



MICHAEL ORSILLO CONSULTING, INC

ROCKY TOP CAMPGROUND
10090 W. Hwy 24
GREEN MTN. FALLS

PO BOX 2
COLORADO SPRINGS, CO 8090

PH 719-210-112
FAX 719-636-254
WWW.MICHAEL.ORSILLODESIGN.CO

On site Sanitation System Repair

Existing tanks have settled - 6" Tilt
& Leach field has failed.

25 - Travel trailer sites 50 GPD (see table)

$$Q = 25(50) = 1250 \text{ GPD}$$

TABLE 10-1

USE L_{TAR} = 0.80 Gal/ft²

TRENCH FACTOR = 1.0

ROCK FACTOR = 1.0

$$\text{AREA REQ} = 1250 \text{ GAL} / 0.80 = 1563 \text{ ft}^2$$

USE 2 Ft wide trench $L = 1563 / 2 = 781$ Long

DEEP TRENCH USE $D = 8' - 0"$

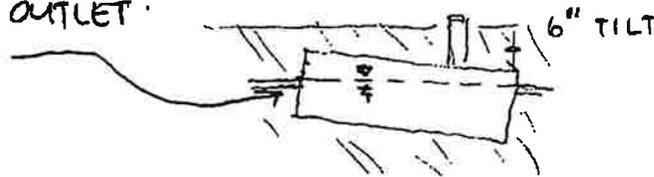
$$L_{\text{req}} = \frac{L(W+2)}{(1+W+2D)} = \frac{781(2+2)}{1+2+2(8)} = \frac{3125}{19} = 164 \text{ ft}$$

Add New 2250 GALLON SEPTIC TANK

REPAIR EXT'G TANKS AS SECONDARY TREATMENT

DRILL NEW OUTLET

6" LOWER



El Paso County Public Health
Environmental Health Services
1675 W. Garden of the Gods Rd., Suite 2044
Colorado Springs, CO 80907

5/18/17
MB



CHARLES R. JOHNSON
ENGINEER — GEOLOGIST

4102 Flintridge Circle
Colorado Springs, CO 80907
(303) 598-4361

December 11, 1984

Mr. Kayo Armentrout
P. O. Box 223
Green Mountain Falls, Colo. 80819

Dear Mr. Armentrout:

At your request, I have calculated the expected flow of sewage that can be expected from a new septic sewage system being installed at Motel X, 10090 West Highway 24 in El Paso County, Colorado.

The following facilities will be served by the new septic tank system:

Managers Quarters: A 2 bedroom apartment with kitchen, 3 occupants,
with an automatic washer.

Motel Rooms: 5 units with two double beds, 2 units with kitchenettes.
1 unit with one double bed.

ESTIMATED FLOW OF SEWAGE:

Managers Quarters: 3 persons @ 60 gallons per day per person	180 gpd
Automatic washer (0.4x180)	72 gpd
Motel Rooms: 5 rooms with 4 persons @ 60 gpd X 80% occupancy	960 gpd
1 room with 2 persons @ 60 gpd X 80% occupancy	<u>96 gpd</u>
Total	1308

Maximum daily flow = 1308 times 120% = 1570

I have examined the percolation test results and the septic system design and found them to be satisfactory.

Respectfully submitted,

Charles R. Johnson
Charles R. Johnson, PE 8621



SP0006986 A30011242 ON0649187

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

Property Information:

Property Address: 10090 West Hwy 24 B City and Zip: Green Mtn Falls 8081

Legal Description: See Attached

Tax Schedule #: 83092-00-011 Lot size: 9.21 Ac

Is the property gated: Yes No Please provide a gate code if necessary: _____

Site Located Inside City Limits: Yes No Proposed Use: Residential Commercial

Water Supply: Well Cistern Municipal Potential Number of Bedrooms: 25 *SITE*

Has a Conditional Acceptance Document been issued for this property: Yes No Unsure

Owner Information: Primary Contact

Owner: David Y. McQuigg Daytime Phone: 719-373-0171

Owners Mailing Address: P.O. Box 215 Green Mtn Falls, CO 80819

Email Address: cyndim@rockytopco.com Fax #: 719-684-2579

General Contractor: ARMENTROUT Phone/Fax: 6890503

OWTS Installer Information: Primary Contact

System Installer: ARMENTROUT Daytime Phone: 719 3393876

Email Address: _____ Licensed installer: Tier 1 Tier 2

All engineer-design systems must be installed by a Tier 2 licensed installer

CURRENT FEES AS APPROVED BY THE EL PASO COUNTY BOARD OF HEALTH

All Payments are due at the time of application submittal; by cash, check or major credit card (Visa / MC)

- New Permit:** \$685.00 (EPCPH Charge) + \$147.00 (EPC Planning Dept. Surcharge) + \$23.00 (CDPHE Surcharge) = \$855.00
- Major Repair Permit:** \$525.00 (EPCPH Charge) + \$23.00 (CDPHE Surcharge) = \$548.00
- Minor Repair Permit:** \$240.00 (EPCPH Charge) + \$23.00 (CDPHE Surcharge) = \$263.00

Permits expire one year from date of issuance, unless otherwise noted

REQUIRED: Provide a complete written scope of work to be performed on the property.

The following documents **MUST** be included with your application.

- A soils report: including at least 1 soil profile excavation pit, in accordance with section 8.5 A-F of OWTS regulations
- A clear and legible design document: including the proposed and alternate locations, as well as system layout, labeled with all setbacks to pertinent structures and features in table 7-1.
- Provide directions to property, from a main highway, on the back side of application.

Failure to provide the above listed documents may result in denial of the permit application

I certify that the information provided on this application is in compliance with Section 8.3, Chapter 8 of the Onsite Wastewater System (OWS) Regulations of the El Paso County Board of Health. I also authorize the assigned representative of El Paso County Public Health to enter onto this property in order to obtain information necessary for the issuance of a permit.

Applicants Signature: [Signature] Date: 4-28-17

Handwritten mark

EL PASO COUNTY HEALTH DEPARTMENT
COLORADO SPRINGS, COLORADO

013

SEWAGE DISPOSAL INSPECTION FORM

P # 3219

APPROVAL:
YES NO

8309200011

ENVIRONMENTALIST

DATE April 15, 198

Kick Mielich

LOCATION (street number) 10090 W HIGHWAY 24

OCCUPANT

Lechner

LEGAL DESCRIPTION

Green Mountain Falls, Co.

TYPE OF CONSTRUCTION

NO. OF BEDROOMS

SYSTEM INSTALLED BY

K.O. Armentrout

COMMERCIAL MFG.

pre cast

SIZE

2500

TYPE OF MATERIAL

concrete

NO. COMPARTMENTS

two

WIDTH

LENGTH

DEPTH (total)

LIQ. CAP.

2500

DISPOSAL FIELD: BED OR TRENCH DEPTH

WIDTH

LENGTH

SQ. FT.

DISTANCE BETWEEN LINES

ROCK

DEPTH

UNDER

OVER

LEACHING PITS (NO.)

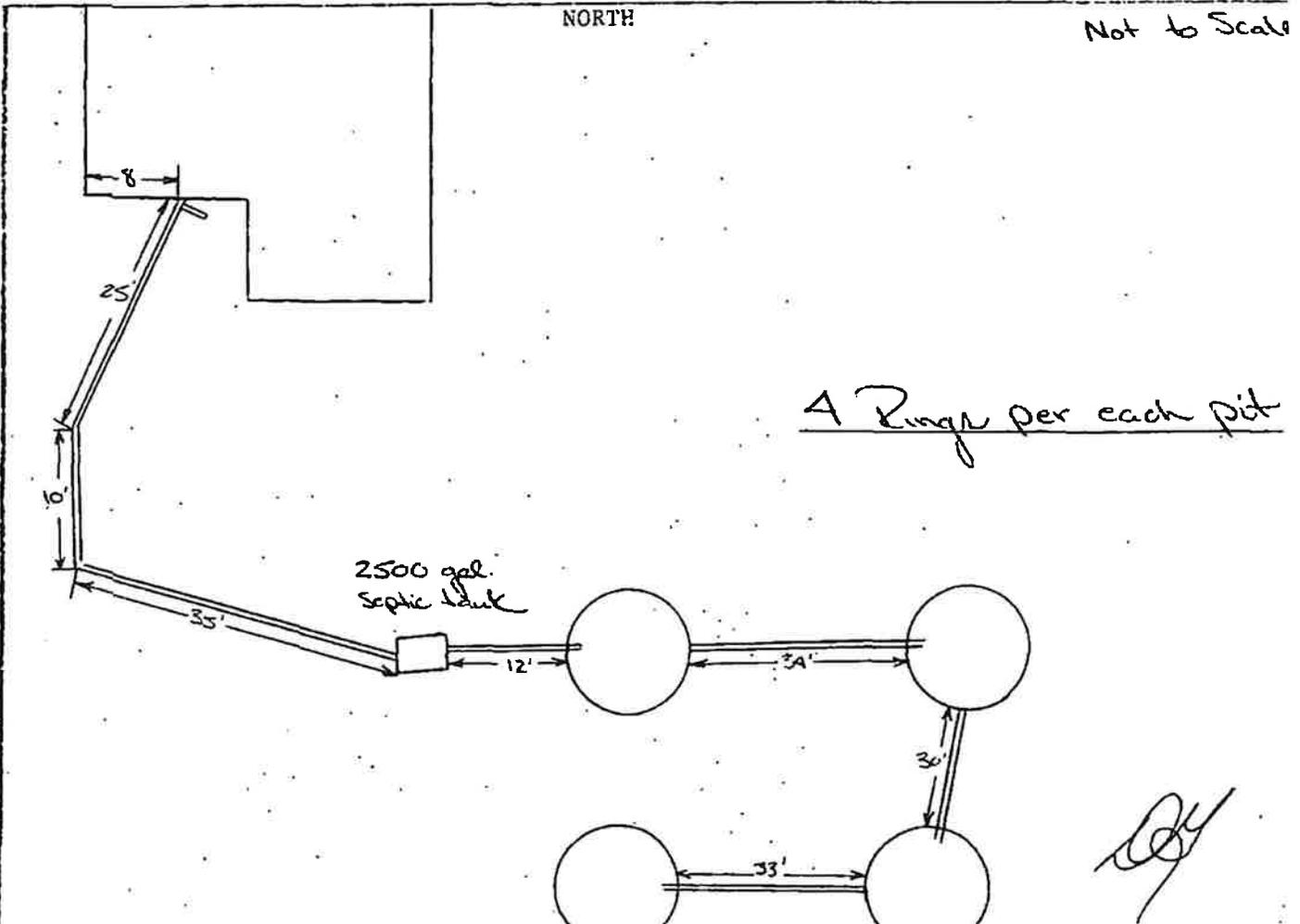
4

LINING MATERIAL

-

CAPACITY SQ. FT.

543



El Paso County Health Department
501 North Foote Avenue
Colorado Springs, CO 80909-4598
(303) 636-0125

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

NAME OF OWNER FRED LECHNER HOME PHONE 6330622 WORK PHONE 684-9014
ADDRESS OF PROPERTY 10090 W. HIGHWAY 24 DATE 3-24-85
LEGAL DESCRIPTION OF PROPERTY SAME
TAX SCHEDULE NUMBER - SYSTEM CONTRACTOR ARMENROUT PHONE 6849301
OWNER'S ADDRESS IF DIFFERENT -
TYPE OF HOUSE CONSTRUCTION - SOURCE AND TYPE OF WATER SUPPLY WELL
SIZE OF LOT 1/4 AC MAXIMUM POTENTIAL NUMBER OF BEDROOMS CINNAMON 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 deemed 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 [Signature]
FOR FRED

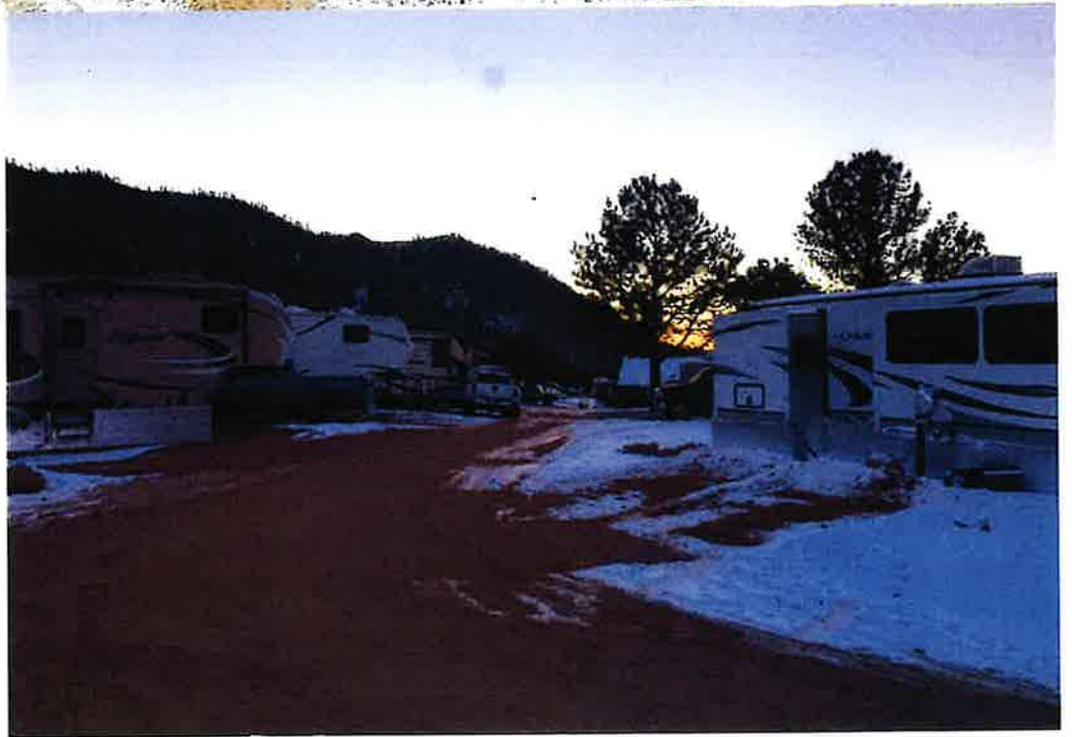
HEALTH DEPARTMENT USE ONLY

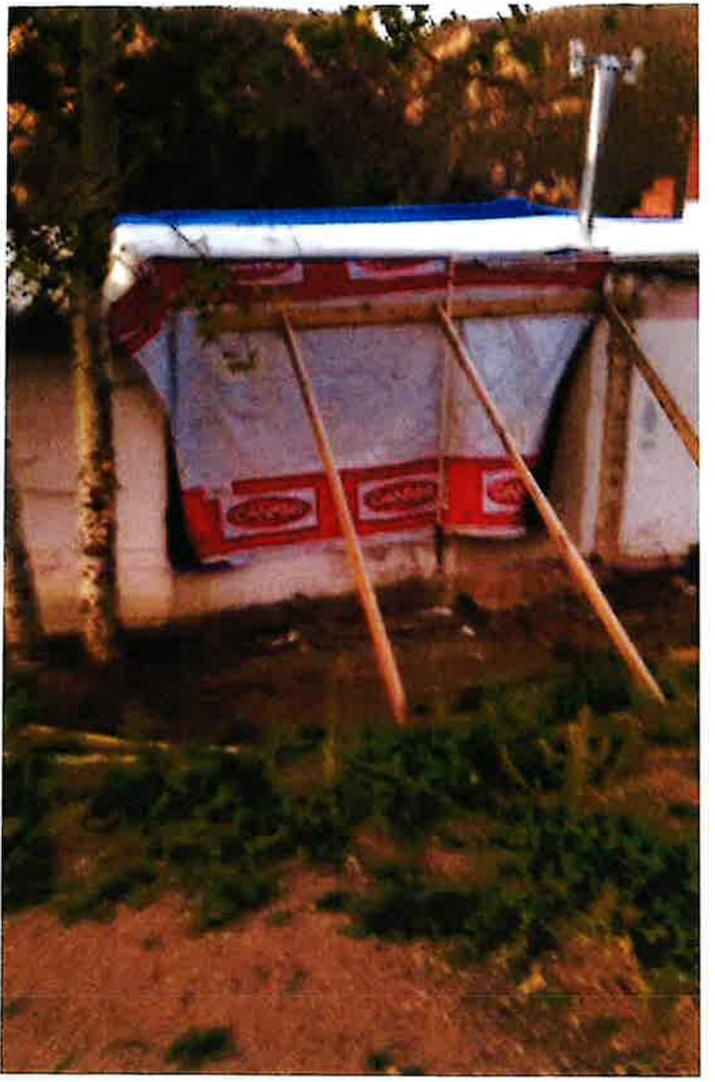
PERMIT NUMBER 3219 RECEIPT NUMBER 5621 DATE TO LAND USE DEPARTMENT N/A

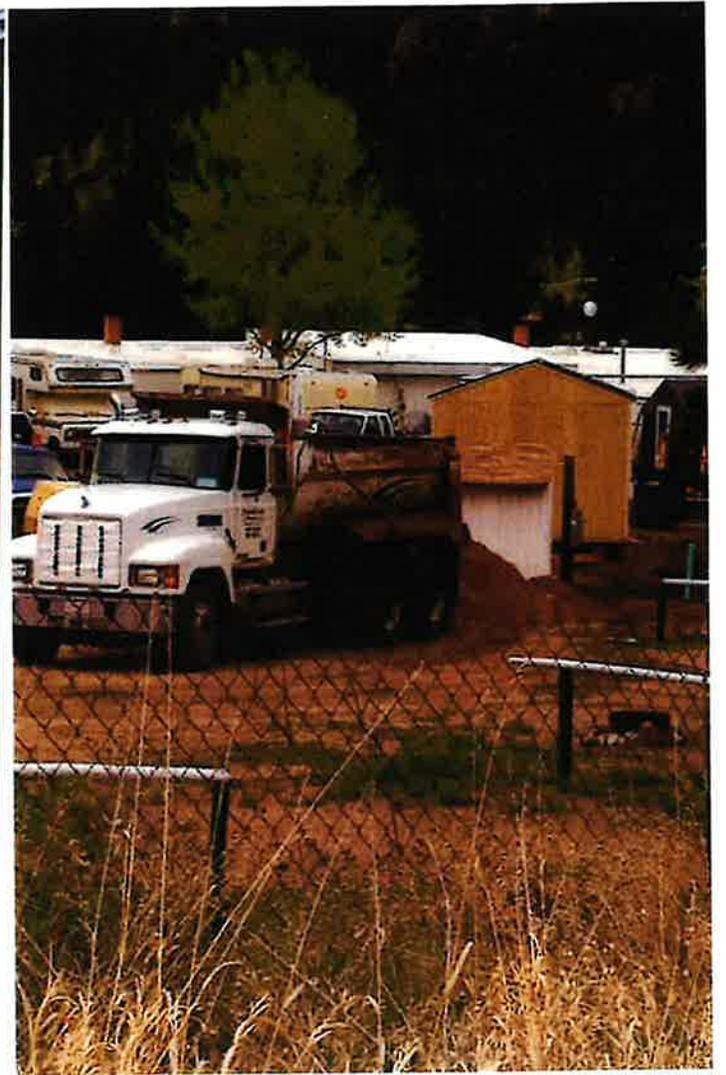
ABSORPTION AREA _____ TANK CAPACITY 2500 DATE OF SITE INSPECTION 3/25/85

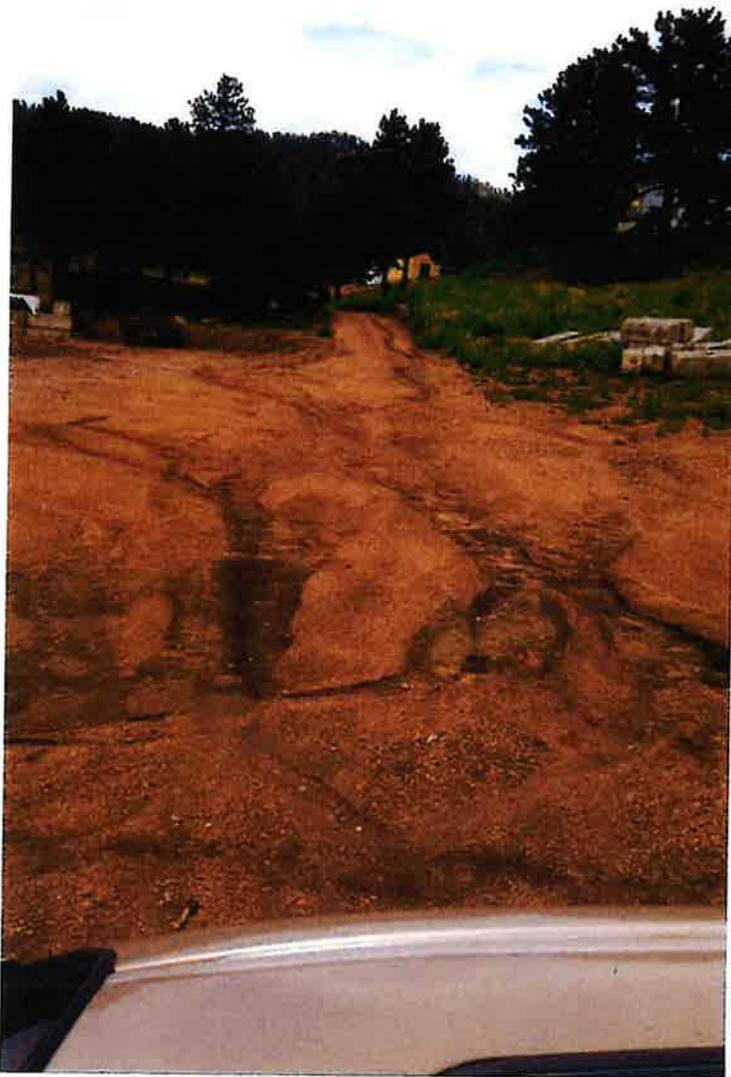
REMARKS: Installed as per engineer design. Based on actual water usage. Design for 1170 gpd maximum usage.

APPLICATION IS APPROVED (X DENIED) DATE 3/25/85 ENVIRONMENTALIST [Signature]







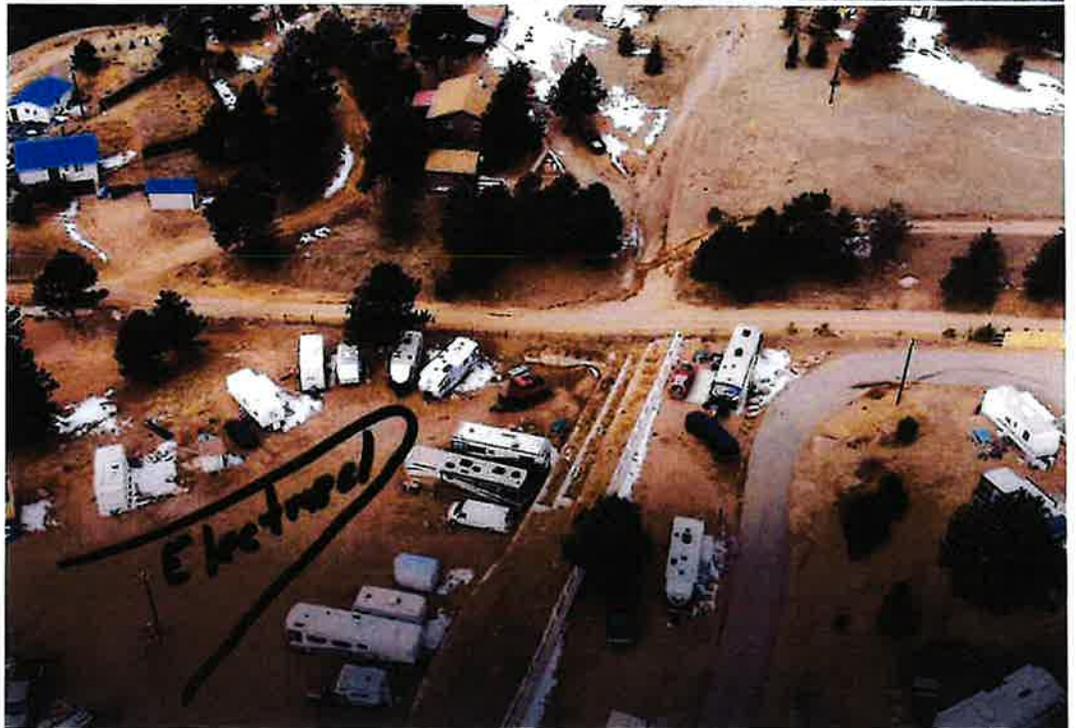


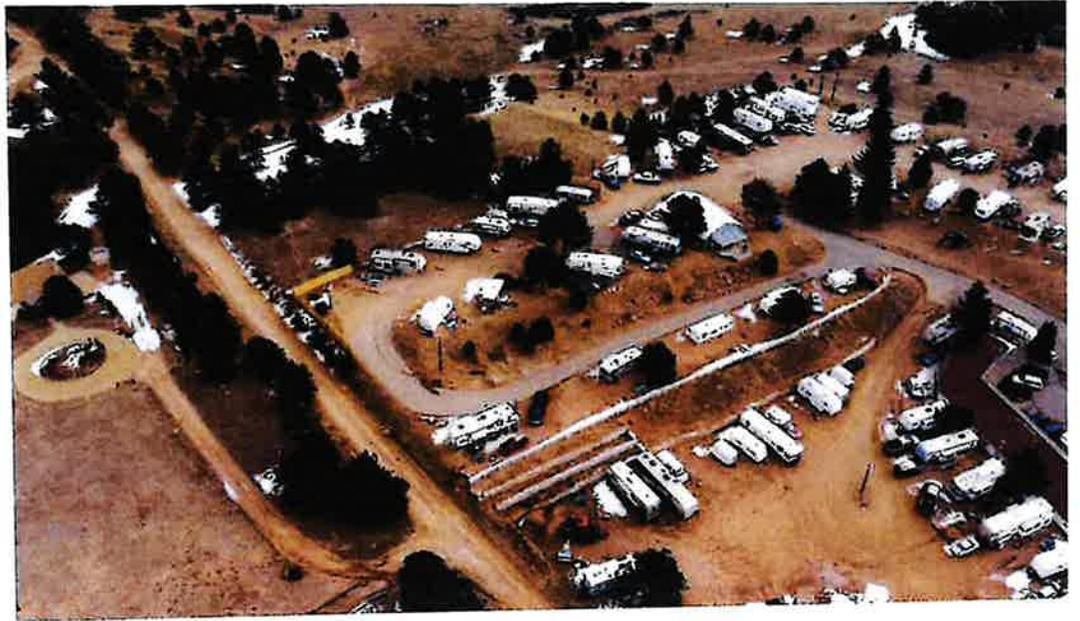






DW J-4-LMOS





1-24-21

