EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT Permit # 6147
APPROVED: YES NO #1500000345 ENVIRONMENTALIST Loci Coane
APPROVED: YES
Legal Description: See attached
Residence
SEPTIC TANK
Construction Material Transformer Constr
DISPOSAL FIELD:
Rock Systems: Trench: depth 2 , width 2 , total length 120 , sq. feet 240
Bed: depth, width, sq. feet
Seepage Pits: # of pits, total # of rings, working depth(s)
size of pit(s) L X W, lining material, total sq. feet
Rockless Systems:
Pipe: diameter of pipe, total length, sq. feet
sq. ft./section, reduction allowed%, total sq. ft. installed
Engineer Design, Designing Engineer, Approval letter provided? Well 50 feet from tank \(\subseteq \subseteq \) 100 feet from leach field Well installed at time of septic system inspection YES NO* 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.
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CONSTRUCT, ALTER, REPAIR or MODIFY ANY INDIVIDUAL SEWAGE D	ISPOSAL SYSTEM
sued To JANIS VOGEL	Date 9/4/91
dress of Property 3450 YODER ROAD	Phone 576-8020
(Permit valid at this address only	•
This Permit is issued in accordance with 25-10-106 Colorado Revised Stataliation of sewage-disposal system or at the end of twelve (12) months organism. This permit is revokable if all stated requirements are not met. —THIS PERMIT DOES NOT DENOTE APPROVAL OF	from date of Issue—whichever occurs first—(unless work ZONING AND ACREAGE REQUIREMENTS
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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 times for the purpose of making such inspections as are necessary to determine compliance with requirements of this law.

El Paso Count

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,	El Paso County Health Department 501 North Foote Avenue Colorado Springs, CO 80909-4598 (303) 578-3125	Land lise Man Springs
APPLICATION FOR A PERMIT TO	CONSTRUCT, REMODEL, OR INST	ALL A SEWAGE DISPOSAL SYSTEM
NAME OF OWNER JA SAYS VOG	HOME PHONE	WORK PHONE 576-8020
ADDRESS OF PROPERTY 3459	ODERRD. 80864	DATE 8-21-91
	E ATACHED NOTE	-
TAX SCHEDULE NUMBER 1300000	0-188 SYSTEM CONTRACTOR SELF	PHONE
OWNER'S ADDRESS IF DIFFERENT		
TYPE OF HOUSE CONSTRUCTION MOS	3/LE SOURCE AND TYPE OF WATER	PROPELL WELL
SIZE OF LOT 35 ACRESIAXIMUM	POTENTIAL NUMBER OF BEDROOMS 2	BASEMENT (yes or (no))
PERCOLATION TEST RESULTS ATTACHED	espor no)	
A plot plan and accompanying infor	mation are essential; it may be drawn	on the back of this application or be

APPLICATION IS APPROVED (N

) DENIED () DATE

A plot plan and accompanying information are essen 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 knowlege 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.

HEALTH DEPARTMENT USE ONLY RECEIPT NUMBER DATE TO LAND USE DEPARTMENT TANK CAPACITY REMARKS: accord

ENVIRONMENTALIST

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

PROPERTY LINES SEE PLOT PLAN
PROPERTY DIMENSIONS SEE PLAD
LOCATION OF PROPOSED SEPTIC SYSTEM SEE PLAN (SOUTH OF MOBILE)
LOCATION OF WELL NONE
LOCATION OF ADJACENT WELLS NONE
BUILDINGS SEE PLAN
PROPOSED BUILDINGS NONE
WATER SUPPLY LINE NONF
CISTERNS NONE
SPRINGS NONE
LAKES NONE
PONDS NONE
WATER COURSES NOWE
STREAMS NONE
DRY GULCHES NONE
SUBSOIL DRAINS PORE

DIRECTIONS TO PROPERTY FROM MAIN HIGHWAYS: LEAVE COLORADO SPRINGS

ON US 24 EAST, TAKE 94 EAST TO CALHANHUY.

GO NORTH TO BIG SPRINGS ROAD, THEN EAST TO

INTERSECTION OF BIG SPRINGS E YODER RD.