

6214000112

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT
INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Permit # ON 0007460
Date 15 Nov 06

APPROVED: Yes No Environmental Health Specialist: J. Christensen

Address 11550 Parallax Dr. 80908 Owner David + Colleen Reed

Legal Description Sec 14-12-66

Residence # Bedrooms 4 Commercial System Installer Kunau Drilling

SEPTIC TANK: Commercial Noncommercial Construction Material Concrete Capacity Gallon 1500
1000 - pump in 2nd chamber

DISPOSAL FIELD:
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 _____ #Chambers _____ Sq. Ft./Chamber _____ Bed _____ Trench _____
Reduction Allowed _____ % Sq. Ft. Required 5000 Depth (Range) 2' - 2 1/2'

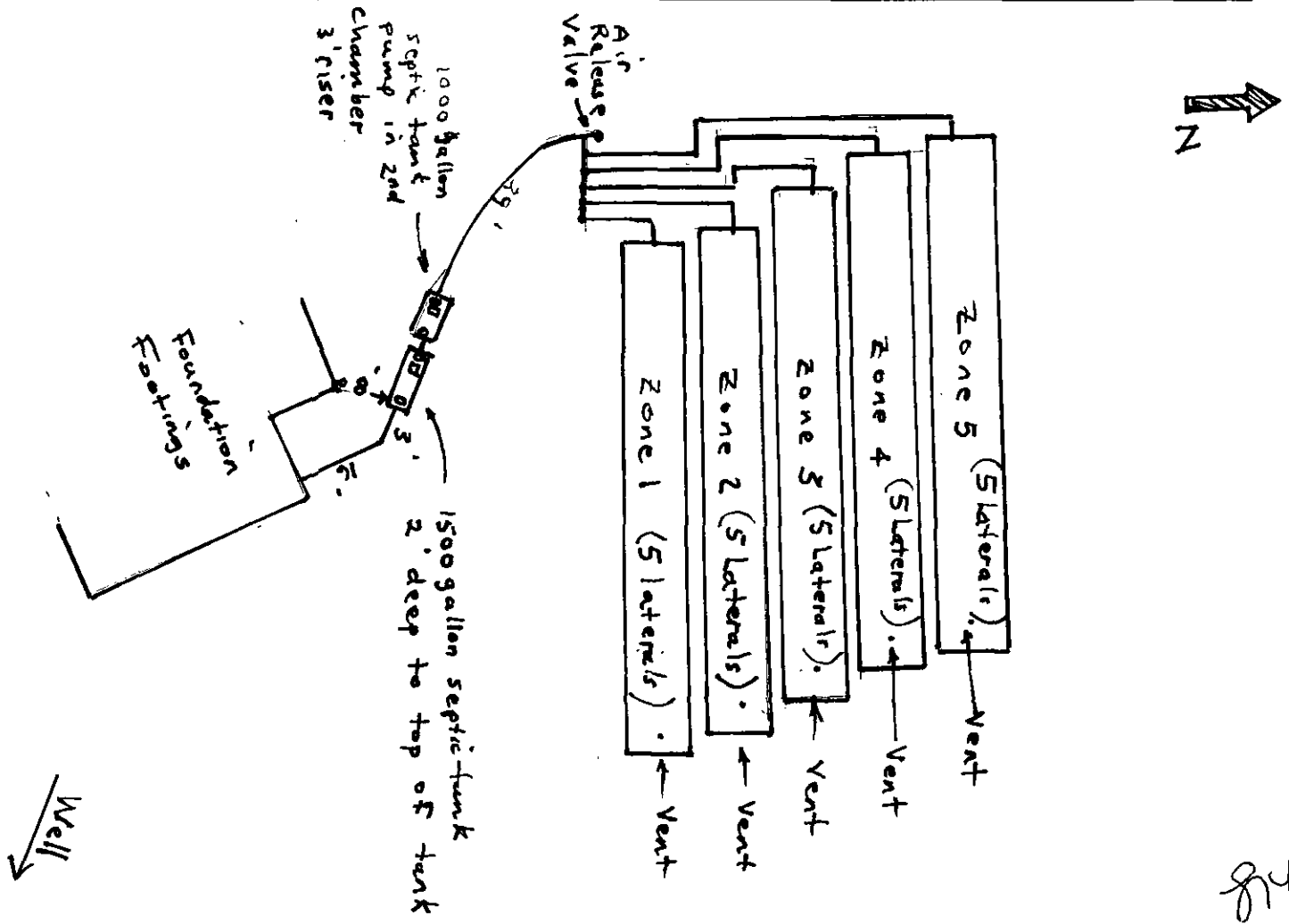
Sq. Ft. Installed 5000 Equivalent Sq. Ft. Installed with Reduction _____

Engineer Design: N Engineering Firm Colorado Engineering - Vicki Gibson
Approval letter provided? N Attached letter dated Nov. 30, 06

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: Low-pressure drip irrigation system.

Risers to be installed on septic tank.



EL PASO COUNTY
DEPARTMENT OF HEALTH AND ENVIRONMENT
301 S Union Blvd, Colorado Springs, Colorado 719-575-8636

INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

OWNER NAME: DAVID & COLEEN REED PERMIT NUMBER: ON0007460
ADDRESS: 11550 PARALLAX DRIVE DATE PERMITTED: 10/4/2006
CITY, STATE, ZIP: COLORADO SPRINGS CO 80908 PHONE NUMBER: 7193380943
INSTALLED BY:

This permit is issued in accordance with 25-10-107 Colorado Revised Statutes. PERMIT EXPIRES upon completion-installation of sewage-disposal system or at the end of twelve (12) months from date of issue- whichever occurs first-(unless work is in progress). If both a building and an ISDS permit are issued for the same property and construction has not commenced prior to the expiration date of the building permit, the ISDS permit shall expire at the same time as the building permit. This permit is revokable if all stated requirements are not met.
Sewage disposal system to be installed by an El Paso County Licensed System Contractor or the property owner.

THIS PERMIT DOES NOT DENOTE APPROVAL OF ZONING AND ACREAGE REQUIREMENTS.

Rosemary C. Baker-Martin

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT EXPIRATION DATE :
Expires twelve months from date of issue

Janet Christensen 1578-3141

ENVIRONMENTALIST / PHONE NUMBER*

WATER SOURCE: WELL

MINIMUM SEPTIC TANK SIZE : 1,500 GALLONS MINIMUM ABSORPTION AREA REQUIRED 5,000 SQ FT

PLANNING DEPARTMENT



ENUMERATION



FLOOD PLAIN



WASTEWATER



COMMENTS:

* FOR INSPECTIONS CALL 575-8699 BEFORE 8:30 A.M. OF THE DAY TO BE INSPECTED.
(WEEKENDS & HOLIDAYS EXCLUDED)

LEAVE THE ENTIRE SEWAGE DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION.

DUE TO BEDROCK AT 4 FEET, AN ENGINEER DESIGN SYSTEM REQUIRED AT THIS SITE. INSTALL ABSORPTION SYSTEM IN AREA OF SOIL PERCOLATION TEST PER ATTACHED P.E. DESIGN: LOW PRESSURE DRIP IRRIGATION. HEALTH DEPARTMENT MUST INSPECT SYSTEM PRIOR TO BACKFILL. AN ENGINEER'S LETTER OF APPROVAL MUST BE RECEIVED BY THIS OFFICE BEFORE FINAL APPROVAL OF SYSTEM MAYBE GRANTED.

The Health Office shall assume no responsibility in case of failure or inadequacy of a sewage-disposal system, beyond consulting in good faith with the property owner or representative. Free access to the property shall be authorized at reasonable time for the purpose of making such inspections as are necessary to determine compliance with requirements of this law.

FOR ADMINISTRATIVE USE ONLY

Permit Ready: _____ Called _____ Mailed _____

Final Inspection Requested: BY: Robert - Runau Date Called In: 11/14/06 2:54 pm

Phone # 683-3770 Septic Site will be ready: now

EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 575-8635 • Fax: (719) 578-3188

****ALL PAYMENTS ARE DUE AT TIME OF SUBMITTAL IN CASH OR CHECK***

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

NEW CONSTRUCTION **MINOR REPAIR** **MAJOR REPAIR/ADD**

Owner DAVID & COLEEN REED TOM # 719-440-2296
Daytime Phone 719-338-0943

Address of Property 11550 PARALLAX DR. City & Zip 80908

Legal Description TRACT 10 S25W4 SEC 14-12-66

Owner's MAILING Address 5785 TUCKERMAN DR. City, State & Zip P.S. CO. 80918

Lot Size 26 Acres Tax Schedule # 0214000112

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 THERE IS AN ADDITIONAL RESIDENCE ON THIS PROPERTY

MAXIMUM POTENTIAL NUMBER OF BEDROOMS 3 4 per Town

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

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 SIGNATURE [Signature] Date 10/02/06

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

1500 gallons 5000ft² 3 Oct. 2006
Minimum Tank Capacity Minimum Absorption Area Date of Site Inspection

REMARKS String line - perches holes inside of it? Well is drilled @ southwest
Due to bedrock at 4 ft, an engineer design system required at this site.
Install absorption system in area of soil percolation test
per attached P.E. design - low pressure drip irrigation.
Health Dept. must inspect system prior to backfill.
An engineer's letter of approval must be received by
this office before final approval of system may be
granted.

EHS INSPECTOR Jant Christensen DATE 10-04-06 APPROVED DENIED

FEES AS OF 02/22/2006:

NEW CONSTRUCTION \$350.00 + Planning Department Surcharge of \$118.00. = \$468.00
MAJOR REPAIR/ADDITION \$430.00
MINOR REPAIR/ADDITION \$179.00

DATE TO PLANNING / WASTEWATER: _____
DATE TO FLOODPLAIN/ENUMERATIONS: _____
10-2-2006
[Signature]

PLEASE COMPLETE THE BACK OF THIS FORM

- 1) We require an original of your **PERCOLATION (PERC) TEST** with an original professional engineer's (PE) stamp and signature as well as a plot of the percolation test hole locations with measurements from a fixed reference point.
- 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 ½ x 11 sheet of paper. The plot plan must include:

1) a north bearing	4) all buildings (proposed or existing)	7) driveway (proposed or existing and name of adjoining street)
2) property lines	5) proposed septic system site	
3) property dimensions	6) alternate septic system site	
- 4) Initial any of the following features that apply to your property and **INCLUDE** them on your **PLOT PLAN**.

<input checked="" 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 checked="" type="checkbox"/> Natural drainage course(s)

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

