

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

Permit # 0N0000555
Date 7-28-99

P

APPROVED: YES ☒ NO ☐

3200000526

ENVIRONMENTALIST Larry Schaad

Address 11715 McClelland Road A Owner Nelson Yorke

Legal Description S2 N2 SW4 Sec 13-12-63

Residence ☒ # of bedrooms 2; Commercial ☐; System Installer Kyron Dally

SEPTIC TANK:

Commercial ☒; Noncommercial ☐ L W WD
Construction Material pre-cast concrete, capacity 1250 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 infiltrators, number of chambers 32, bed , trench ☒
sq. ft./section 15.5, reduction allowed 40%, sq. ft. required 735
total sq. ft. installed 826, depth of installation 27-37'

Engineer Design Y or (N), Designing Engineer

Approval letter provided? Y or N

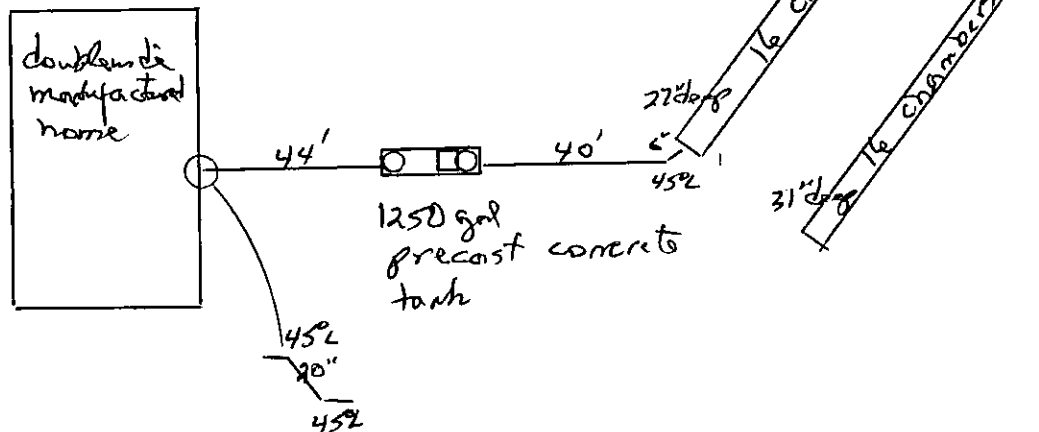
Well 50 feet from tank (Y) or N 100 feet from leach field (Y) or N

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: Pipes SDR 35

Well



Not to Scale

EL PASO COUNTY
DEPARTMENT OF HEALTH AND ENVIRONMENT
301 S Union Blvd, Colorado Springs, Colorado 719-578-3126
INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT



WATER SOURCE: WELL

PERMIT NUMBER: ON0000555

OWNER NAME: NELSON YORKE

DATE PERMITTED: 6/7/99

ADDRESS: 11715 MC CLELLAND ROAD

CITY, STATE, ZIP: CALHAN 80808

PHONE NUMBER: 7194572462

INSTALLED BY: *Kanan Drilling 683-3720*

This permit is issued in accordance with 25-10-107 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). This permit is 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 FEE(NON REFUNDABLE) :

~~New Permit-----\$ 300.00~~ *per 5/14/99*

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

ISDS Repair -\$ 50.00

Voided/Altered permit --\$ 25.00

PERMIT EXPIRATION DATE :

Expires twelve months from date of issue

ENVIRONMENTALIST / PHONE NUMBER

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

MINIMUM SEPTIC TANK SIZE: 1,000 GALLONS

MINIMUM ABSORPTION AREA REQUIRED 735 SQ FT

PLANNING DEPARTMENTEN



ENUMERATION



FLOOD PLAIN



WASTEWATER



COMMENTS:

INSTALL LEVEL LEACH FIELD IN AREA AND DEPTH (36 INCHES) OF PERC. 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.

Inspector LarryRecord I.D. 555**EL PASO COUNTY ENVIRONMENTAL HEALTH SERVICES**

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 578-3126

**APPLICATION FOR A ☒ NEW ☐ REMODEL ☐ REPAIR OR ☐ ADDITION
TO AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

Owner NELSON YORKE Daytime Phone (719) 457-2462 ⁴⁵⁷⁻³⁷⁰⁴
Address of Property 11715 McClelland Rd. City & Zip CALHAN 80808
Legal Description S2N2SW4 SEC 13-12-63
Tax Schedule # 32000-00525 Lot Size 40 ACRES Septic Contractor/Phone _____
Inside City Limits ☒ No ☐ Yes-City _____ Water Supply ☒ Well or Spring ☐ Cistern ☐ Public
Type of Building ☐ Frame ☒ Mobile ☐ Modular ☐ Other _____
Owner's Mailing Address 204 CHANCER CT City, State & Zip CO 80916, CO 80916

CALLMAXIMUM POTENTIAL BEDROOMS 2Basement Y (N)Percolation Test Attached (Y) NGarbage 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 SIGNATURE _____

Date 5/14/99**DEPARTMENT OF HEALTH USE ONLY**735/42
Minimum Absorption Area1000 gal
Minimum Tank Capacity5-18-99
Date of Site Inspection

REMARKS

Install level leach field in area and depth (36") of percolation testEHS INSPECTOR Larry SchaalDATE 5-18-99

APPROVED

DENIED

PERMIT # ON0000 555FEE NO FEEDATE TO PLANNING DEPT 5-17-99DATE TO WASTEWATER DISTRICT attached OK6/22/99gm



1) We require a copy of your percolation (**PERC**) **TEST** with an original professional engineer's (P.E.) stamp and signature.

2) A **PLOT PLAN** must be drawn (not to scale) on a 8 1/2 x 11 sheet of paper. The plot plan must include

- | | | |
|------------------------|--|---|
| 1) a north bearing | 4) all buildings (proposed or existing) | 7) driveway (proposed or existing and name of adjoining street) |
| 2) property lines | 5) proposed septic system site | |
| 3) property dimensions | 6) designated alternate septic system site | |

3) Initial any of the following features that apply to your property and include them on your plot plan.

<u> m </u> Well(s)	<u> </u> Adjacent property well(s)	<u> </u> Subsoil drain
<u> </u> Cistern	<u> </u> Water line	

4) Initial any of the following that are within 100 feet of your proposed septic system and include on your plot plan.

<u> </u> Spring(s)	<u> </u> Lake(s)
<u> </u> Pond(s)	<u> </u> Stream(s)
<u> </u> Dry Gulch(es)	<u> </u> Natural drainage course(s)

5) **PROPERTY ADDRESS OR LOT NUMBER MUST BE POSTED AND CLEARLY VISIBLE FROM ROAD.**
PERC HOLES MUST BE CLEARLY MARKED.

6) GIVE COMPLETE DIRECTIONS TO THE PROPERTY FROM A MAIN HIGHWAY HWY 24 E.
4 MILES ~~WEST~~ EAST OF PEYTON.
SOUTH 1.5 MILES ON MCCLELLAND ROAD FROM HWY
24. PROPERTY ON EAST SIDE. NEW CULVERT
INSTALLED. SIGN ON DRIVEWAY WAY W/NAME.