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

Permit # ON0000390
Date 5-4-99

APPROVED: YES ✓ NO #340000026 ENVIRONMENTALIST Lori Doane

Address 22555 Highway 94 Owner Even-Preisser, Inc.

Legal Description E½ of W½ of NE¼ of Sec 14, T14S, R63W

Residence ___, # of bedrooms ___; Commercial ✓; System Installer Owner
(Mobil Home used for an office)

SEPTIC TANK:

Commercial ✓; Noncommercial ___, L ___, W ___, WD ___

Construction Material Precast Concrete, capacity 1500 gallons.

DISPOSAL FIELD:

Rock Systems:

Trench: depth 48", width 36", total length 150', sq. feet 450#

Bed: depth ___, length ___, width ___, sq. feet ___

Rock type Crushed Rock, depth 12", under PVC 6", over PVC 2"

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 ___, number of chambers ___, bed ___, trench ___
sq. ft./section ___, reduction allowed ___%, sq. ft required ___
total sq. ft. installed ___, depth of installation ___

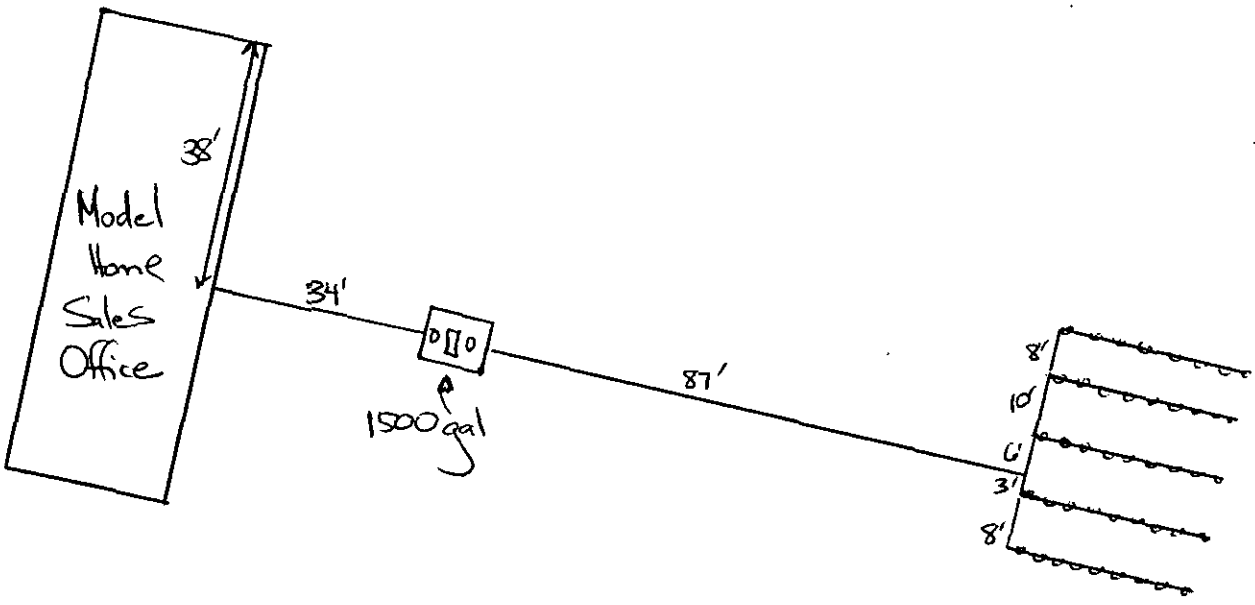
Engineer Design (Y) or N, Designing Engineer Phillip Weinert, P.E.,
Approval letter provided? (Y) or N

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: Permit issued on 12-12-2007 was never acted on - expired.



EL PASO COUNTY

DEPARTMENT OF HEALTH AND ENVIRONMENT
301 S Union Blvd, Colorado Springs, Colorado 719-578-3126

PAID

INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

WATER SOURCE: WELL

PERMIT NUMBER: ON0000390

OWNER NAME: **EVEN-PREISSER INC**

DATE PERMITTED: 4/28/99

ADDRESS: 22555 HIGHWAY 94

CITY,STATE,ZIP: CALHAN CO 80808

PHONE NUMBER: 7194422614

INSTALLED BY: OWNER

This permit is issued in accordance with 25-10-107 Colorado Revised Statues. 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-----$ 245.00
ISDS Repair -NO FEE
Voided/Altered Permit --NO FEE

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

Lori Doane 578-3136
ENVIRONMENTALIST / PHONE NUMBER

EXPIRATION DATE Expires twelve months from date of issue

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

MINIMUM SEPTIC TANK SIZE: 1,500 **GALLONS** *MINIMUM ABSORPTION AREA REQUIRED* 600 **SQ FT**

PLANNING DEPARTMENT ✓ **ENUMERATION** ✓ **FLOOD PLAIN** ✓ **WASTEWATER** N/A

COMMENTS:

SEPTIC NOTES

INSTALL LEACH FIELD IN LOCATION OF PERC. TEST AND PER P.E. DESIGN (1500 GAL. TANK AND 600 SQ. FT. OF LEACH FIELD) LETTER REQUIRED FROM ENGINEER FOLLOWING HIS INSPECTION OF SYSTEM, CERTIFYING THAT SYSTEM WAS INSTALLED PER DESIGN. HEALTH DEPARTMENT MUST ALSO BE CALLED FOR FINAL INSPECTION OF SYSTEM.

DATE OF ISSUE 4/28/99 AC

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 Lou Record I.D. 390

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

Dave

Owner EVEN-PREISSER, INC. Daytime Phone (719) 442-2614

Address of Property 22555 E. HWY 94 City & Zip CALHAN, CO 80808

Legal Description E 1/2 OF THE W 1/2 OF THE NE 1/4 OF SECTION 14, T14S, R63 W OF THE 6TH PM

Tax Schedule # 34000-00-260 Lot Size 40 AC. Septic Contractor/Phone OWNER INSTALLED

Inside City Limits ☒ No ☐ Yes-City _____ Water Supply ☒ Well or Spring ☐ Cistern ☐ Public

Type of Building ☐ Frame ☐ Mobile ☒ Modular ☐ Other _____

Owner's Mailing Address 115 S. WEBER, SUITE 100 City, State & Zip COLORADO SPRINGS, CO 80903

DLL 4/28/99

MAXIMUM POTENTIAL BEDROOMS 2+3 - USED AS MODEL HOME. WITH OFFICE

Basement Y (N) Percolation Test Attached (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 SIGNATURE [signature], V.P. Eric Preisser, Pres. Date 4/1/99

DEPARTMENT OF HEALTH USE ONLY

Per PE Design	Per PE Design	4-6-99
Minimum Absorption Area	Minimum Tank Capacity	Date of Site Inspection

REMARKS Install leach field in location of perc. test and per PE design (1500 gal. tank and 600 sq. ft. of leach field). Letter required from engineer allowing his inspection of system certifying that system was installed per design. Health Dept. must also be called for final inspection of system.

EHS INSPECTOR Lori Doane DATE 4-28-99 APPROVED DENIED

PERMIT # ONOOOO 390 FEE NO FEE DATE TO PLANNING DEPT 4/29/99

$99 4/28/99 DATE TO WASTEWATER DISTRICT attached OK

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

2) A **PLOT PLAN** must be drawn (not to scale) on a 8 ½ x 11 sheet of paper. The plot plan must include
   1) a north bearing
   2) property lines
   3) property dimensions
   4) all buildings (proposed or existing)
   5) proposed septic system site
   6) designated alternate septic system site
   7) driveway (proposed or existing and name of adjoining street)

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

   ____ Well(s) ___AP___ Adjacent property well(s) ____ Subsoil drain

   ____ Cistern ___NP___ Water line

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

   _____Spring(s) _____Lake(s)

   _____Pond(s) _____Stream(s)

   _____Dry Gulch(es) _____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 94 EAST OF COLORADO SPRINGS APPROXIMATELY 15 MILES. ACCESS TO THIS PROPERTY IS VIA DRIVEWAY AT 22325 E. HWY 94. (MAILBOX WITH ADDRESS POSTED ON SOUTH SIDE OF HWY 94).