

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

301 SOUTH UNION BLVD. • COLORADO SPRINGS, CO 80910-3123
(719) 575-8635 FAX (719) 578-3188

Handwritten signature and initials

ONSITE WASTEWATER SYSTEM INSPECTION FORM

#2218002001

Permit # 0024061

Date 5/11/10

APPROVED*: Yes ☒ No ☐ Environmental Health Specialist: Sarah Brustkern

Address 12350 E Ranged View Dr 80808 Owner Clayton & Charla Mills

Legal Description Lot 19 Blk 2 Ranged View Est

Residence ☒ # Bedrooms 3 Commercial ☐ System Installer Owner Install

SEPTIC TANK: Commercial ☒ Noncommercial ☐ Construction Material Concrete Capacity (Gallons) 1250

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 Standard Infil # Chambers 19 Sq. Ft./Chamber 15.5 Bed Trench ☒

High Profile Units: Type Chamber # Chambers Sq. Ft./Chamber Bed Trench

Reduction Allowed 40 % Sq. Ft. Required 465 Depth (Range) 36" deep

Sq. Ft. Installed 294 Equivalent Sq. Ft. Installed with Reduction 490

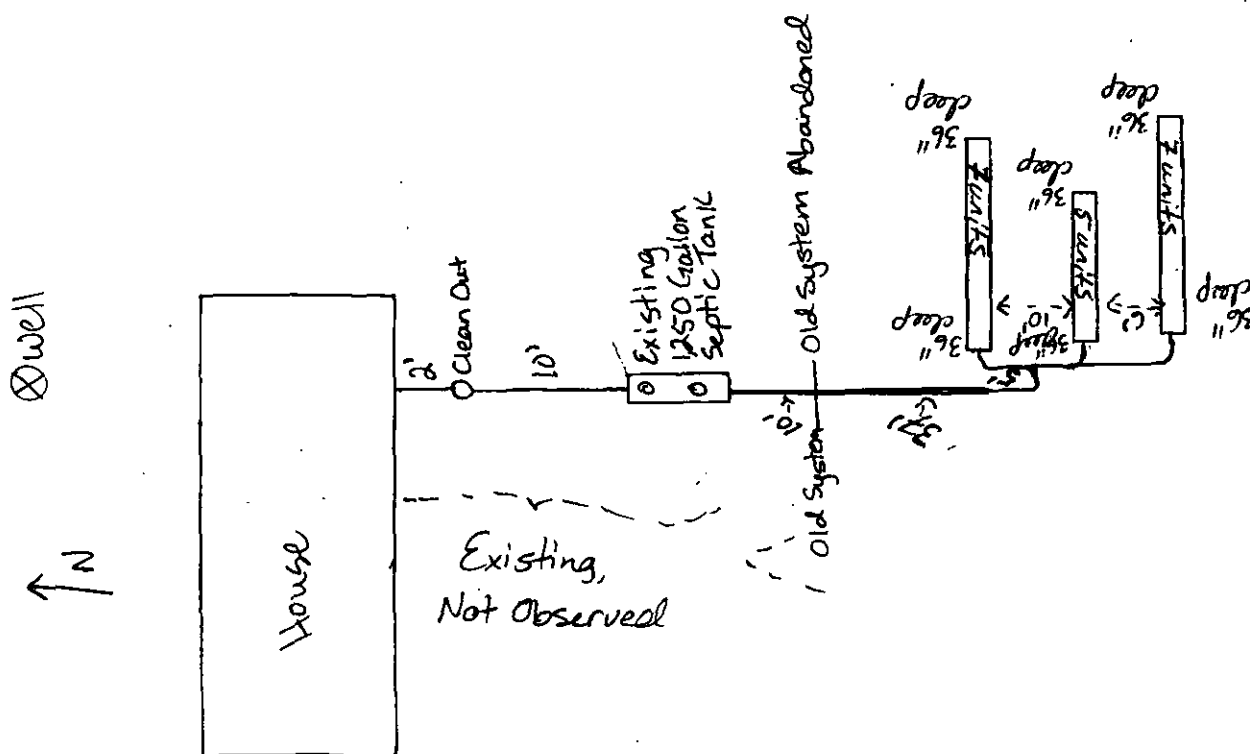
Engineer Design: Y ☒ Engineering Firm

Approval letter provided? Y N

Well installed at time of septic system inspection? ☒ 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 less than the required setback to the leach field.

NOTES: Not drawn to scale. Septic tank and leach field meet requirements for a 3-bedroom house with a 5-minute perc rate



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

COPY

OWNER NAME: CLAYTON AND CHARLA MILLS PERMIT NUMBER: 0024061
ADDRESS: 12350 E RANGEVIEW DR
CITY, STATE, ZIP: CALHAN, CO 80808 DATE PERMITTED: 04/29/2010
PHONE NUMBER: (719) 337-9852 (Home Phone)

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: 04/29/2011
Expires twelve months from date of issue

Janet Christensen for
Michele Girard 578-3278

WATER SOURCE: Well or Spring

MINIMUM SEPTIC TANK SIZE: *N/A* GALLONS MINIMUM ABSORPTION AREA REQUIRED N/A 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

OWNER MAY INSTALL DESIRED AMOUNT TO EXISTING LEACH FIELD AND MUST BE NO MORE THAN 6 FEET FROM EXISTING LEACH FIELD. OR, OWNER MAY INSTALL A DIVERTER VALVE IN AREA OF ORIGINAL PERC TEST WITH A MINIMUM OF *233 SQUARE FEET WITH NO REDUCTION TAKEN. LEACH FIELD MUST BE 100 FEET FROM ANY WELL, AT LEAST 10 FEET FROM ANY PROPERTY LINE AND LEACH FIELD MUST NOT BE IN THE DRAINAGE SOUTH OF THE HOUSE. * 465 SQUARE FEET IS MINIMUM(50% OF 465 SQUARE FEET = 233 SQUARE FEET).

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

5/4/2010

Mailed

Final Inspection Requested:

BY:

337-9852

Date Called In:

10 May 10

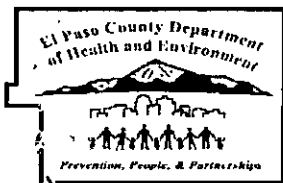
Phone #

*owner w/
p/u tomorrow*

Septic Site will be ready:

Now

337-9852
Owner



EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 •

(719) 575-8635 • Fax: (719) 578-3188

ASSIGN = Watson

Record I.D. 0024061

*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 Clayton Leroy Mills Daytime Phone 719-337-9852

Address of Property 12350 E. Range View Dr. City & Zip Calhan 80818

Legal Description Lot 19 BLK 2 Range View Est.

Owner's MAILING Address 12352 E. Range View Dr City, State & Zip Calhan Co 80818

Lot Size 5.02 Tax Schedule # 2218602001

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 ☒ 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 Clayton Leroy Mills Date 4/28/2010

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

N/A
Minimum Tank Capacity

N/A
Minimum Absorption Area

4/29/10
Date of Site Inspection

Owner may install desired amount to existing leach field and must be no more than 6ft from existing leach field. Or, owner may install a diverter valve in area of original perc test with a minimum of 212 square feet with no reduction taken. Leach field must be 100ft from any well, at least 10 ft from any property line and leach field must not be in the drainage south of the house.

EHS INSPECTOR [Signature] DATE 5/3/10 APPROVED ☒ DENIED ☐

CURRENT FEES AS APPROVED BY EL PASO COUNTY BOARD OF HEALTH

New Permit: \$304.00 EPCDHE Charge + \$23.00 CDPHE Surcharge + \$163.50 EPC Planning Surcharge = \$490.50

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

Rec. 4/28/2010
4:54 PM
[Signature]

- 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 1/2 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) | |

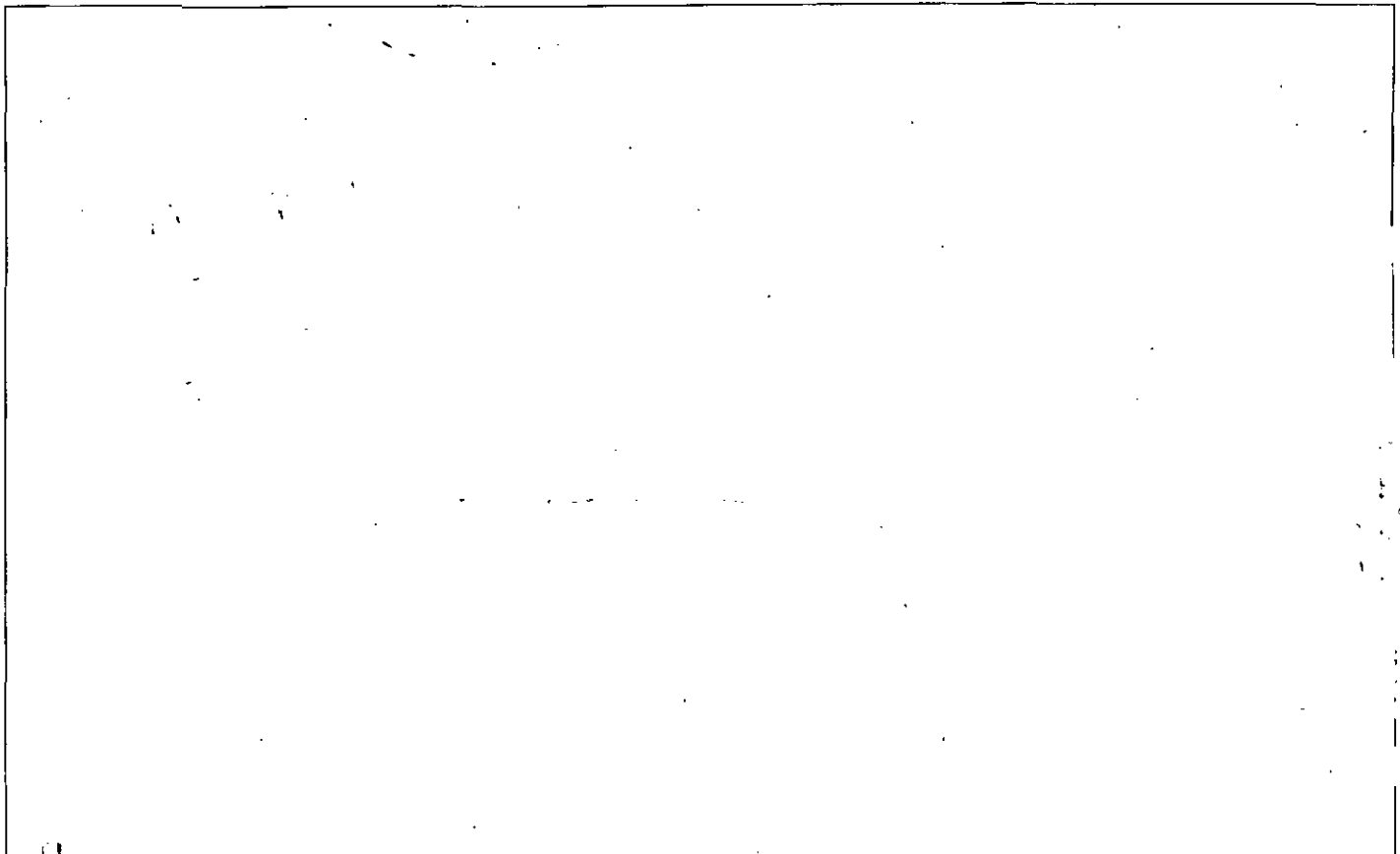
- 4) Initial any of the following features that apply to your property and **INCLUDE** them on your **PLOT PLAN**.

<input type="checkbox"/> Well(s)	<input type="checkbox"/> Adjacent property well(s)	<input type="checkbox"/> Subsoil drain
<input type="checkbox"/> Cistern	<input type="checkbox"/> Water line	

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

<input type="checkbox"/> Spring(s)	<input type="checkbox"/> Lake(s)
<input type="checkbox"/> Pond(s)	<input type="checkbox"/> Stream(s)
<input type="checkbox"/> Dry Gulch(es)	<input type="checkbox"/> Natural drainage course(s)

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



5 min/inch
3x150x1.5 x 1.475
423 ft 2