

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT Permit # 0024332
INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION FORM Date 10/19/2010

APPROVED: Yes ☒ No ☐ Environmental Health Specialist: Debbie Polelli 578-3136

Address 3050 N Lauppe Rd, Calhan, CO 80808 Owner John Paulson
Legal Description S2S2NE4 W/MR SEC 32-13-61
Residence ☒ # Bedrooms 3 Commercial ☐ System Installer owner

SEPTIC TANK:

Commercial ☒ Noncommercial ☐ Construction Material CONCRETE Capacity Gallon 1250g

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 Dept #1 ☐ #2 ☐
Size (L x W) #1 ☐ #2 ☐ Total Sq. Ft. ☐

ROCKLESS SYSTEMS:

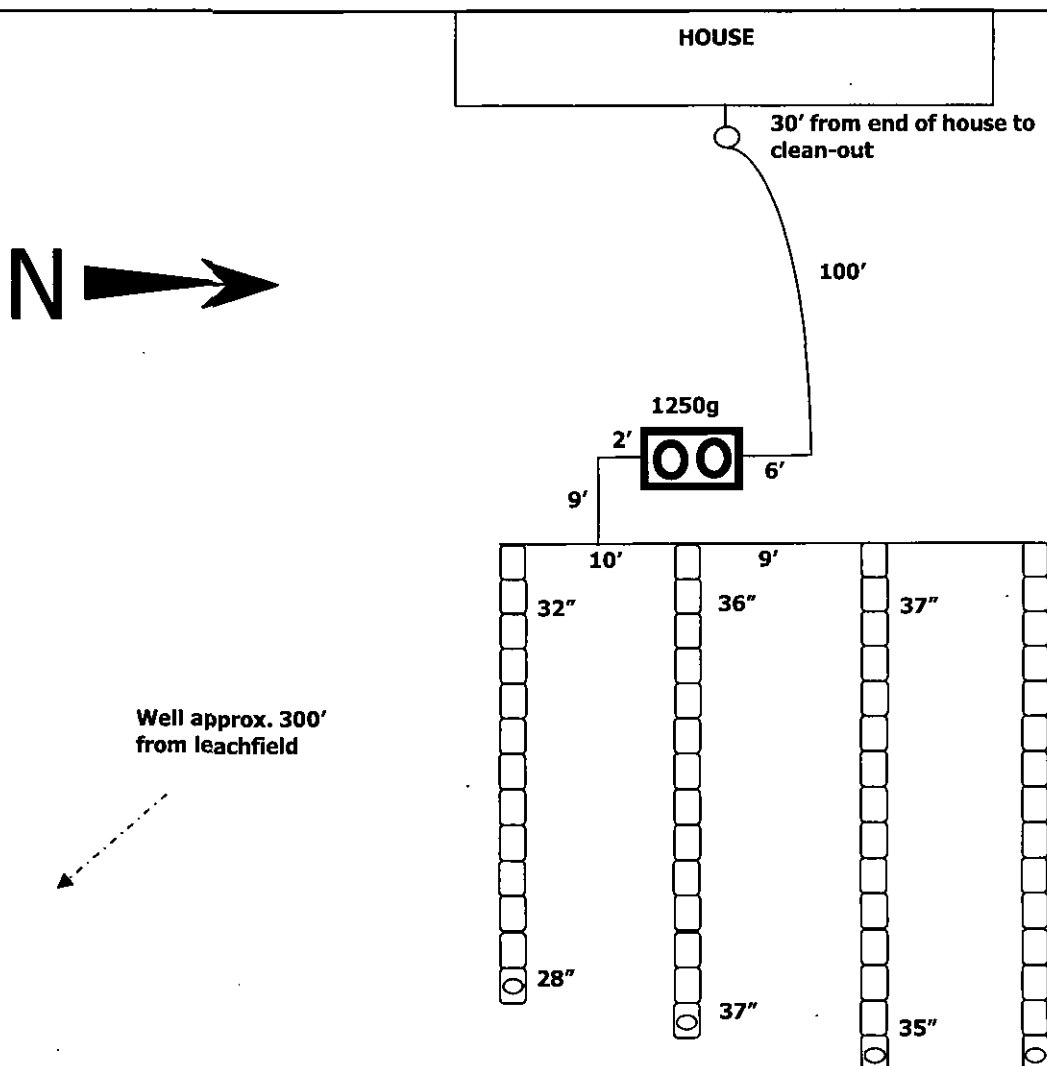
Standard Chamber: Type Quick 4's # Chambers 57 Sq. Ft./Chamber 10 Bed ☐ Trench ☒
High Profile Units: Type Chamber ☐ # Chambers ☐ Sq. Ft./Chamber ☐ Bed ☐ Trench ☐
Reduction Allowed 0% Sq. Ft. Required 567ft² Depth (Range) 36-48 inches
Sq. Ft. Installed 570ft² Equivalent Sq. Ft. Installed with Reduction ☐
Engineer Design: Y ☒ Engineering Firm ☐

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: OWS is adequately sized for a three-bedroom house. Pipe installed is SCH 40 throughout OWS.



EL PASO COUNTY
DEPARTMENT OF HEALTH AND ENVIRONMENT
301 S Union Blvd, Colorado Springs, Colorado 719-575-8635
ONSITE WASTE WATER SYSTEM PERMIT

OWNER NAME: JOHN PAULSON
ADDRESS: 3050 N LAUPPE RD
CITY, STATE, ZIP: CALHAN, CO 80808
PHONE NUMBER: (719) 331-9233 (Home Phone)

PERMIT NUMBER: 0024332
DATE PERMITTED: 08/23/2010

This permit is issued in accordance with 25-10-207 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 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.

PERMIT EXPIRATION DATE: 08/23/2011
Expires twelve months from date of issue

WATER SOURCE: Well or Spring

MINIMUM SEPTIC TANK SIZE: 1250 GALLONS MINIMUM ABSORPTION AREA REQUIRED 567 SQ FT

PLANNING DEPARTMENT ☒ ENUMERATION ☒ FLOOD PLAIN ☒ WASTEWATER ☒

COMMENTS:

* FOR INSPECTIONS CALL 719-575-8699 BEFORE 8:30 A.M. OF THE DAY TO BE INSPECTED.
(WEEKENDS & HOLIDAYS EXCLUDED)
LEAVE THE ENTIRE SEWAGE DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION

PLACE LEACH FIELD IN AREA OF PERCOLATION TEST DATED AUGUST 6, 2010 AND AT THE MAXIMUM DEPTH OF 48 INCHES, PERFERED DEPTH OF 36 INCHES BELOW NATIVE GROUND SURFACE. OBSERVE ALL SETBACKS INCLUDING BUT NOT LIMITED TO LEACH FIELD AT LEAST 100 FEET FROM ANY WELL, AND 10 FEET FROM PROPERTY LINES.

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 ADMINISTRATOR USE ONLY

Permit Ready:

Called

Mailed

Final Inspection Requested:

BY: Owner

Date Called In:

Phone # 331-9233

Septic Site will be ready:

57 quick A Plus chambers



EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 •
(719) 578-3199 • Fax: (719) 578-3188

Record I.D. 24332

**ALL PAYMENTS ARE DUE AT TIME OF SUBMITTAL IN CASH, CHECK, or MAJOR CREDIT CARD*

APPLICATION FOR AN ONSITE WASTEWATER SYSTEM PERMIT

☒ NEW PERMIT

☐ MINOR REPAIR PERMIT

☐ MAJOR REPAIR PERMIT

Owner John-DIanna PAULSON Daytime Phone 719 331 9233

Address of Property 3050 N. LAUPPE RD City & Zip CALLHAN 80808

Legal Description S2S2NE4 W1MR SEC 32-13-61

☒ Owner's MAILING Address (3150 N. LAUPPE RD) City, State & Zip CALLHAN CO. 80808

Lot Size 40 AC Tax Schedule # 13000-00-131

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 ☐ FAX - FAX TO AND #

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/OWNER'S AGENT SIGNATURE John C Paulson Date 8-23-2010

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

DEPARTMENT OF HEALTH USE ONLY

1250 GALLONS
Minimum Tank Capacity

567 SF
Minimum Absorption Area

08-24-10
Date of Site Inspection

REMARKS

- PLACE LEACH FIELD IN AREA OF PERCOLATION TEST DATED AUGUST 6, 2010 AND AT THE
- MAXIMUM DEPTH OF 48 INCHES, PERFERED DEPTH OF 36 INCHES BELOW NATIVE GROUND
- SURFACE. OBSERVE ALL SETBACKS INCLUDING BUT NOT LIMITED TO LEACH FIELD AT LEAST 100
- FEET FROM ANY WELL, AND 10 FEET FROM PROPERTY LINES.

EHS INSPECTOR GUSTAVO ALVAREZ DATE 08-24-10 APPROVED ☒ DENIED ☐

CURRENT FEES AS APPROVED BY EL PASO COUNTY BOARD OF HEALTH

New Permit: \$304.00 EPCDHE Charge + \$23.00 CDPHE Surcharge + \$147.00 EPC Planning Surcharge = \$474.00

Major repair permit: \$341.00 EPCDHE Charge + \$23.00 CDPHE Surcharge = \$364.00

Minor repair permit: \$141.00 EPCDHE Charge + \$23.00 CDPHE Surcharge = \$164.00

DATE TO LAND DEVELOPMENT/WASTEWATER: _____

DATE TO FLOODPLAIN/ENUMERATIONS: _____

PLEASE COMPLETE THE BACK OF THIS FORM

Updated 05/10/2010

10:12 AM

8/23/10 Mon
ASSIGNED =
Peggy

- ✓ 1) We require an original of your **PERCOLATION (PERC) TEST** with an original licensed engineer's (PE) stamp and signature as well as a plot of the percolation test hole locations with measurements from a fixed reference point. (A faxed copy directly from the engineering firm to this office is acceptable.)
- 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 ½ x 11 inch sheet of paper. The plot plan must include:

- | | | |
|-------------------------------|---------------------------------|---------------------------------|
| 1) a north bearing | 5) proposed septic system site | 8) Distance of percolation test |
| 2) property lines | 6) alternate septic system site | to two property lines. |
| 3) property dimensions | 7) driveway (proposed or | |
| 4) all buildings (proposed or | existing and name of adjoining | |
| existing) | street) | |

4) Initial any of the following features that apply to your property and **INCLUDE** them on your **PLOT PLAN**.

<u>nd</u> Well(s)	_____ Adjacent property well(s)	_____ Subsoil drain
_____ Cistern	_____ Water line	

5) Initial any of the following that are within 100 feet of your proposed septic system and **INCLUDE** on your **PLOT PLAN**.

_____ Spring(s)	_____ Lake(s)
_____ Pond(s)	_____ Stream(s)
_____ Dry Gulch(es)	_____ Natural drainage course(s)

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

HWY 94 EAST to mile marker 25 LAuppe Rd goes ~~north~~ north
 A few feet away from the mile marker, go north on
 LAuppe Rd 2.7 miles to property lot
 Road.