

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

Permit # ON0001194
Date 10/27/99

9

7136003003

APPROVED: YES NO

ENVIRONMENTALIST KRUEGER

Address 580 STRUTHERS LOOP

Owner WALLIS

Legal Description LOT 55 CHAPARRAL HILLS
Residence , # of bedrooms 6; Commercial ; System Installer MURRAY

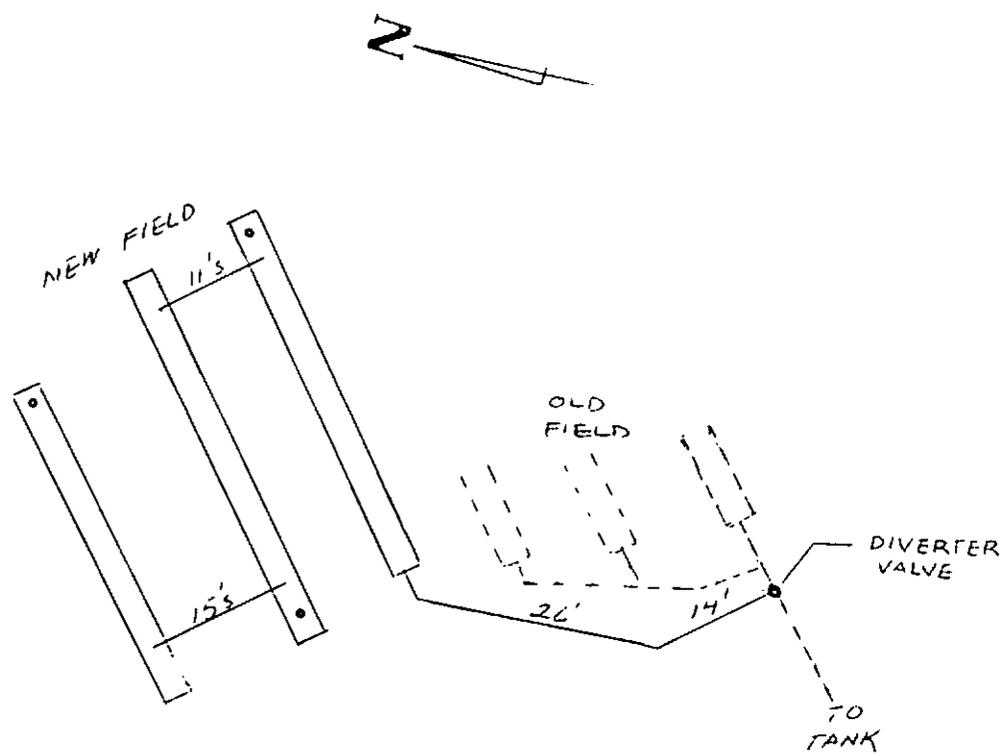
SEPTIC TANK: EXISTING
Commercial ; Noncommercial ; L , W , WD
Construction Material CONCRETE, capacity 2250 gallons.

DISPOSAL FIELD:
Rock Systems:
Trench: depth , width , total length , sq. feet
Bed: depth , length , width , sq. feet
Rock type , depth , under PVC , over PVC
Seepage Pits: # of pits , total # of rings , working depth(s)
size of pit(s) L X W , lining material , total sq. feet

Rockless Systems:
Chamber: Type BIO-DIFFUSER, number of chambers 45, bed , trench
sq. ft./section 15.5, reduction allowed 40%, sq. ft. required 1142
total sq. ft. installed 1162, depth of installation 18"-36"

Engineer Design Y or N, Designing Engineer
Approval letter provided? Y or N
Well 50 feet from tank or N 100 feet from leach field or N
Well installed at time of septic system inspection or 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: INSTALLATION OF
NEW LEACH FIELD
+ DIVERTER VALVE



EL PASO COUNTY
DEPARTMENT OF HEALTH AND ENVIRONMENT
301 S Union Blvd, Colorado Springs, Colorado 719-578-3126

INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

WATER SOURCE: WELL
OWNER NAME: ED & JUNE WALLIS
ADDRESS: 580 STRUTHERS LOOP
CITY, STATE, ZIP: COLORADO SPRINGS 80921
PERMIT NUMBER: ON0001194
DATE PERMITTED: 10/25/99
PHONE NUMBER: 7196832442

INSTALLED BY: MURRAY CONSTRUCTION COMPANY

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). 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.

John Dower

PERMIT FEE(NON REFUNDABLE) :

New Permit----\$ 300.00

ISDS Repair -\$ 50.00

Voided/Altered permit --\$ 25.00

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT EXPIRATION DATE :

Expires twelve months from date of issue

Krueger 578-3132
ENVIRONMENTALIST / PHONE NUMBER

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

MINIMUM SEPTIC TANK SIZE: 2,250 GALLONS MINIMUM ABSORPTION AREA REQUIRED 1,142 SQ FT

PLANNING DEPARTMENT ENUMERATION FLOOD PLAIN WASTEWATER

COMMENTS:

NEED TOTAL OF 45 CHAMBERS TO MEET PRESENT DAY CODE, IF ADDING DIVERTER VALVE.

HISTORY: PERMIT 7807 APPROVED 5-31-94, 6 BEDROOM, 2250 GALLONS, 720 SQ FT.

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.

mailed 10/26/99 AK

Inspector *Jimmy*

Record I.D. 1194

EL PASO COUNTY ENVIRONMENTAL HEALTH SERVICES

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

APPLICATION FOR A NEW REMODEL REPAIR OR ADDITION TO AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Owner ED + JULIE WALLIS Daytime Phone 683-2442

Address of Property 580 STRUTHERS LOOP City & Zip COLD SPRINGS CO

Legal Description LOT 55 CHAPARRAL HILLS 80921

Tax Schedule # 7136003003 Lot Size 5 ACRE Septic Contractor MURRAY 683-2442

Inside City Limits No Yes-City _____ Water Supply Well or Spring Cistern Public

Type of Building Frame Mobile Modular Other _____

MAILING Address Murray Construction
6050 N. Ellicott Hwy. City, State & Zip Calhan, CO 80808

MAIL PERMIT OR PICK UP PERMIT THERE IS AN ADDITIONAL RESIDENCE ON THIS PROPERTY

MAXIMUM POTENTIAL BEDROOMS <u> 6 </u>			
Basement <input checked="" type="radio"/> Y <input type="radio"/> N	Percolation Test Attached Y <input checked="" type="radio"/> N <input type="radio"/>	Garbage Disposal <input checked="" type="radio"/> Y <input type="radio"/> N	Clothes Washer <input checked="" type="radio"/> Y <input type="radio"/> 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 10-20-99

DEPARTMENT OF HEALTH USE ONLY		
<u> 1142⁶ </u> Minimum Absorption Area	<u> EXISTING 2250 </u> Minimum Tank Capacity	<u> 10/25/99 </u> Date of Site Inspection
REMARKS <u> NEED TOTAL OF 45 CHAMBERS TO MEET PRESENT DAY </u>		
<u> CODE IF ADDING DIVERTER VALVE </u>		
EHS INSPECTOR <u> <i>Krueger</i> </u>	DATE <u> 10/25/99 </u>	<input checked="" type="radio"/> APPROVED <input type="radio"/> DENIED
PERMIT # _____	FEE NO FEE _____	DATE TO PLANNING DEPT <u> N/A </u>
		DATE TO WASTEWATER DISTRICT _____

- 1) We require a copy of your percolation (**PERC TEST**) with an original professional engineer's (PE) stamp and signature.
- 2) A **PLOT PLAN** must be drawn (not to scale) on a 8 1/2 x 11 sheet of paper. The plot plan must include
 - 1) a north bearing
 - 2) property lines
 - 3) property dimensions
 - 4) all buildings (proposed or existing)
 - 5) proposed septic system site
 - 6) designated alternate septic system site
 - 7) driveway (proposed or existing and name of adjoining street)
- 3) 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	
- 4) 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)
- 5) **PROPERTY ADDRESS OR LOT NUMBER MUST BE POSTED AND CLEARLY VISIBLE FROM ROAD. PERC HOLES MUST BE CLEARLY MARKED.**

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

PROPOSE TO ADD 45 CHAMBERS AND DIVERTER VALVE TO EXISTING SEPTIC SYSTEM

