ☐ Absorption Trench: ☐
Number Of Trenches: 3
Is Pipe Level?: ☐ Yes ☐ No
Distance From Building: 75 feet
Distance From Building: 57 Feet
Type of System Installed: Chamber Gravity (45)
Total Square Feet: 540
If Bed, Is Pipe Been Connected?: ☐ Yes ☐ No
Is System Located In Recommended Area?: ☒ Yes ☐ No
Number of Compartments: 2
Is Tank Level? ☒ Yes ☐ No
Distance From Well: N/A feet
Width: Length:
Gravel Depth: Inches
Distance From Well: N/A feet

DEPARTMENT USE ONLY:

Installation Has Been: Approved ☒ Disapproved ☐

NOTES: 44 Q-4 Chambers in Trenches
Tank lids accessible at time of inspection.

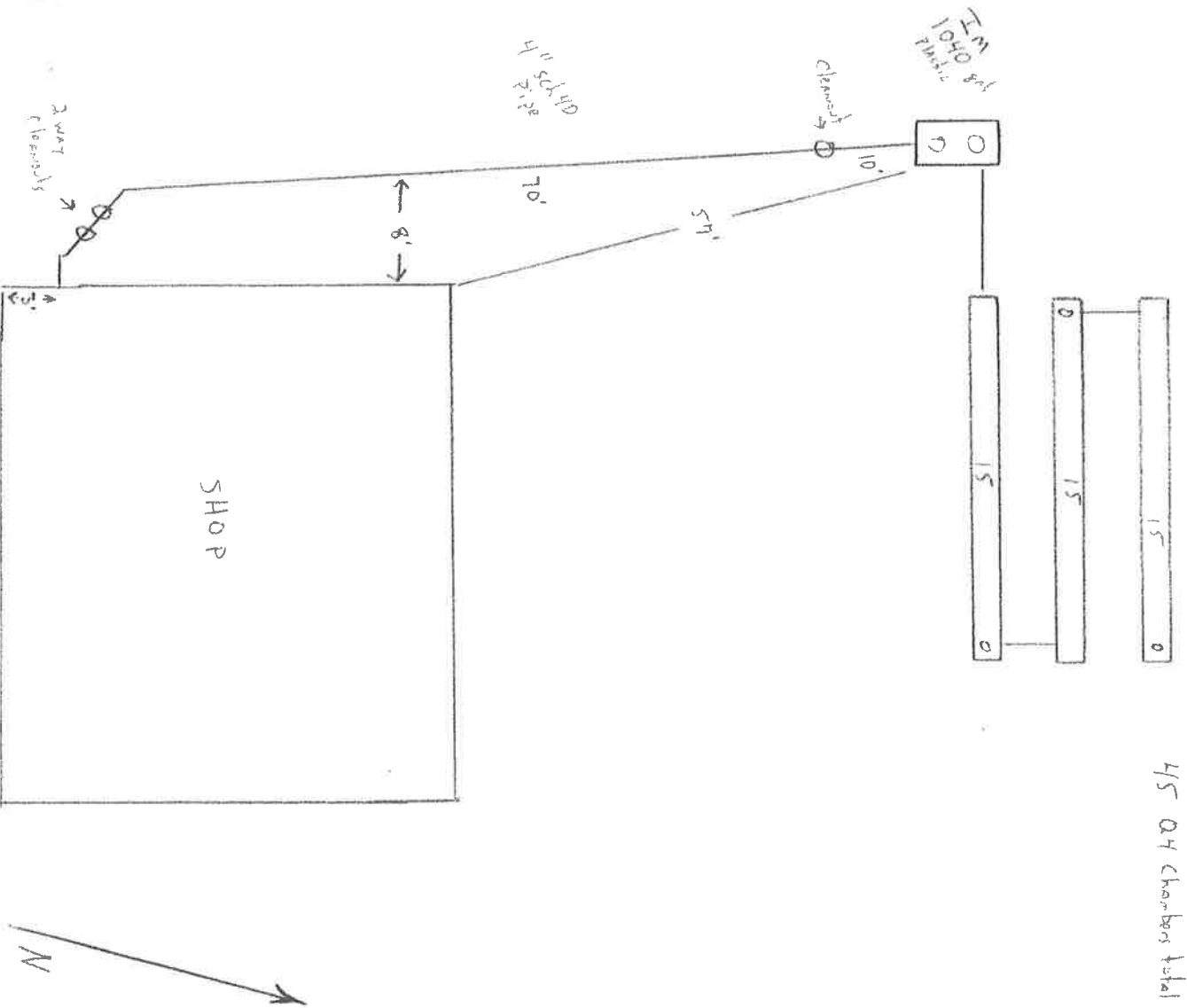
Approved By: Tony Lippie
Prepared By: Jenna Chapman

Date Approved: 3/17/2021 4-20-21
Date Prepared: 3/15/2021

45 at Clark's 11/18

Franklin

6945 Pine Vista
V21-048



Test Hole #1

Depth	Soil Classification
0-10in	Topsoil or Root System
10-96in	Decomposed Granite and Sandy Loam

Test Hole #2

Depth	Soil Classification
0-8in	Topsoil or Root System
8-96in	Decomposed Granite and Sandy Loam

Soil Type: 2 Sandy LoamTreatment Level: 1Long Term Acceptance Rate (LTAR): 0.60

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MAR 15 2021
ESTIMATED

Soil Analysis and Site Information

Legal Description: _____ PINE VISTAS LOT 13 PINE VISTAS

Property Address: _____ 694 S Pine Vista Canon City Colorado 81212

Size of Property in Acres: _____ 35.57

Number of Bedrooms: _____ 3

Depth of Bedrock: _____ +8ft

Depth of Groundwater: _____ +8ft

Percentage of Rock: _____ 30%

Percentage of Slope from Homesite to Leach Field: _____ 4-5%

Water Source: _____ Well

System to be used by: _____ Residential

Date of Evaluation: _____ 7/25/2020

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MAR 15 2021
CITY OF CANON CITY
PLANNING DEPARTMENT

Marzec

Soil Analysis and Evaluation Report

Property Owner

Name: Tom Marzec

Address: 5104 Rowland RD Toledo Ohio

Septic Installer: Larry Finney

Soil Evaluator

Name: Edward Cody Lyons

Address: PO Box 875, Westcliffe, CO 81252

Phone: 719-285-3709

I certify that the information herein is correct and complete to the best of my knowledge and that I performed all tests in accordance with the provisions of Colorado State and Custer County On-Site Wastewater Treatment System Regulations. I further certify that I am recognized as a CPOW Certified Competent Technician having completed training and passed the test on May 24, 2019.

Signature: Edward Cody Lyons Date: 7/25/2020

Print: Edward "Cody" Lyons

RECEIVED
MAR 15 2021
CUSTER COUNTY HEALTH DEPARTMENT