

# EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

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

P *[Signature]*

## ONSITE WASTEWATER SYSTEM INSPECTION FORM #3119001013

Permit # 1001  
Date 24 June 2008

APPROVED\*: Yes  No  Environmental Health Specialist: Elizabeth Walradt

Address 17170 Lodgepole Rd., Peyton 80831 Owner Jarrod Kearnes

Legal Description Lot 501 Peyton Pipes #2A

Residence  # Bedrooms 4 Commercial  System Installer Double J construction (Pueblo)

**SEPTIC TANK:** Commercial  Noncommercial  Construction Material concrete Capacity (Gallons) 1500

**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 Asc 36 # Chambers 59 Sq. Ft./Chamber 20.8 Bed \_\_\_\_\_ Trench  including reduction

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

Reduction Allowed \_\_\_\_\_ % Sq. Ft. Required 1222 Depth (Range) 24"-5ft

Sq. Ft. Installed \_\_\_\_\_ Equivalent Sq. Ft. Installed with Reduction 1227 ft<sup>2</sup>

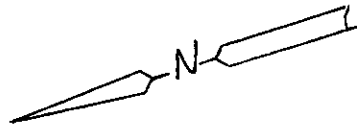
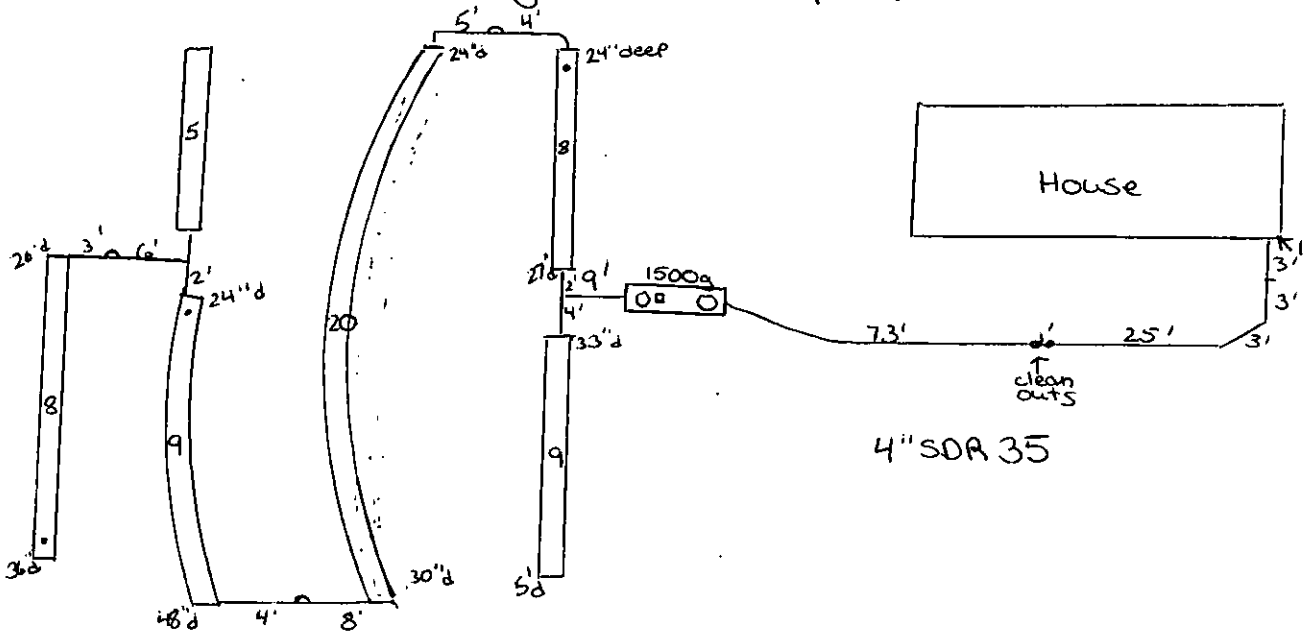
Engineer Design: Y  Engineering Firm \_\_\_\_\_

Approval letter provided? Y  N

Well installed at time of septic system inspection? Y  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: Drawing not to scale. I told the installer to install observation ports at the end of each line. The 5 chambers on second to last line after inspection. They were moved from the first line, where they were too deep. System is sized for 4 bedroom.



**EL PASO COUNTY  
DEPARTMENT OF HEALTH AND ENVIRONMENT  
301 S Union Blvd, Colorado Springs, Colorado 719-575-8636  
INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT**

OWNER NAME: JARROD KEAIRNES	PERMIT NUMBER: 1001
ADDRESS: 17170 LODGEPOLE RD	
CITY, STATE, ZIP: PEYTON, CO 80831	DATE PERMITTED: 04/03/2008
INSTALLED BY:	PHONE NUMBER: <del>719-575-8636</del> 720-299-8860

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.**

**DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT**

PERMIT EXPIRATION DATE: Expires twelve months from date of issue

*Bud Willan for Janet Christensen*  
JANET CHRISTENSEN 578-~~3143~~ 3143  
ENVIRONMENTALIST/PHONE NUMBER\*

WATER SOURCE: Well or Spring

MINIMUM SEPTIC TANK SIZE: 1500 GALLONS      MINIMUM ABSORPTION AREA REQUIRED: 1222 SQ FT

PLANNING DEPARTMENT       ENUMERATION       FLOOD PLAN       WASTEWATER  *N/A*

**COMMENTS:**

\* FOR INSPECTIONS CALL 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

GPS N 39 DEGREES 04.916 MINUTES W 104 DEGREES 28.745 MINUTES. INSTALL ABSORPTION SYSTEM IN AREA AND AVERAGE DEPTH OF 34 INCHES OF SOIL PERCOLATION TEST.

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**

Cust p/m 4/4/08 *Shi*

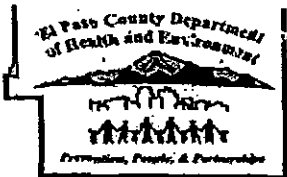
Permit Ready: *Shi* \_\_\_\_\_ Called \_\_\_\_\_ Mailed \_\_\_\_\_

Final Inspection Requested: BY: Darren Date Called In: 6-24-08

Phone # 369-0911 Septic Site will be ready: 3PM

*Licensed?*

**COPY**



**EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT**

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 •  
(719) 575-8635 • Fax: (719) 578-3188

Record I.D. # 1601

**\*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 JARROD KEARNS Daytime Phone 720 299 8860

Address of Property 17170 LODGEPOLE RD City & Zip PEYTON 80831

Legal Description LOT 50, PEYTON PINES #2A

Owner's MAILING Address 215 ENDICOTT CT City, State & Zip COLORADO SPRINGS, CO 80916

Lot Size 5.00 AC Tax Schedule # 31190-01-013

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 # 720-299-8860 / 719-28-7102

**MAXIMUM POTENTIAL NUMBER OF BEDROOMS** 4

Percolation Test Attached  Y     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 [Signature] Date 3/31/08

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**

1500 gallons  
Minimum Tank Capacity

1222 ft<sup>2</sup>  
Minimum Absorption Area

1 April 2008  
Date of Site Inspection

REMARKS N 39° 04', 916' W 104° 28' 745'  
Install absorption system in area and average depth of  
34 inches of soil percolation test

EHS INSPECTOR Janet Christensen DATE 04/01/08 APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

**CURRENT FEES AS APPROVED BY EL PASO COUNTY BOARD OF HEALTH**

New Permit: \$304.50 EPCDHE costs + \$23.00 State Surcharge + \$140.00 EPC Planning Surcharge = \$467.50  
Major repair permit: \$316.00    DATE TO LAND DEVELOPMENT/WASTEWATER: \_\_\_\_\_  
Minor repair permit: \$131.00    DATE TO FLOODPLAIN/ENUMERATIONS: \_\_\_\_\_

Rec'd  
3/31/08  
SA  
2:30 PM

**PLEASE COMPLETE THE BACK OF THIS FORM**

- 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                      | caused septic system site ✓   | 8) Distance of percolation test | ✓ |
| 2) property lines                       | ultimate septic system site ✓ | to two property lines.          |   |
| 3) property dimensions                  | drive way (proposed or ✓      |                                 |   |
| 4) all buildings (proposed or existing) | ing and name of adjoining     |                                 |   |

4) Initial any of the following features existing on your property and **INCLUDE** them on your **PLOT PLAN**.

- |   |                       |  |
|---|-----------------------|--|
| <input checked="" type="checkbox"/> Well(s) | test property well(s) | <input type="checkbox"/> Subsoil drain |
| <input type="checkbox"/> Cistern            |                       |  |

5) Initial any of the following features on 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**

HWY 24 (NORTH) TO PEYTON HIGHWAY, LEFT (WEST) TO LODGEPOLE RD, RIGHT TO PROPERTY ON THE LEFT.

5

1.222

4x15x1.5x1.6x1.8