VON#

#100000165

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

Permit # 0/0039 Date 5/17/96

APPROVED: YES NO	ENVIRONMENTALIST Larry School
Address 15660 Simla Highway	Owner Linda & Richard Bollasch
Legal Description $\frac{5}{27-711-8}$ Residence $\frac{1}{2}$, # of bedrooms $\frac{3}{2}$ SEPTIC TANK:	System Installer OUNTY 541-3058 6546 , L, W, WD 6546, capacity
DISPOSAL FIELD: Rock Systems:	
Trench: depth, width	_, total length, sq. feet, width, sq. feet, under PVC, over PVC otal # of rings, working depth(s) ning material, total sq. feet
Chamber: Type Type Type Type Type Type Type Type	er of chambers 23, bed , trench tion allowed 40%, sq. ft required 505 thout reductor depth of installation 29-35
Engineer Design Y or (N), Design	ing Engineer,
Well installed at time of septic s *Approval will be revoked if in feet of the septic tank and/or l	100 feet from leach field Y or N ystem inspection Y or N Public Water the future the well is found to be within 50 00 feet of the disposal field.
NOTES: Piges SDR 35	
	1

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home 18'9"

Normal 18'9"

Normal 23'2"

Sunts

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Sunts

Sunts

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•	•	•	j		
Acres 40	EL-PASO COUN	TY • DEPARTME	NT OF HEALTH AND E	NVIRONMENT -	
•		Union Blvd. • Colora	do Springs, Colorado • 5	78-3125	01007
Water Supply	WELL.				Permit <u>01003</u>
		· —	<i>RMIT</i>		
TO CONSTRUCT	, ALTER, REPAIR OR MOD	IFY ANY INDIVIDUAL :	SEWAGE DISPOSAL SYS	TEM	Receipt No.
LTNm	A & RICHARD BALLASCI	1		m	4-3-96
-		· · · · · · · · · · · · · · · · · · ·	-		4-3-30
Address of Property	15660 SIMLA HIGHWAY,	, RAMAH, CO, SEC	: 27-T11-R60	Phone	541-3058
	(P	ermit valid at this address only)	- -		
Sewage-Disposal	System work to be performe	ed by	OWNEY	Phone	
This Perr	nit is issued in accordance with	h 25-10-106 Colorado R	evised Statutes 1973, as am	ended. PERMITE	XPIRES upon completion-
installation of sewa	age-disposal system or at the	end of twelve (12) mont	hs from date of issue–which	ever occurs first-(u	inless work is in progress).
. This permit is revo	kable if all stated requirement	nts are not met.		•,	•
-THI	S PERMIT DOES NOT	DENOTE APPROV	AL OF ZONING AND	ACREAGE:RE	QUIREMENTS-
			0.5		
\$150.00	•	`	James auch	K)	
PERMIT FEE (NOT	REFUNDABLE) ~		DIRECTOR, DEPARTMENT	OF HEALTH AND I	ENVIRONMENT
				^ -	75-8638
4-3-97	·		Charaly 1	KAN J	17-08-28
, DATE OF EXPIRAT	=		ENVIRONMENTAÚIST		
SEPTIC TANK:	EAVE ENTIRE SEWAGE DISPO TRENCH S		BED SYSTEM:		AGE PIT SYSTEM:
	total square feet505	3131EW.	BED STSTEM.		
1 1	tt. of trench	inches wide		total square lee	
1250			quare feet	rings or	diam v w/d
		Inches wide Itolai sc	uale leet		Ulaili.XW/U
NOTES	engineer "Recommend	sizing at least	14 min. per inch.	Install le	ach field in area
and d	epth (47 inches) of	perc. test. Rec	commend an increase	of 60 per c	ent in leach field
	to 808 sq. ft.) or 1				
	washer and garbage				,, because of the
The Health	Office shall assume no respons	ibility in case of failure or in	adequacy of a sewane-disposa	al evetem hevond co	nsulting in good feith with the
	presentative. Free access to the	property shall be authorize	d at reasonable time for the pur	oose of making such	inspections as are necessary
to determine complia	ince with requirements of this lay	w.			
的复数 医经验量 经人工基本经	or to the said the said of the				ara a a a a a a a a a a a a a a a a a a

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT 301 South Union Boulevard Colorado Springs, CO 80910-3123 APPLICATION TO CONSTRUCT, REMODEL OR INSTALL

AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM Name of Owner Legal Description Sec. 27, Township 11 Ranged Address of Property \mathcal{N} AME Owner's Mailing Address Septic Contractor and Phone # Well D100CCQ1165 Source of Water Supply Tax Schedule Number MAXIMUM POTENTIAL NUMBER OF BEDROOMS Basement Y (N) Percolation Test Attached (Y) N Garbage Disposal (Y) N Clothes Washer (Y)N I have supplied a plot plan as described on the back of this form. Tacknowledge 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 a 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. 10-25-101 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. Date <u>63/27/96</u> OWNER'S SIGNATURE # Recommend sizing at least 14 min pay week," Ins Application is APPROVED DATE TO EPC PLANNING DEPT _alachem

PROPERTY AND PERC HOLES MUST BE CLEARLY MARKED OR POSTED

The <u>ORIGINAL</u> of your percolation (perc) test is required.

The following information must be on your PLOT PLAN.

Property lines

Proposed septic system site

Well(s)
Building(s)
Water line

Subsoil drain(s)

Property dimensions 1.

Designated alternate septic system site

Adjacent property well(s) Proposed building(s)

Cistern

If any of these are within 100 feet of your proposed septic system include on your plot plan

Spring(s)
Pond(s)

Dry Gulch(s)

Lake(s) Stream(s)

Natural drainage course(s)

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT 301 South Union Boulevard

Colorado Springs, CO 80910-3123

APPLICATION TO CONSTRUCT, REMODEL OR INSTALL AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Absorption Area REMARKS: ENVIRONMENTALIST	DEPARTMENT Tank Capacity Date	OF HEALTH USE ON Date Applica	e of Site Inspection
Absorption Area	, · · ·		IL.Y
Absorption Area	, · · ·		IL.Y
Absorption Area	, · · ·		IL.Y
Absorption Area	, · · ·		IL.Y
Absorption Area	, · · ·		IL.Y
Absorption Area	, · · ·		IL.Y
Absorption Area	, · · ·		IL.Y
Absorption Area	, · · ·		IL.Y
Absorption Area	, · · ·		IL.Y
	, · · ·		IL.Y
OWNER 3 SIGNATORIE	DEPARTMENT	OF HEALTH USE ON	
OWNER 3 SIGNATORE			Date
OWNER'S SIGNATURE			5 .
with rules and regulations adoptine and correct to the best of mounty Department of Health an applied for herein. I further und	ted pursuant to C.R. by knowledge and bo d Environment in ev erstand any falsifica	S. 10-25-101 et. seq. elief, and are design raluating the same for the	ed necessary to ensure compliance I hereby certify all represented to be led to be relied on by the El Paso or purposes of issuing the permit tation may result in the denial of the ation and in legal action for perjury as
application is conditional upon the Department to be made and	such further mandate furnished by a appl	ory and additional te icant for purposes o	ests and reports as may be required by If evaluating the application, and
	Test Attached (Y)		osal (Y) N Clothes Washer (Y) I nowledge the completeness of the
Lot Size			IBER OF BEDROOMS
O\OOOO 165 Tax Schedule Number	Type of Building))\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Source of Water Supply
Owner's Mailing Address	100m	Septic Co	ontractor and Phone #
Address of Property 1510(1) Simla	Hwy	Legal Description	Sec. 27, Township Il Ka
	Hay A	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Phone 80832
15660 Simla		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Phone
Name of Owner Simla	<u> runaxin</u>		1 - 1101 G(11 - 00 /-18

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