

El Paso County Health Department  
501 North Foote Avenue  
Colorado Springs, CO 80909-4598  
(303) 596-0125 578-3125

Postcard...

APPLICATION FOR A PERMIT TO CONSTRUCT, REMODEL, OR INSTALL A SEWAGE DISPOSAL SYSTEM

NAME OF OWNER DR. Stephen Waltz PHONE 574-6023 PHONE 594-6460  
ADDRESS OF PROPERTY Person Rd. DATE \_\_\_\_\_  
LEGAL DESCRIPTION OF PROPERTY lot 1 Creechor Subd #3  
Merrills Pump  
TAX SCHEDULE NUMBER 4/240-05-002 SYSTEM CONTRACTOR AND EXCAVATING PHONE 749-2300  
OWNER'S ADDRESS IF DIFFERENT 7630 Rickshaw Dr Colo. Sigs. Co. 80418  
TYPE OF HOUSE CONSTRUCTION Frame SOURCE AND TYPE OF WATER SUPPLY Well  
SIZE OF LOT 15A MAXIMUM POTENTIAL NUMBER OF BEDROOMS 4 BASEMENT Yes (or no)

PERCOLATION TEST RESULTS ATTACHED (Yes) (or no)

A plot plan and accompanying information are essential; it may be drawn on the back of this application or be attached. Please include by measured distance the location of wells including neighbors' wells, springs, water supply lines, cisterns, buildings, proposed structures, property lines, property dimensions, subsoil drains, lakes, ponds, water courses, streams, and dry gulches. Please show the location of the proposed septic system by directions and distances from actual and/or proposed dwellings, structures, or fixed reference objects. Give complete directions to the property from major highways.

Applicant acknowledges that 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 the applicant for purposes of evaluation of the application; and issuance of the permit is subject to such terms and conditions as are necessary to ensure compliance with rules and regulations adopted under Article 10, Title 25, C.R.S. 1973 as amended. The undersigned hereby certifies that all statements made, information and reports submitted by the applicant are or will be 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 Health Dept. in evaluating the same for purposes of issuing the permit applied for herein. I further understand that 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.

SIGNATURE Stephen C. Waltz

HEALTH DEPARTMENT USE ONLY

PERMIT NUMBER \_\_\_\_\_ RECEIPT NUMBER \_\_\_\_\_ DATE TO LAND USE DEPARTMENT 5/13/85  
ABSORPTION AREA \_\_\_\_\_ TANK CAPACITY 1500 DATE OF SITE INSPECTION 5-15-85

REMARKS: Leach area will be further down hill than present. Back hole profile to 8' needed (partially under house)  
5-16-85 - Back hole profile to 5' 1/2' only. Lots to be done. Water Sumpass listed as 3 1/2' More info needed  
May need 12" dia. pipe for 5' 1/2' hole.

APPLICATION IS APPROVED ( ) DENIED ( ) DATE \_\_\_\_\_ ENVIRONMENTALIST Juhi Tolra  
discard notes - fidell  
perc done 6/7/85  
All ok

O.N.#

#4124005006

P OR

EL PASO COUNTY HEALTH DEPARTMENT  
COLORADO SPRINGS, COLORADO

SEWAGE DISPOSAL INSPECTION FORM

PERMIT NUMBER 3404

DATE 11/12/85

APPROVAL:  
\* YES  NO

ENVIRONMENTALIST Julie Dobraser  
OCCUPANT Mr. Stephen Witz

17625 Person Rd

LEGAL DESCRIPTION Lot 1, Crocker Sub-#3

TYPE OF CONSTRUCTION frame NO. OF BEDROOMS 4

SYSTEM INSTALLED BY Messell Weeks

COMMERCIAL MFG. yes SIZE 1500

TYPE OF MATERIAL pre-cast concrete NO. COMPARTMENTS 2

WIDTH LENGTH DEPTH (total) LIQ. CAP.

DISPOSAL FIELD: BED OR TRENCH DEPTH 2'-3 1/2' WIDTH 3' LENGTH 220' SQ. FT. 660'

DISTANCE BETWEEN LINES 10' ROCK Rock DEPTH 12" UNDER 6" OVER 2"

LEACHING PITS (NO.) LINING MATERIAL CAPACITY SQ. FT.

