EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT Permit # 010497 INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION FORM Date 9/30/96 APPROVED: YES __ NO #3/15/04200/ ENVIRONMENTALIST Larry School Address 18490 Fremont Fort Drive Owner Lawrence & Margaret Jamin's or Legal Description Lot 66, Rivers Dinde Residence , # of bedrooms 3; Commercial; System Installer Down to Earth SEPTIC TANK:

Commercial ; Noncommercial , L , W , WD

Construction Material Precast Concrete , capacity 1250 gallons. DISPOSAL FIELD: Rock Systems: 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: Pipes SDR 35 well not installed; before oxpless not connected to home. Warnor's PATH Drue home

Acres 5 EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT	
WELL 301 South Union Blvd. • Colorado Springs, Colorado • 578-3125	n 010497
PERMIT	- olahi
TO CONSTRUCT, ALTER, REPAIR OR MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM Rece	oipt No. <u>8/7/7/4</u>
Issued to LAWRENCE & MARGARET JAMINSON Date 8-9	-96
Address of Property 18490 FREEMONT FORT DR, LOT 66 RIVER DIVIDE Phone 635	-9529
Sewage-Disposal System work to be performed by <u>SON TO EARTH EXCAV</u> Phone 49	
This Permit is issued in accordance with 25-10-106 Colorado Revised Statutes 1973, as amended. PERMIT EXPIRE installation of sewage-disposal system or at the end of twelve (12) months from date of issue—whichever occurs first-(unless was a contracted by the contra	
This permit is revokable if all stated requirements are not met.	tork is in progress).
-THIS PERMIT DOES NOT DENOTE APPROVAL OF ZONING AND ACREAGE REQUIR	REMENTS-
\$150.00 fluts and Mis	,
PERMIT FEE (NOT REFUNDABLE) DIRECTOR, DEPARTMENT OF HEALTH AND ENVIRO	NMENT
8-9-97 Starra Schaal 375-	8638
DATE OF EXPIRATION ENVIRONMENTALIST	
NOTE: LEAVE ENTIRE SEWAGE-DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION, 48 HOUR ADVANCE NOT SEPTIC TANK: BED SYSTEM: SEEPAGE PIT	
total square feet 468 total square feet	TOTOTEW.
1.250ft. of trenchinches wide	
galloris it. or trench inches wide lotal square feet rings or dia	
NOTES: INSTALL LEACH FIELD IN ARRE AND DEPTH (27-29 INCH) OF PERC TEREST OF 60% IN LEACH FIELD AREA (TO 749 FT)	est. (o or not
TAKING THE REDUCTION IF CHAMBERS ARE USED) ID A CLOTTES WASHER AND	•
DISPOSAL WILL BE INSTALLED IN THE HOME.	ormorios.
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 inspection determine compliance with requirements of this law.	ons as are necessary

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT 301 South Union Boulevard

Colorado Springs, CO 80910-3123

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

27-29 4

Name of Owner Laurence + Margaret January Daytime Phone 635-9529
Address of Property 18490 Freemont Fort Dr. Date June 9/96
Legal Descripion of Property Lot 66 Rivers Divide
Tax Schedule Number 3//50-02-00/ Septic Contractor/Phone 495-3660
Type of House Construction Rancher Source of Water Well
Size of Lot 5 acres Basement (Y) or N) Percolation Test Attached (Y) or N)
MAXIMUM POTENTIAL NUMBER OF BEDROOMS
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 Commune of famous

DEPARTMENT OF HEALTH USE ONLY
Absorption Area 468 11 Tank Capacity 1250 Date/Site Inspection 8/8/96
Absorption Area 468 11 Tank Capacity 1250 of Date/Site Inspection 8/8/96 Remarks: Install leach feels in one and with (27-29") of part to start the start of the
Kecommond on income of 60% in leach feeld ma (to 1994)
(or NOT taking he reduction of chambers on now!) of a
clother unher and gerbone disposed wice by installed
in the home
Application is () approved () denied
Environmentalist School Date 8/8/96

Permit # 0/0497 Receipt # 8/9/94 Date to Planning Dept attacked

PROPERTY AND PERC HOLES MUST BE CLEARLY MARKED/POSTED

The fo	ollowing inform Please check	ation must be () the items	on your plot p that apply.	lan.
Property 1	Lines	your Trains	N. 4. 4. 38. 1860.	1.
Property I	Dimensions (~ Septic System S	ite Venne	159 W F	7.1
(Well(s)	Well(s)		$\sum_{i=1}^{n} a_i a_i$	
(Building() (Proposed)	a) Building(s)	*	,	
() Water Line () Cistern	e		and the state of	•
Subsoil D	rain(s)		•	
Are any of (includi	these within 1 ng adjoining pr	00≤feet of you operty)? Also	r proposed sep	tic system
Spring(s) Lake(s)				
Pond(s) Stream(s)	/ Ar	•	•	
Dry Gulch(s) Natural Draina	ge Course(s)			
Ciro compl.	oto dimentiana	t - th		hishim
GIVE COMPT	ete directions	to the propert	Y IIOM a Main	nighway.
Hy 24	To Pey	Ton Hy	Jarn L	est
or North	To 5	sweet.	Rd. Ta	- Ryll
or East	To Warn	ors Path	·	·