

EL PASO COUNTY HEALTH DEPARTMENT
 INDIVIDUAL SEWAGE DISPOSAL INSPECTION FORM
 #1400000491

P

Permit # 04809

Date 10/28/87 BJE

APPROVED YES NO

ENVIRONMENTALIST Vana L. Giff

Address 1370 N Lauppe Rd, Colton Owner J H McMaisters

Legal Description Parcel 6 Bowdler

Residence Commercial # of Bedrooms 3 System Installer _____

SEPTIC TANK

Commercial Noncommercial Measurements: L _____ W _____ WD _____

Construction Material Concrete Liq. Cap. 215

DISPOSAL FIELD

Exc. Depth 36 Width 36 Total Length 197 Sq. Ft. 591

Rock Quartz Depth 12 Under 6 Over 2

Rockless System: Diameter of Pipe _____

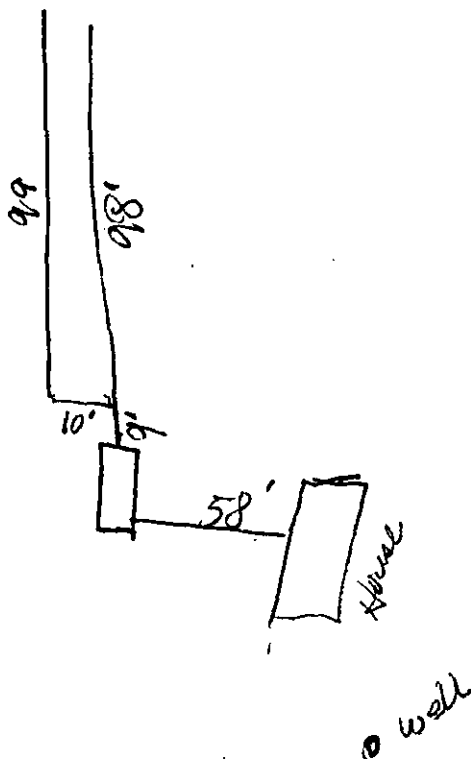
Seepage Pits: Number of rings _____ Lining Material _____ Sq. Ft. _____

Working Depth _____ Width _____

Engineer Design Yes _____ Type _____ Engineer Approval Letter Yes _____

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

Well Installed at Time of Septic System Inspection Yes yes No _____ Public Water _____



Lauppe

Acres 35

EL PASO COUNTY • COUNTY HEALTH DEPARTMENT
501 North Foote Avenue • Colorado Springs, Colorado • 578-3125

Permit 04809

Water Supply Well

PERMIT

Receipt No. 1631

TO CONSTRUCT, ALTER, REPAIR or MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Issued To J.H. McMaster Date 10/21/87

Address of Property 1370 Lauppe Road, Calhan, CO. Parcel 6 Phone 597-4100
Bow Terra (Permit valid at this address only)

Sewage-Disposal System work to be performed by Gordon Const. Phone 347-2489

This Permit is issued in accordance with 25-10-106 Colorado Revised Statutes 1973, as amended. 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.

—THIS PERMIT DOES NOT DENOTE APPROVAL OF ZONING AND ACREAGE REQUIREMENTS—

\$150.00
PERMIT FEE (NOT REFUNDABLE)

DIRECTOR, COUNTY HEALTH DEPARTMENT

10/21/88
DATE OF EXPIRATION

ENVIRONMENTALIST

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

SEPTIC TANK:	TRENCH SYSTEM:	BED SYSTEM:	SEEPAGE PIT SYSTEM:
<u>1250</u> gallons	total square feet <u>573</u> <u>191</u> ft. of trench <u>36</u> inches wide	total square feet _____	total square feet _____
	_____ ft. of trench _____ inches wide	total square feet _____	_____ rings or _____ diam.x _____ w/d

NOTES: Maintain minimum distances.

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.

Dave Vance

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

NAME OF OWNER J.H. McMaster HOME PHONE _____ WORK PHONE mdel 597-4100

ADDRESS OF PROPERTY 1370 Lauppe Rd. HCR, Callhan CO DATE 10/19/87
80808

LEGAL DESCRIPTION OF PROPERTY Parcel 6 Bona Terra

TAX SCHEDULE NUMBER 14000-00-247 SYSTEM CONTRACTOR Gordon Const Co PHONE 347-2489

OWNER'S ADDRESS IF DIFFERENT _____

TYPE OF HOUSE CONSTRUCTION Mobile Double Wide SOURCE AND TYPE OF WATER SUPPLY Well

SIZE OF LOT .35 Ac. MAXIMUM POTENTIAL NUMBER OF BEDROOMS 3 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.

191 ft of 36" trench
SIGNATURE J.H. McMaster

HEALTH DEPARTMENT USE ONLY

PERMIT NUMBER _____ RECEIPT NUMBER _____ DATE TO LAND USE DEPARTMENT second app.

ABSORPTION AREA 573 TANK CAPACITY 1250 DATE OF SITE INSPECTION 10/21/87

REMARKS: Maintain minimum distances

APPLICATION IS APPROVED () DENIED () DATE 10/21/87 ENVIRONMENTALIST Dave Vance

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

PROPERTY LINES See Plot map

PROPERTY DIMENSIONS ✓ ✓

LOCATION OF PROPOSED SEPTIC SYSTEM ✓

LOCATION OF WELL ✓

LOCATION OF ADJACENT WELLS none

BUILDINGS See Plot map

PROPOSED BUILDINGS See Plot map

WATER SUPPLY LINE See Plot map

CISTERNS none

SPRINGS none

LAKES none

PONDS See Plot map

WATER COURSES none

STREAMS none

DRY GULCHES none

SUBSOIL DRAINS none

DIRECTIONS TO PROPERTY FROM MAIN HIGHWAYS:

Highway 94 EAST to M.P. 25. Lauppe Rd
APROX 3/4 mi north on W. Side of Rd.