

EL PASO COUNTY HEALTH DEPARTMENT
COLORADO SPRINGS, COLORADO

013
p # 3219

SEWAGE DISPOSAL INSPECTION FORM

APPROVAL:
YES NO

DATE April 15, 1985

8309200011

ENVIRONMENTALIST Kick Mikkich

LOCATION (street number) 10030 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

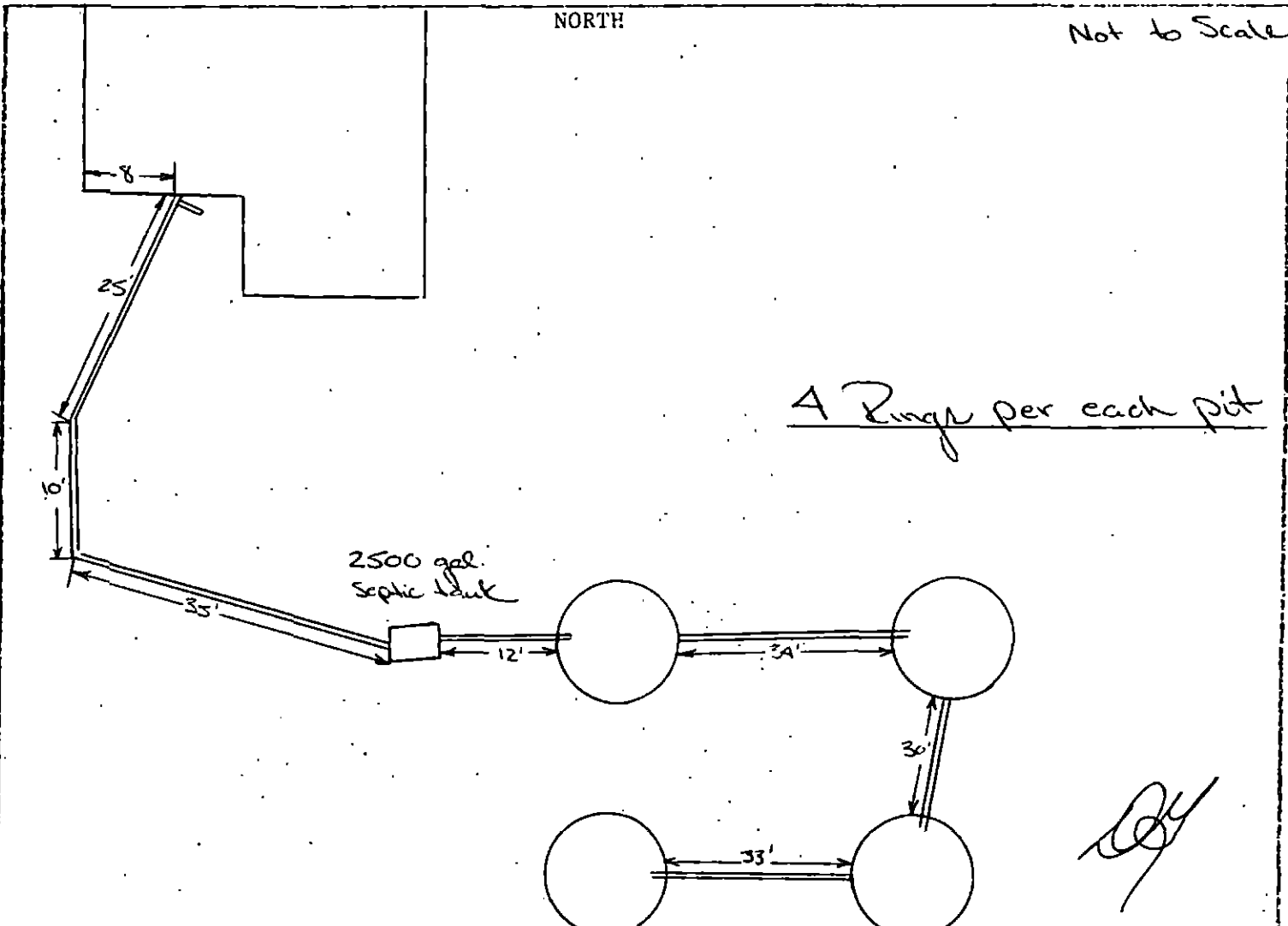
TYPE OF MATERIAL Concrete NO. COMPARTMENTS two

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



Acres: _____

EL PASO COUNTY • COUNTY HEALTH DEPARTMENT
501 North Foote Avenue • Colorado Springs, Colorado • 578-3125

Permit _____

Water Supply Well

Receipt No. 5621

PERMIT

TO CONSTRUCT, ALTER, REPAIR or MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Issued To Fred Lechner Date 3/25/85

Address of Property 10090 W. Highway 24, Green Mt. Falls, CO. Phone 684-9044
(Permit valid at this address only)

Sewage-Disposal System work to be performed by Armentrout Phone 684-9301

This Permit is issued in accordance with 25-10-106 Colorado Revised Statutes 1973, as amended. PERMIT EXPIRES upon completion of installation of sewage-disposal system or at the end of six (6) months from date of issue—whichever occurs first—(unless work is in progress). This permit is revokable if all stated requirements are not met.

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

\$145.00

PERMIT FEE (NOT REFUNDABLE)

September 25, 1985

DATE OF EXPIRATION

Allen B. [Signature]
DIRECTOR, COUNTY HEALTH DEPARTMENT

[Signature]
ENVIRONMENTALIST

NOTE: LEAVE ENTIRE SEWAGE-DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION. 48 HOUR ADVANCE NOTICE REQUIRED.

| SEPTIC TANK: | TRENCH SYSTEM: | BED SYSTEM: | SEEPAGE PIT SYSTEM: |
|-------------------------|---------------------------------------|-------------------------|----------------------------------|
| total square feet _____ | total square feet _____ | total square feet _____ | total square feet _____ |
| <u>2800</u> gallons | ft. of trench _____ inches wide _____ | | rings or _____ diam. x _____ wid |
| | ft. of trench _____ inches wide _____ | | |

**NOTES: Install as per engineer design. Based on actual water usage.
Design for 1170 gallons per day maximum usage.**

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 times for the purpose of making such inspections as are necessary to determine compliance with requirements of this law.

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 684-9044
ADDRESS OF PROPERTY 10096 W. HIGHWAY 24 DATE 3-24-85
LEGAL DESCRIPTION OF PROPERTY SAME
TAX SCHEDULE NUMBER - SYSTEM CONTRACTOR ARMENRANT 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 CONV. 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: Install 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]