

53-080-00-051 P

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT Permit # 0N0004803  
INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION FORM Date 4-1-04

APPROVED: Yes  No  Environmental Health Specialist: Brad Wallace

Address 6925 Wyoming Owner Robert Chapman  
Legal Description Part of S8, T1J, R65  
Residence  # Bedrooms 3 Commercial  System Installer  Owner

SEPTIC TANK: Commercial  Noncommercial  Construction Material Pre-Cast Concrete Capacity Gallon 1,500 Gallons

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 \_\_\_\_\_

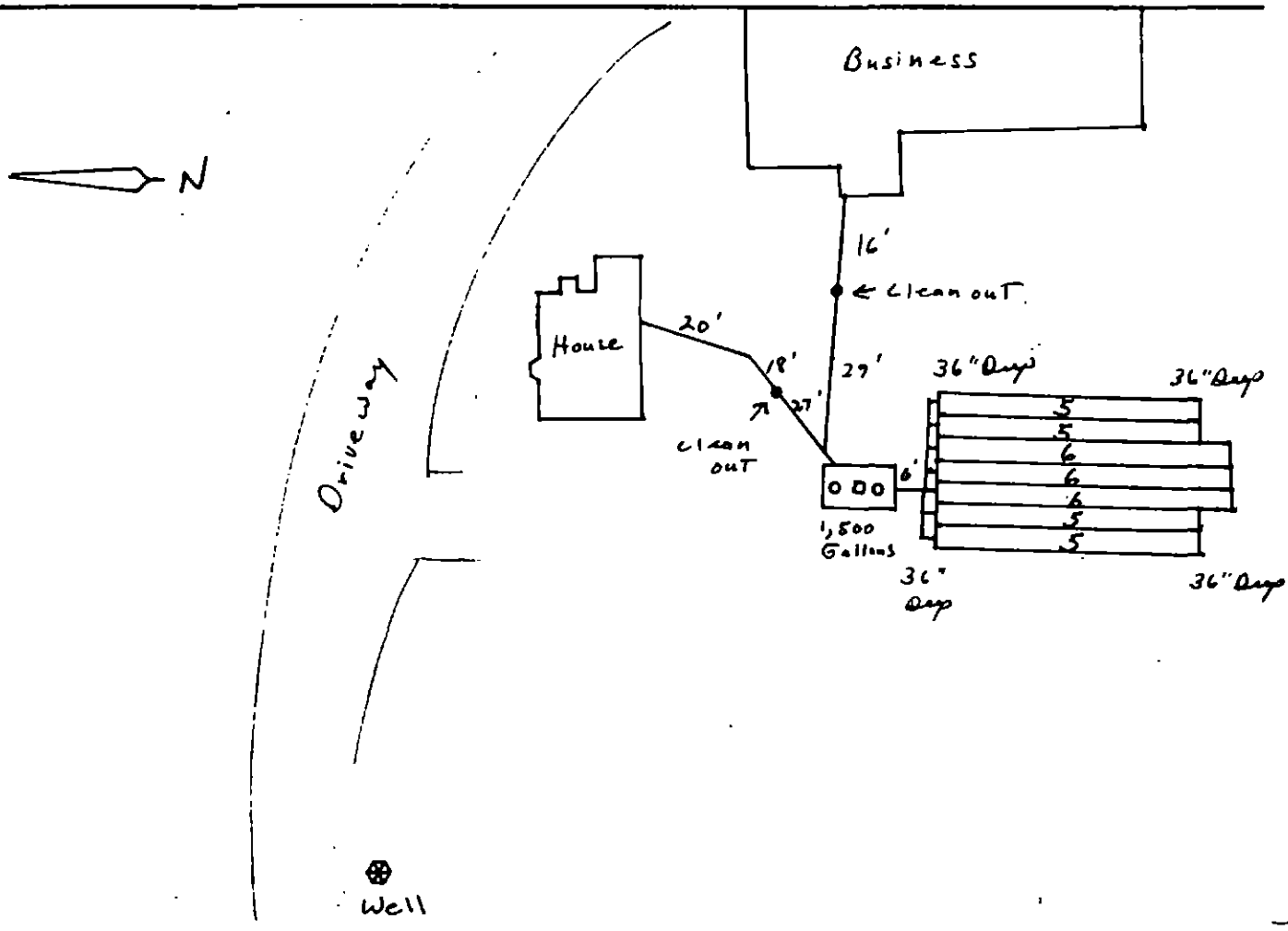
DRYWELLS: # of Pits \_\_\_\_\_ Rings (Pit 1) \_\_\_\_\_ Rings (Pit 2) \_\_\_\_\_ Working Depth #1 \_\_\_\_\_ #2 \_\_\_\_\_  
Size (L x W) #1 \_\_\_\_\_ #2 \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

ROCKLESS SYSTEMS:  
Standard Chamber: Type Infiltrators #Chambers 38 Sq. Ft./Chamber \_\_\_\_\_ Bed X Trench \_\_\_\_\_  
High Profile Units: Type Chamber \_\_\_\_\_ #Chambers \_\_\_\_\_ Sq. Ft./Chamber \_\_\_\_\_ Bed \_\_\_\_\_ Trench \_\_\_\_\_  
Reduction Allowed 35 % Sq. Ft. Required 825 Depth (Range) 36"  
Sq. Ft. Installed \_\_\_\_\_ Equivalent Sq. Ft. Installed with Reduction 906 FT<sup>2</sup>  
Engineer Design: Y  Engineering Firm Sized by Colorado Engineering

Approval letter provided? Y  N   
Well installed at time of septic system inspection?  Y  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:



SR

**INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT**

OWNER NAME: ROBERT CHAPMAN PERMIT NUMBER: ON0004803  
ADDRESS: 6925 WYOMING LN DATE PERMITTED: 2/23/2004  
CITY, STATE, ZIP: COLORADO SPRINGS CO 80922 PHONE NUMBER: 7194952740  
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

*David Firly*  
ENVIRONMENTALIST / PHONE NUMBER\* 578-2117

\* NOTE: 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.

WATER SOURCE: WELL

MINIMUM SEPTIC TANK SIZE: 1,500 GALLONS MINIMUM ABSORPTION AREA REQUIRED 825 SQ FT

PLANNING DEPARTMENT  N/A ENUMERATION  N/A FLOOD PLAIN  N/A WASTEWATER  N/A

COMMENTS:

SEPTIC REPAIR SHALL BE INSTALLED PER ENGINEER LETTER DATED 10/23/03, IN ACCORDANCE WITH COUNTY ISDS REGULATIONS. NEW SEPTIC SYSTEM SHALL BE INSTALLED IN SPECIFIED AREA DESCRIBED ON ABOVE REFERENCED LETTER (WEST OF EXISTING SYSTEM). EXISTING SEPTIC COMPONENTS SHALL BE PROPERLY ABANDONED. INSTALL NEW LEACH FIELD AT A MAXIMUM PREFERABLE DEPTH OF 36 INCHES. PER ENGINEER, A MINIMUM OF 38 CHAMBERS SHALL BE INSTALLED EITHER IN A BED OR TRENCH CONFIGURATION. MAINTAIN ALL DISTANCE SETBACK REQUIREMENTS.

*Fax Final drawing to 495-0721.*

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 *2/25/04* Mailed *3-29-04*  
Final Inspection Requested: BY: *Owner* Date Called In: *3/25/04 8:30*  
Phone # *4952740* Septic Site will be ready: *partial Final*  
*495-2740* *Please call w/Time*

### INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

OWNER NAME: ROBERT CHAPMAN  
ADDRESS: 6925 WYOMING LN  
CITY, STATE, ZIP: COLORADO SPRINGS CO 80922  
INSTALLED BY:

PERMIT NUMBER: ON0004803  
DATE PERMITTED: 03/31/2003  
PHONE NUMBER: 7194952740

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

*V. Briffa for L. D. Darden*  
ENVIRONMENTALIST / PHONE NUMBER\*

\* NOTE: 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.

WATER SOURCE: WELL 1500 825  
MINIMUM SEPTIC TANK SIZE: 1350 GALLONS MINIMUM ABSORPTION AREA REQUIRED 425 SQ FT

PLANNING DEPARTMENT  ENUMERATION  FLOOD PLAIN  WASTEWATER

COMMENTS:

A NEW SEPTIC AND NEW LEACH FIELD WILL BE INSTALLED TO THE WEST OF THE EXISTING SYSTEM. THE EXISTING SEPTIC TANK MUST BE ABANDONED ACCORDING TO COUNTY REGULATIONS. CONSTRUCT LEACH FIELD AT THE APPROXIMATE DEPTH OF THE PERCOLATION HOLES, 30 INCHES DEEP. MAINTAIN ALL MINIMUM SEPARATIONS. A MINIMUM OF 18 STANDARD CHAMBERS IN TRENCHES OR 19 STANDARD CHAMBERS IN A BED WILL BE REQUIRED. SYSTEM IS NOT SIZED FOR A GARBAGE DISPOSAL.

2/23/04

New Notes:

Septic repair shall be installed per engineer letter dated 12/23/03, in accordance with county ISDS regulations. New septic system shall be installed in specified area described on above referenced letter (west of existing system). Existing septic components shall be properly abandoned. Install new leach field at a maximum preferable depth of 36 inches. Per engineer, a minimum of 38 chambers shall be installed either in a bed or trench configuration. Maintain all distance setback requirements.

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: \_\_\_\_\_ Date Called In: \_\_\_\_\_

Phone # \_\_\_\_\_ Septic Site will be ready: \_\_\_\_\_

Inspector \_\_\_\_\_

District \_\_\_\_\_

Record I.D. 4803

### EL PASO COUNTY ENVIRONMENTAL HEALTH SERVICES

- 301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 578-3126 • Fax: (719) 578-3188

### APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

NEW CONSTRUCTION  MINOR REPAIR  MAJOR REPAIR/ADD

Owner Robert Chapman Daytime Phone 719-495-2740

Address of Property 6925 Wyoming Ln Colorado Springs City & Zip 80922

Legal Description Plot West C of SEC Section 8 Township 13 Range 65

Owner's MAILING Address Same City, State & Zip Same

Lot Size 7 Tax Schedule # 53080-00-051

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

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 03/13/03

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

#### DEPARTMENT OF HEALTH USE ONLY

1250  
Minimum Tank Capacity

423  
Minimum Absorption Area

3-24-03  
Date of Site Inspection

REMARKS A new septic tank and new leachfield will be installed to the west of the existing system. The existing septic tank must be abandoned according to County Regulations. Construct leachfield at the approximate depth of the perc holes, 30 inches deep. Maintain all minimum separations. A minimum of 18 standard chambers in trenches or 19 standard chambers in a bed, will be required. System is not sized for a garbage disposal.

EHS INSPECTOR Sid Darden

DATE 3-24-03

APPROVED

DENIED

#### FEES AS OF 11/1/02:

NEW CONSTRUCTION \$432.00 + Planning Department Surcharge of \$30. = \$462.00  
MAJOR REPAIR/ADDITION \$342.00  
MINOR REPAIR/ADDITION \$162.00

DATE TO PLANNING / WASTEWATER: \_\_\_\_\_

DATE TO FLOODPLAIN/ENUMERATIONS \_\_\_\_\_

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 1/2 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 type="checkbox"/> Natural drainage course(s) |

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

*125 Woodburn east Right on ~~Utah~~<sup>UT 94</sup> Left on California Right  
ON Wyoming Ln 6925 Wyoming CA.*