

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

Permit # 9016 P
Date 12-22-95

APPROVED: YES NO

ENVIRONMENTALIST Kee Griffin

Address 20305 ~~2305~~ Birds Eye View Owner Winston

Legal Description See attached
Residence , # of bedrooms 4; Commercial ; System Installer Evanoika

SEPTIC TANK:
Commercial ; Noncommercial , L , W , WD
Construction Material Precast concrete 2-comp capacity 1500 gallons.

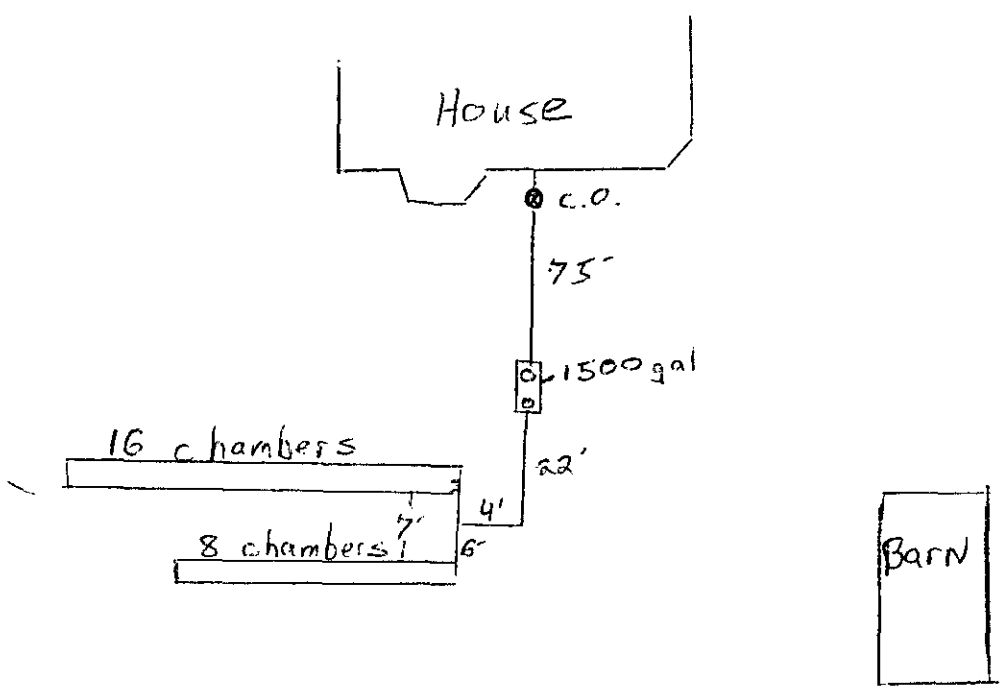
DISPOSAL FIELD:
Rock Systems:
Trench: depth , width , total length , sq. feet
Bed: depth , length , width , sq. feet
Rock type , depth , under PVC , over PVC
Seepage Pits: # of pits , total # of rings , working depth(s)
size of pit(s) L X W , lining material , total sq. feet

Rockless Systems:
Chamber: Type BioDiffuser, number of chambers 24, bed , trench
sq. ft./section 18, reduction allowed 50%, sq. ft. required 402
total sq. ft. installed 864, depth of installation 24-36"

Engineer Design Y or (N) Designing Engineer
Approval letter provided? Y or (N)
Well 50 feet from tank (Y) or N 100 feet from leach field Y or N
Well installed at time of septic system inspection (Y) or 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:

@well



Birds eye view 1/2 mile
↙

(Handwritten signature)

Acres 40 EL PASO COUNTY • DEPARTMENT OF HEALTH AND ENVIRONMENT

Water Supply WELL #185025 301 South Union Blvd. • Colorado Springs, Colorado • 578-3125

Permit 9016

PERMIT

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

Receipt No. 2005

Issued to DARRELL WINSTON (see application) Date 4-26-95

Address of Property 20305 BIRDS EYE VIEW, E2 OF E2 OF, SEA SECTION 7-T11S-R63. Phone 473-8897

(Permit valid at this address only)

Sewage-Disposal System work to be performed by GEORGE EVANOIKA Phone 749-2364

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)

John D. ...
DIRECTOR, DEPARTMENT OF HEALTH AND ENVIRONMENT
Markowski
ENVIRONMENTALIST

4-26-96

DATE OF EXPIRATION

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

SEPTIC TANK:	TRENCH SYSTEM:	BED SYSTEM:	SEEPAGE PIT SYSTEM:
1500 gallons	total square feet <u>402</u>	total square feet _____	total square feet _____
	_____ ft. of trench _____ inches wide		_____ rings or _____ diam.x _____ w/d
	_____ ft. of trench _____ inches wide		

NOTES: SYSTEM TO BE INSTALLED PER REGULATIONS. DUE TO LOCATION OF SYSTEM ON PROPERTY THE INSPECTOR WILL NEED TRANSPORTATION TO SITE. PLEASE CALL TO MAKE ARRANGEMENTS FOR FINAL INSPECTION.

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.

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT
301 South Union Boulevard
Colorado Springs, CO 80910-3123

520-
6600

202

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

Name of Owner Darrell Winston Daytime Phone 473-8897

Address of Property 20305 Birds Eye View Date 4/13/95

Legal Description of Property East 1/2 of East 1/2 of southeast 1/4 of section 7 Township 11

Tax Schedule Number 3100-00-177 Septic Contractor/Phone George Evanika 749-2364

Type of House Construction Frame Source of Water Well 185025

Size of Lot 40 Acres Basement (Y) or N) Percolation Test Attached (Y) or N)

MAXIMUM POTENTIAL NUMBER OF BEDROOMS 4

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 & additional tests & reports as may be required by the Department to be made & furnished by the applicant for purposes of evaluating the application, & issuance of the permit is subject to such terms & conditions as deemed necessary to ensure compliance with rules & regulations adopted pursuant to C.R.S. 1973, 10-25-101 et. seq. I hereby certify all statements made, information and reports submitted by me are or will be represented to be true & correct to the best of my knowledge & belief, & are designed to be relied on by the El Paso County Department of Health 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 & in legal action for perjury as provided by law.

OWNER'S SIGNATURE Darrell Winston

DEPARTMENT OF HEALTH USE ONLY

Absorption Area 402 ft² Tank Capacity 1500 gal Date/Site Inspection 4/25/95

Remarks: System to be installed per regulations. Due to location of system on property the inspector will need transportation to site. Please call to make arrangements for final inspection

Application is () approved () denied

Environmentalist Melanie D Date April 25, 95

Permit # 9016 Receipt # 2005 Date to Planning Dept 4-17-95

attached (OK)
PB

PROPERTY AND PERC HOLES MUST BE CLEARLY MARKED/POSTED

The following information must be on your plot plan.
Please check () the items that apply.

- () Property Lines
- () Property Dimensions
- () Proposed Septic System Site
- () Well(s)
- () Adjacent Well(s)
- () Building(s)
- () Proposed Building(s)
- () Water Line
- () Cistern
- () Subsoil Drain(s)

Are any of these within 100 feet of your proposed septic system (including adjoining property)? Also draw on the plot plan.

Spring(s) _____
Lake(s) _____
Pond(s) _____
Stream(s) _____
Dry Gulch(s) _____
Natural Drainage Course(s) _____

Give complete directions to the property from a main highway.

No. on Payton Hwy. From Hwy 24 approx.
8 mi. Turn left on Birds Eye View to property.
(Birds Eye View is ~~not~~ marked as a Private Dr.)