

Kays / New Plans, Home Owners Septic



28.50 S Meridian Rd

EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT
301 South Union Boulevard • Colorado Springs, CO • 80910-3193
(719) 578-8033 • Fax: (719) 578-3188

5436001012 E 4/29/08 Received 975 AM 3/28/08

ALL PAYMENTS ARE DUE AT TIME OF SUBMITTAL IN CASH, CHECK, OR MAJOR CREDIT CARD
APPLICATION FOR AN ONSITE WASTEWATER SYSTEM PERMIT

NEW PERMIT MINOR REPAIR PERMIT MAJOR REPAIR PERMIT

Owner Leslie Dowler Daytime Phone 703-8688
Address of Property 2850 S Meridian Rd City & Zip Pennington 80231
Legal Description Lot 31 Block 3 Mustang Meadows
Owner's MAILING Address same City, State & Zip _____
Lot Size 4.81 acres Tax Schedule # 5436001012

Type of Building: Frame Modular Mobile Commercial Manufactured Other _____
Water Supply: Well or Spring Cistern Public Inside City Limits: No Yes City _____
 MAIL PERMIT - OR - PICK UP PERMIT FAX - FAX TO AND # 719-288-1012

MAXIMUM POTENTIAL NUMBER OF BEDROOMS 3

Percolation Test Attached N Y Basement N Y Garbage Disposal N Y Clothes Washer N Y

I have supplied a plot plan as described on the back of this form. I acknowledge the completeness of the application is conditional upon such further mandatory and additional tests and reports as may be required by the Department to be made and furnished by an applicant for purposes of evaluating the application, and issuance of the permit is subject to such terms and conditions as deemed necessary to ensure compliance with rules and regulations adopted pursuant to C.R.S. 25-10-107 et. seq. I hereby certify all represented to be true and correct to the best of my knowledge and belief, and are designed to be relied on by the El Paso County Department of Health and Environment in evaluating the same for purposes of issuing the permit applied for herein. I further understand any falsification or misrepresentation may result in the denial of the application or revocation of any permit granted based upon said application and in legal action for perjury as provided by law.

OWNER'S/OWNER'S AGENT SIGNATURE [Signature] Date 3/28/08

You will be notified by telephone when your permit is ready for pick up. Please allow a minimum of 10 days for new septic.

DEPARTMENT OF HEALTH USE ONLY

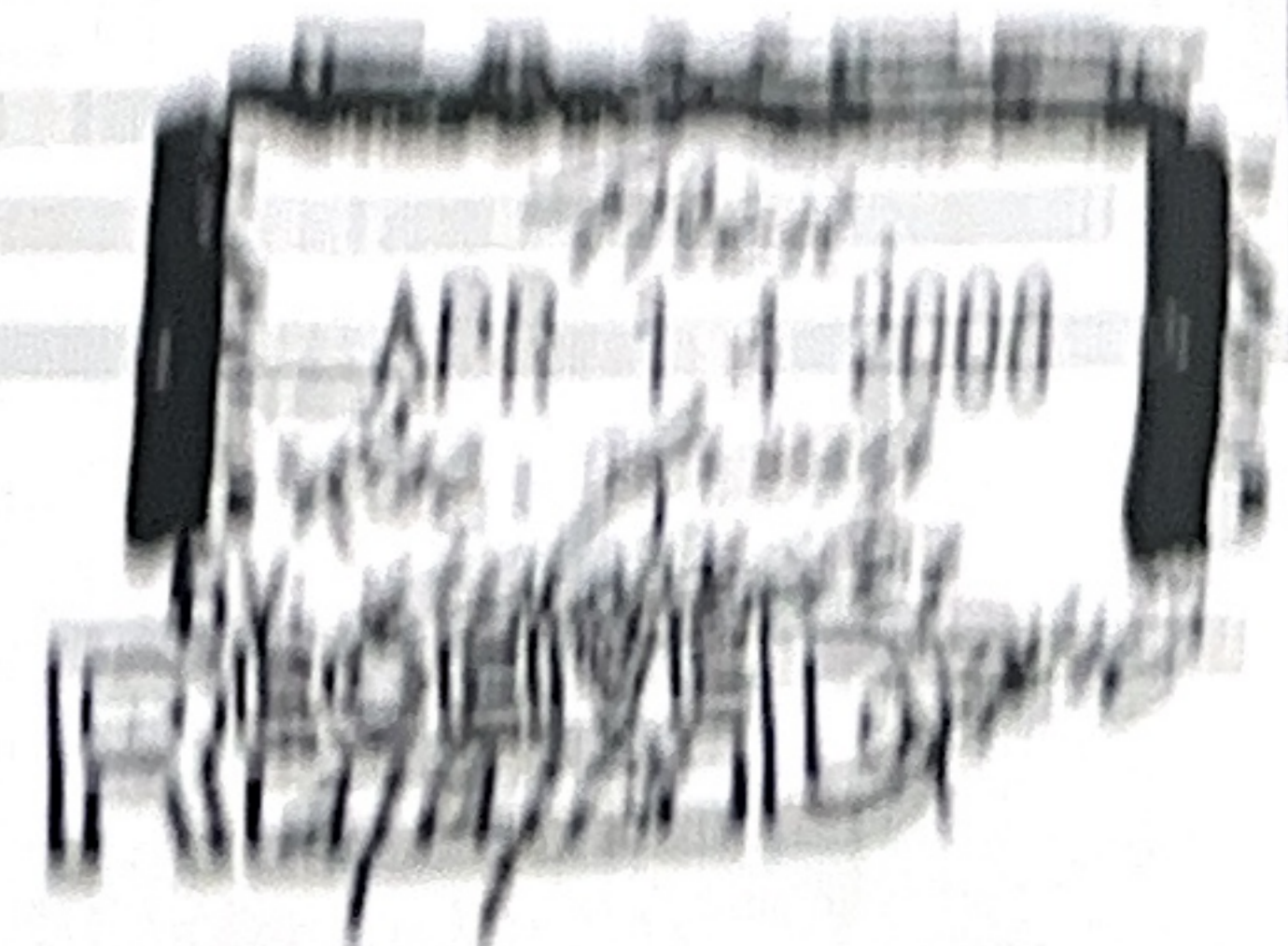
1250g Minimum Tank Capacity n/a Minimum Absorption Area 3/31/08 Date of Site Inspection

REMARKS Permit approved for leach field addition. Per current OWS regulations, a minimum of 18 chambers (16 trench) or 23 chambers (for bed) must be installed. Maximum leach field depth must be no more than 18" below grade ground surface. Leach field should be installed at least 100' from well and 10' from property lines.

THIS INSPECTOR Debbie Polite DATE 3/31/08 APPROVED DENIED

CURRENT FEES AS APPROVED BY EL PASO COUNTY BOARD OF HEALTH

New Permit: \$304.00 + Planning Department Surcharge of \$137.50 = \$441.50
Minor repair permit: \$316.00
Major repair permit: \$131.00
DATE TO LAND DEVELOPMENT/WASTEWATER: _____
DATE TO FLOODPLAIN/ENUMERATIONS: _____



4/11/08 = Val
Triple T
3-1-2007 [Signature]

PLEASE COMPLETE THE BACK OF THIS FORM

1) We require an original of your **PERCOLATION (PERC) TEST** with an original licensed engineer's (PE) stamp and signature as well as a plot of the percolation test hole locations with measurements from a fixed reference point. (A faxed copy directly from the engineering firm to this office is acceptable.)

2) **PROPERTY ADDRESS OR LOT NUMBER MUST BE POSTED AND CLEARLY VISIBLE FROM ROAD. PERC HOLES MUST BE CLEARLY MARKED OR AN ADDITIONAL CHARGE FOR A RETURN TRIP TO THE SITE MAY BE ASSESSED.**

3) A **PLOT PLAN** must be drawn (not to scale) on an 8 1/2 x 11 inch sheet of paper. The plot plan must include:

- | | | |
|-------------------------------|---------------------------------|---------------------------------|
| 1) a north bearing | 5) proposed septic system site | 8) Distance of percolation test |
| 2) property lines | 6) alternate septic system site | to two property lines. |
| 3) property dimensions | 7) driveway (proposed or | |
| 4) all buildings (proposed or | existing and name of adjoining | |
| existing) | street) | |

4) Initial any of the following features that apply to your property and **INCLUDE** them on your **PLOT PLAN**.

<input type="checkbox"/> Well(s)	<input type="checkbox"/> Adjacent property well(s)	<input type="checkbox"/> Subsoil drain
<input type="checkbox"/> Cistern	<input type="checkbox"/> Water line	

5) Initial any of the following that are within 100 feet of your proposed septic system and **INCLUDE** on your **PLOT PLAN**.

<input type="checkbox"/> Spring(s)	<input type="checkbox"/> Lake(s)
<input type="checkbox"/> Pond(s)	<input type="checkbox"/> Stream(s)
<input type="checkbox"/> Dry Gulch(es)	<input type="checkbox"/> Natural drainage course(s)

6) **GIVE COMPLETE DIRECTIONS TO THE PROPERTY FROM A MAIN HIGHWAY**

EL PASO
COUNTY HEALTH
DEPARTMENT

13-01 2008 FRI 11:20

AMOUNT
COST PAID 316.00
BALANCE 316.00
TOTAL 316.00

ITEM : 1177 11.77

436001012

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT Permit # 998
 INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION FORM Date April 29, 2008

APPROVED: Yes No Environmental Health Specialist: J. Christensen

Address 2850 S. Meridian Rd. 80831 Owner Leslie Fowler
 Legal Description Lot 21, Block 3 Mustang Meadows
 Residence # Bedrooms 3 Commercial System Installer Triple T - Terry Talent

SEPTIC TANK:
 Commercial Noncommercial Construction Material Concrete Capacity Gallon 1250 single
DISPOSAL FIELD: Compartment

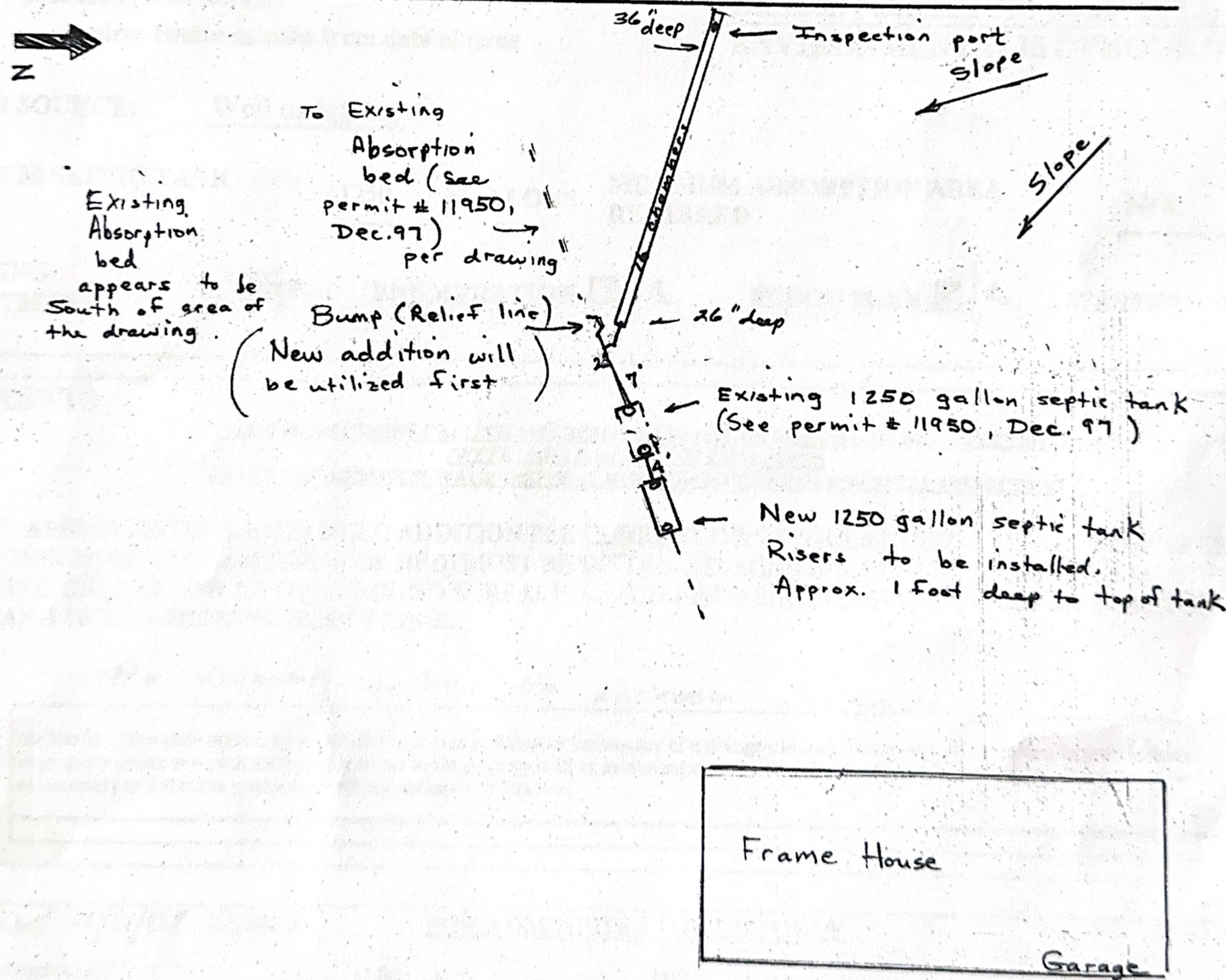
Trench: Depth (Range) _____ Width _____ Total Length _____ Sq. Ft. _____
 Bed: Depth (Range) _____ Length _____ Width _____ Sq. Ft. _____
 Depth of Rock _____ Under PVC _____ Type of cover on Rock _____

DRYWELLS: # of Pits _____ Rings (Pit 1) _____ Rings (Pit 2) _____ Working Depth #1 _____ #2 _____
 Size (L x W) #1 _____ #2 _____ Total Sq. Ft. _____

ROCKLESS SYSTEMS:
 Standard Chamber: Type _____ #Chambers _____ Sq. Ft./Chamber _____ Bed _____ Trench _____
 High Profile Units: Type Chamber ARC 36 #Chambers 16 Sq. Ft./Chamber 12.5 Bed Trench
 Reduction Allowed 40 % Sq. Ft. Required N/A Depth (Range) 26" - 36"
 Sq. Ft. Installed 200 Equivalent Sq. Ft. Installed with Reduction 333
 Engineer Design: Y Engineering Firm N/A

Approval letter provided? Y N
 Well installed at time of septic system inspection? N Public Water? _____
 *Approval will be revoked if in the future the well is found to be within 50 feet of the septic tank and/or 100 feet of the disposal field.

NOTES: Total septic tank capacity is sufficient for 8 bedroom.
 Total absorption area = existing 811ft² + new 333ft² = 1144ft² is sufficient for 4 bedroom.



Meridian Rd. S.

