OR
EL PASO COUNTY HEALTH DEPARTMENT Permit # 5620
INDIVIDUAL SEWAGE DISPOSAL INSPECTION FORM Date 5-14-90
APPROVED YES NO 18805 D 1 ENVIRONMENTALIST & Smiller P
ADPROVED YES V NO 18805 Brids ENVIRONMENTALIST & Shiften P Address 1980 Payton Throng Brids Eye Vice Owner Fred Warders
Legal Description Sec 8 11 S. 63W
Residence Commercial # of Bedrooms 3 System Installer Kunau Brilling
SEPTIC TANK
Commercial Noncommercial Measurements: L W WD
Construction Material Precast Concrete Liq. Cap. 1250 gal
DISPOSAL FIELD
Exc. Depth $24-36$ Width 7 Total Length 33 Sq. Ft. 169
Rock Depth Under Over
Rock less System: Diameter of Pipe Infiltration 7 writer
Seepage Pits: Number of ringsLining MaterialSq. Ft
Working Depth Width
Engineer Design Yes Type Engineer Approval Letter Yes
Well 50 feet from Tank 165 100 feet from leach field 165
Well Installed at Time of Septic System Inspection Yes No Public Water
Address change 18805 Beido Eye View 71000' - Not to scale 1000' - Not to scale

Acres 35, 10 EL PASO COUNTY • COUN	TY HEALTH DEPARTM	ENT. Permit <u>•</u>	05	<u>620</u>
501 North Foote Avenue • Colorac				
Water Supply We PER	MIT	Receipt No		
TO CONSTRUCT, ALTER, REPAIR or MODIFY ANY INDIVIDUAL SEWA	GE DISPOSAL SYSTEM		-	•
Issued To FRED HARDERS 18805 Buido &	ye view	Date	3/5/90	
Address of Property 19220 PEYTON HIGHWAY, SEC.	ช-11S-63W	Phone 68	7-3779	_
(Permit valid at this address	is only)			
Sewage-Disposal System work to be performed by OWNER		Phone	687-37	79
THIS PERMIT DOES NOT DENOTE APPROVAL	Jelin & Went	E, nd	UIKEMEN	15—
PERMIT FEE (NOT REFUNDABLE) DIRECTO	OR, COUNTY HEALTH DEPARTME	ENT		
3/5/91	ce Trillea	·		_
	DNMENTALIST //			
NOTE: LEAVE ENTIRE SEWAGE-DISPOSAL SYSTEM UNCOVERED F	OR FINAL INSPECTION, 48			
SEPTIC TANK: TRENCH SYSTEM: total square feet 3UZ	BED SYSTEM:	SEEPAGE total square feet_	PIT SYSTEM	:
1250 gallonsft. of trenchinches wide total square	e feet	rings or	diam.x	
				<u>w</u> /dj

NOTES: Must meet all minimum distance requirements established by El Paso County ISDS Regulations. Install leach field in area of perc. test. Leach lines must follow contour of land. Use of a distribution box or serial Distribution is recommended. 101' X 36" trench required.

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 County Health Department 501 North Foote Avenue Colorado Springs, CO 80909-4598 (303) 578-3125

(303) 578-3125 APPLICATION FOR A PERMIT TO CONSTRUCT, REMODEL, OR INSTALL A SEWAGE DISPOSAL SYSTEM HOME PHONE 687-3779 WORK PHONE SYSTEM CONTRACTOR PHONE 80866 SOURCE AND TYPE OF WATER SUPPLY TYPE OF HOUSE CONSTRUCTION SIZE OF LOT. 35-10 MAXIMUM POTENTIAL NUMBER OF BEDROOMS BASEMENT (yes or 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 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.

SIGNATURE Tred Harlons

HEALTH DEPARTMENT USE ONLY
PERMIT NUMBER 05620 RECEIPT NUMBER 5362 DATE TO LAND USE DEPARTMENT OF MECHED
ABSORPTION AREA 302 TANK CAPACITY 1250 DATE OF SITE INSPECTION 3-1-90
REMARKS: Must meet all minimum distance requirement established
of El Paso County TSDS Reg 1986
- install leach field in area of perc test - back lines must be
follow contour of land use of a distribution box or serial
Distribution is recommended. 101'x36" trench required
APPLICATION IS APPROVED (V) DENIED () DATE 3-2-90 ENVIRONMENTALIST KEE Whiten

ANSWER THE FOLLOWING ITEMS AND/OR INCLUDE ON PLOT PLAN. PROPERTY LINES 300' South 500' West 600' East PROPERTY DIMENSIONS 1360.92 × 1400.27 × 669.08 LOCATION OF PROPOSED SEPTIC SYSTEM Peace Les Com LOCATION OF WELL (11) KNOWN LOCATION OF ADJACENT WELLS 3/2 Mi North BUILDINGS Non-PROPOSED BUILDINGS Non WATER SUPPLY LINE UNKNOWN CISTERNS None SPRINGS _ Now LAKES //m PONDS Non 9 WATER COURSES _ North STREAMS // S.S. DRY GULCHES Na SUBSOIL DRAINS (DIRECTIONS TO PROPERTY FROM MAIN HIGHWAYS:

HWY24