

*Bue*

EL PASO COUNTY HEALTH DEPARTMENT  
INDIVIDUAL SEWAGE DISPOSAL INSPECTION FORM

Permit # 6006  
Date 4/29/91

APPROVED YES  NO

ENVIRONMENTALIST Krueger  
Owner BRYANT

Address 12495 BLACK FOREST RD

Legal Description \_\_\_\_\_  
Residence \_\_\_\_\_ Commercial  # of Bedrooms N/A System Installer JIM MUNSON

TAX # 5218φ-φ2-φφ1

SEPTIC TANK: NO RECORDS - ACCORDING TO JIM MUNSON.

Commercial  Noncommercial \_\_\_\_\_ Measurements: L \_\_\_\_\_ W \_\_\_\_\_ ID \_\_\_\_\_

Construction Material CONCRETE Liq. Cap. 1250

DISPOSAL FIELD INFILTRATOR BED

Exc. Depth \_\_\_\_\_ Width \_\_\_\_\_ Total Length \_\_\_\_\_ Sq. Ft. 150

Rock N/A Depth \_\_\_\_\_ Under \_\_\_\_\_ Over \_\_\_\_\_

Rockless System: Diameter of Pipe INFILTRATOR

Seepage Pits: Number of rings \_\_\_\_\_ Lining Material \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

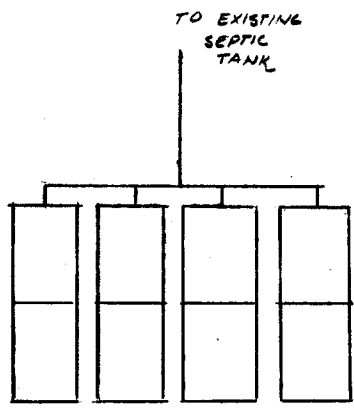
Working Depth \_\_\_\_\_ Width \_\_\_\_\_

Engineer Design Yes  Type \_\_\_\_\_ Engineer Approval Letter Yes \_\_\_\_\_

Well 50 feet from Tank yes 100 feet from leach field yes

Well Installed at Time of Septic System Inspection Yes  No \_\_\_\_\_ Public Water \_\_\_\_\_  
REPAIR

REPAIR OF LEACH FIELD



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

*General Store*

*upgrade*

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

NAME OF OWNER *Dorothie Bryant* HOME PHONE *576-5143* WORK PHONE *—*

ADDRESS OF PROPERTY *12495 / 12470 Black Forest Road CS CO 80908* DATE *—*

LEGAL DESCRIPTION OF PROPERTY *The Forest Center - All The Forest Center except roads*

TAX SCHEDULE NUMBER *52180-02-001* SYSTEM CONTRACTOR *Jim Morrison* PHONE *—*

OWNER'S ADDRESS IF DIFFERENT *6645 Shoup Road Colo. Springs, Co 80908*

TYPE OF HOUSE CONSTRUCTION *Ldg / COMMERCIAL* SOURCE AND TYPE OF WATER SUPPLY *Well*

SIZE OF LOT *—* MAXIMUM POTENTIAL NUMBER OF BEDROOMS *N/A* BASEMENT (yes or no) *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. (ANSWER QUESTIONS ON BACK OF FORM).

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]*

**HEALTH DEPARTMENT USE ONLY**

PERMIT NUMBER *6000* RECEIPT NUMBER *N/A* DATE TO LAND USE DEPARTMENT *N/A*

ABSORPTION AREA *225'* TANK CAPACITY *EXISTING* DATE OF SITE INSPECTION *2/26/91*

REMARKS: *ENGINEER TO SIZE ISDS - MEET ALL DISTANCE REQUIREMENTS*

*COMMERCIAL -*

*IF USING INFILTRATOR BED - 113' - 6 INFILTRATOR UNITS*

APPLICATION IS APPROVED ( ) DENIED ( ) DATE *3/4/91* ENVIRONMENTALIST *[Signature]*

ANSWER THE FOLLOWING ITEMS AND/OR INCLUDE ON PLOT PLAN.

PROPERTY LINES \_\_\_\_\_  
PROPERTY DIMENSIONS \_\_\_\_\_  
LOCATION OF PROPOSED SEPTIC SYSTEM \_\_\_\_\_  
LOCATION OF WELL \_\_\_\_\_  
LOCATION OF ADJACENT WELLS \_\_\_\_\_  
BUILDINGS \_\_\_\_\_  
PROPOSED BUILDINGS \_\_\_\_\_  
WATER SUPPLY LINE \_\_\_\_\_  
CISTERNS \_\_\_\_\_  
SPRINGS \_\_\_\_\_  
LAKES \_\_\_\_\_  
PONDS \_\_\_\_\_  
WATER COURSES \_\_\_\_\_  
STREAMS \_\_\_\_\_  
DRY GULCHES \_\_\_\_\_  
SUBSOIL DRAINS \_\_\_\_\_

DIRECTIONS TO PROPERTY FROM MAIN HIGHWAYS:

