

ON-SITE WASTEWATER SYSTEM INSPECTION FORM

PERMIT # 0031266

DATE: Dec. 15, 2011

APPROVED YES NO

Environmental Health Specialist Chuck Cousino, REHS

Address: 2632 Bar 10 Rd., Colorado Springs, Co. 80808 Owner: Diana Ford (2011)

Legal Description: See file

Residence: #Bedrooms 4 Commercial System Installer: Excavating (2011)

SEPTIC TANK: Construction Material: Concrete Capacity Gallon 1,500 Gal. (existing)

TILE FIELD:

Trench: Depth (Range) _____ Width _____ Total Length _____ Sq. Ft. _____

Bed: Depth (Range) _____ Width _____ Total Length _____ Sq. Ft. _____

Depth of Rock _____ Under PVC: _____ Type of cover on Rock _____

DRYWELLS: # of Pits _____ Rings(Pit 1) _____ Rings(Pit2) _____ Working Depth #1 _____ #2 _____

Size (L x W) #1 _____ #2 _____ Total Sq. Ft. _____

GRAVELESS SYSTEMS:

High Profile Chamber _____ Standard Chamber _____ Low Profile Chamber

Type (Mfr.): Infiltrator, Quick 4+, Low Profile #Chambers 48 Sq. Ft./Chamber 10 Bed Trench _____

Reduction Allowed 25% % Sq. Ft. Required 640 Depth (Range) 24" - 36"

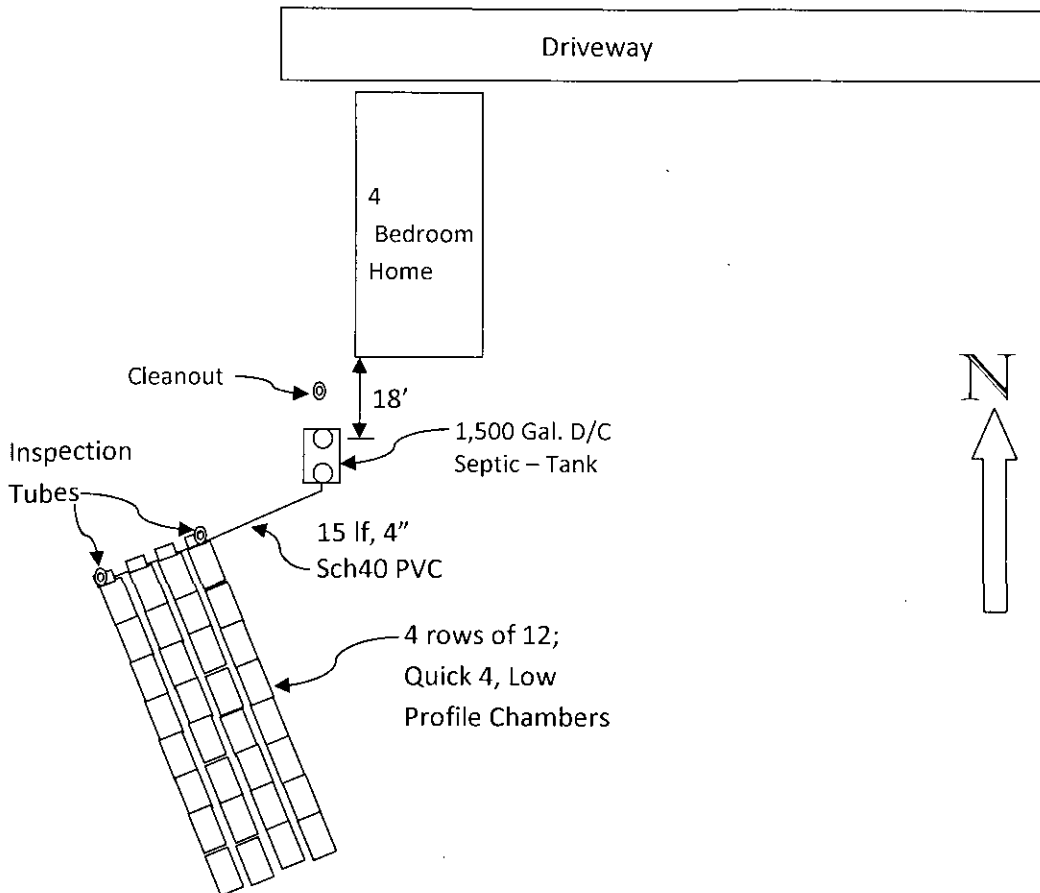
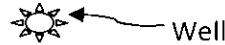
Sq. Ft. Installed 480 Equivalent Sq. Ft. Installed with Reduction 640

Engineer Design: Y N Engineering Firm _____ Approval Letter Provided: Y N

Well installed at time of septic inspection: Y N Public Water: Y N

*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: Existing system was found to be in major disrepair and was thus totally abandoned



Handwritten signature or initials.

**EL PASO COUNTY PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION
1675 W. Garden of the Gods Road, Suite 2044, Colorado Springs, Colorado 80907 719-578-3199
ONSITE WASTEWATER SYSTEM PERMIT**

OWNER NAME:	DIANA FORD	PERMIT NUMBER:	0031266
ADDRESS:	2632 BAR 10 RD		
CITY, STATE, ZIP:	CALHAN, CO 80808	DATE PERMITTED :	12/12/2011
PHONE NUMBER:	()		

This permit is issued in accordance with 25-10-207 Colorado Revised Statutes. The PERMIT EXPIRES upon completion/installation of the 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 Permit and an Onsite Wastewater System Permit are issued for the same property and construction has not commenced prior to the expiration date of the Building Permit, the Onsite Wastewater Permit shall expire at the same time as the Building Permit. 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.

[Handwritten Signature]
12-12-11

PERMIT EXPIRATION DATE: 12/12/2012
Expires twelve months from date of issue

WATER SOURCE: Well or Spring

MINIMUM SEPTIC TANK SIZE:	1500	GALLONS	MINIMUM ABSORPTION AREA REQUIRED	200	SQ FT
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PLANNING DEPARTMENT	<input type="checkbox"/>	ENUMERATION	<input type="checkbox"/>	FLOOD PLAIN	<input type="checkbox"/>	WASTEWATER	<input checked="" type="checkbox"/>
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COMMENTS:

* FOR INSPECTIONS CALL 719-575-8699 BEFORE 8:30 A.M. OF THE DAY TO BE INSPECTED.
(WEEKENDS & HOLIDAYS EXCLUDED)
LEAVE THE ENTIRE SEWAGE DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION

KEEP NEW CHAMBERS SHALLOW, BOTTOM OF CHAMBER MAX DEPTH = 36 INCHES. KEEP NEW CHAMBER OUT OF LOW AREA.

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

Permit Ready:	Called	Mailed	<i>fax 12/12/11 - SNA</i>
Final Inspection Requested:	BY: <i>Texas/Tuple T</i>	Date Called In:	<i>12-15-11 @ 6:49 am</i>
	Phone # <i>749-2881</i>	Septic Site will be ready:	

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EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT
301 South Union Boulevard • Colorado Springs, CO • 80910-3123 •
(719) 578-3199 • Fax: (719) 578-3188

#31266
Record I.D. _____

***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 Diana Joad Daytime Phone 287-0318

Address of Property 2632 Bar 10 Rd City & Zip El Paso 80909

Legal Description 1/2 of land NE 4 Sec. 35-14-63 des as blk

Owner's MAILING Address same City, State & Zip _____

Lot Size 35 acres Tax Schedule # 3400000299

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 # TRIPLE T 719-2881

MAXIMUM POTENTIAL NUMBER OF BEDROOMS 4

Percolation Test Attached N Basement N Garbage Disposal N Clothes Washer 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 12/8/11

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		
Exist. 1500 Minimum Tank Capacity	200 SQ. FT. Minimum Absorption Area	12/9/2011 Date of Site Inspection
REMARKS <u>Keep New Chambers Shallow, bottom of Chamber max. depth = 36". Keep New Chamber out of low area</u>		
EHS INSPECTOR <u>[Signature]</u> DATE <u>12-12-11</u> APPROVED <input checked="" type="checkbox"/> DENIED <input type="checkbox"/>		
CURRENT FEES AS APPROVED BY EL PASO COUNTY BOARD OF HEALTH		
New Permit: \$306.00 EPCDHE Charge + \$23.00 CDPHE Surcharge + \$147.00 EPC Planning Surcharge = \$476.00		
Major repair permit: \$344.00 EPCDHE Charge + \$23.00 CDPHE Surcharge = \$367.00		
Minor repair permit: \$141.00 EPCDHE Charge + \$23.00 CDPHE Surcharge = \$164.00		
DATE TO LAND DEVELOPMENT/WASTEWATER: _____		
DATE TO FLOODPLAIN/ENVIRONMENTATIONS: _____		

PLEASE COMPLETE THE BACK OF THIS FORM *S min./inch Pass*

SA/CC

ALLISON ENGINEERING, INC.
4245 Log Road
Peyton, Colorado 80831
(719) 331-6538 (PCS)
(719) 683-5547 (FAX)

2632 Bu 10 Road

#3400000299

E

12-15-2011

PERCOLATION TEST
FOR

Denmark Agency

LOCATED AT

Tract 2
Aspen Meadows
El Paso County, Colorado

PERFORMED AND REVIEWED BY

James L. Allison, Ph.D., P.E.
Civil Engineer



PERCOLATION TEST FINDINGS

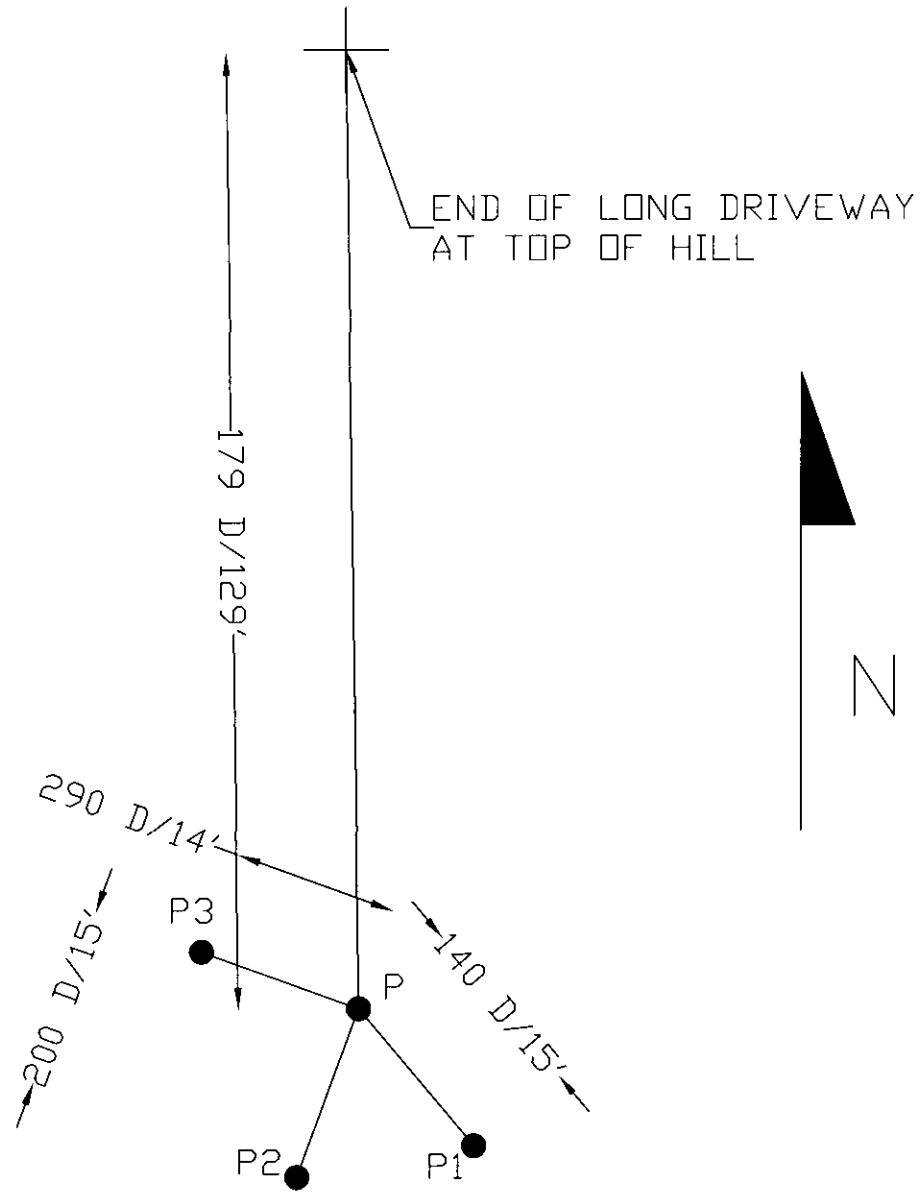
The following report details the findings of a percolation test performed March 17, 2001 for a proposed residence to be located on Tract 2 of the Aspen Meadows Subdivision in El Paso County, Colorado. The proposed residence is not on or near a public sewer system; therefore a septic system is required. A private well is not known to exist within 100 feet of the proposed septic system. Due to the natural slope of the property and planned excavations the leach field will be gravity fed.

Three test holes were dug. These three holes had approximately 10 inches of water placed in them between 8 and 24 hours before the timed percolation test was performed. For the timed percolation test, the holes were filled to the bottom 25% of the hole and allowed to drain while measurements were taken every ten minutes of the test. The field data and results of the percolation test are shown on the following page.

The rate of percolation for the three holes was found to be 5 minutes per inch. The soil profile as determined from the single four-inch profile hole is as follows:

0 - 96"	Medium Coarse Sand
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As this percolation test does not constitute a guarantee, the homeowner may wish to install a larger system in anticipation of future reduced percolation rates that result from time and use.



MAP

ALLISON ENGINEERING, INC. (719) 331-6538 (PCS)
 4245 Log Road, Peyton, Colorado 80831 (719) 683-5547 (FAX)

Lot 2
Aspen Meadows
El Paso County, CO

ALLISON ENGINEERING, INC.
Percolation Test Data Form

Name: Denmark Agency
 Location: Tract 2, Aspen Meadows Subdivision
 County: El Paso
 State: Colorado
 Location of Test: See attached site map
 Water Supply: Well
 Bedrooms: Unknown
 Date of Test: March 17, 2001
 Hole Diameter: 4 inches
 Depth: 24 inches

Time Interval (min.)	P-1	P-2	P-3	P-4	P-5
60	Presoak	Presoak	Presoak		
10	2"	2"	2"		
10	2"	2"	2"		
Average For Each Hole	5	5	5		
Total Average	5 minutes per inch				

Soil Profile

0 - 96" Medium Coarse Sand

Groundwater: Below 8'
 Bedrock: Below 8'

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

Permit # 0A10002916
Date 6/11/01

12-15-11

APPROVED: YES NO

ENVIRONMENTALIST J. Atencio

Address 2632 Bar 10 Road Owner Roy Denmark

Legal Description Lot 2 Aspen Meadow Sec 35, Twn 14 South Range 63 West
Residence , # of bedrooms 4; Commercial ; System Installer Inline

SEPTIC TANK:

Commercial ; Noncommercial ; L , W , WD *Excavating*
Construction Material Plastic, capacity 1,500 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 Bio3 biodiffuser, number of chambers 28, bed , trench
sq. ft./section 24, reduction allowed 40%, sq. ft. required 644
total sq. ft. installed 672, depth of installation 36 inches

Engineer Design Y or N , Designing Engineer

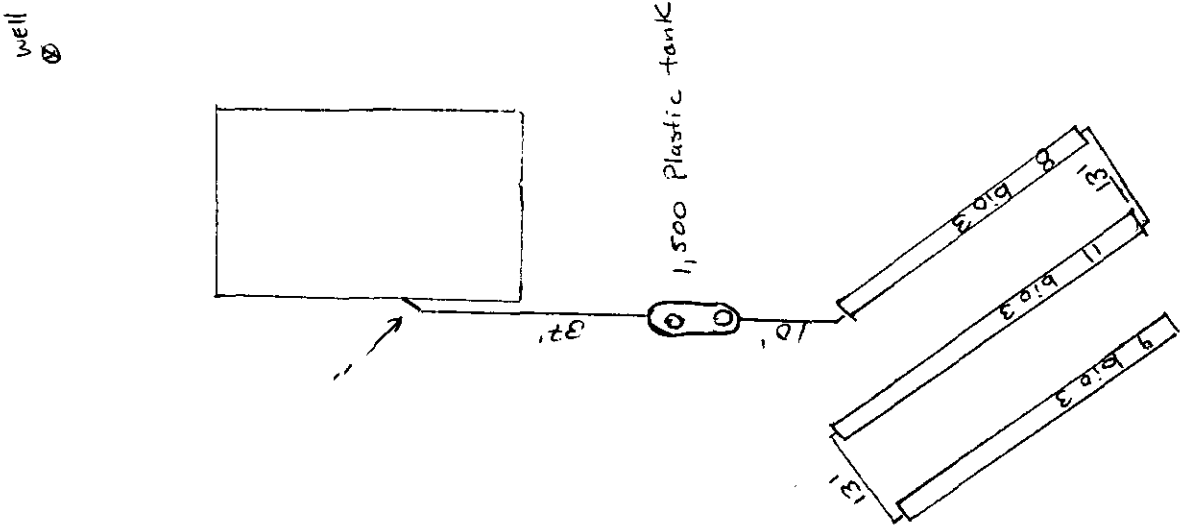
Approval letter provided? Y or N

Well 50 feet from tank or N 100 feet from leach field or N

Well installed at time of septic system inspection 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:



[Handwritten signature]

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
OWNER NAME: ROY DENMARK
ADDRESS: 2632 BAR 10 RD
CITY, STATE, ZIP: CALHAN CO 80808

PERMIT NUMBER: ON0002916
DATE PERMITTED: 3/30/01
PHONE NUMBER: 7196837999

INSTALLED BY: KUNAU [Kunau Drilling]

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). If both a building and an ISDS permit are issued for the same property and construction has not commenced prior to the expiration date of the building permit, the ISDS permit shall expire at the same time as the building permit. 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.

John Dower

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

Shelby Cole 578-3146
ENVIRONMENTALIST / PHONE NUMBER

PERMIT 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 644 SQ FT

PLANNING DEPARTMENT ENUMERATION FLOOD PLAIN WASTEWATER

COMMENTS:

INSTALL SEPTIC SYSTEM IN LOCATION AND DEPTH (24 INCHES) OF PERCOLATION TEST. ENSURE THAT SEPTIC SYSTEM IS AT LEAST 100 FEET AWAY FROM THE WATER WELL. ACCORDING TO THE PERCOLATION TEST ENGINEER, IT IS SUGGESTED BUT NOT REQUIRED THAT THE OWNER/BUILDER CONSIDER THE OPTION OF UP SIZING THE SEPTIC SYSTEM, AS PERCOLATION RATES CHANGE WITH TIME AND USE.

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.

Picked 4-2-01 Bm

Inspector

Debbie

Record I.D. 2916

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 P.E. DESIGN

Owner Roy R. Denmark Daytime Phone 719-683-7999
Address of Property 2632 Bar 10 Road City & Zip Calhan, 80808
Legal Description Lot 2 Aspen meadows Sec 35 Twn 14 South, Range 63 West
Tax Schedule # 34000-00-299 Lot Size 35 Septic Contractor Kunau Drilling
Inside City Limits No Yes-City _____ Water Supply Well or Spring Cistern Public
Type of Building Frame Modular Mobile Commercial Manufactured Other _____
Owner's MAILING Address 6860 Sphinx Ct. City, State & Zip Payton, Co. 80831
 MAIL PERMIT OR PICK UP PERMIT THERE IS AN ADDITIONAL RESIDENCE ON THIS PROPERTY

MAXIMUM POTENTIAL BEDROOMS 4
Percolation Test Attached Y N Garbage Disposal Y N Basement 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] Date 3/8/01

DEPARTMENT OF HEALTH USE ONLY
Minimum Absorption Area 644 Minimum Tank Capacity 1500 Date of Site Inspection 3/28/01
REMARKS Install septic system in location & depth (24 inches) of percolation test. Ensure that septic system is at least 100 ft away from the water well. According to the percolation test engineer, it is suggested but not required that the owner/builder consider the option of upsizing the septic system, as percolation rates change with time & use.
EHS INSPECTOR [Signature] DATE 3/28/01 APPROVED DENIED
FEE NO FEE DATE TO PLANNING / WASTEWATER 3-22-01

- 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 | 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.
- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Well(s) | <input type="checkbox"/> Adjacent property well(s) | <input type="checkbox"/> Subsoil drain |
| <input type="checkbox"/> Cistern | <input type="checkbox"/> Water line | |
- 4) Initial any of the following that are within 100 feet of 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) |
- 5) **PROPERTY ADDRESS OR PLOT 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
 East on Hwy 94 to Ellicott Hwy, South on Ellicott Hwy to Bar 10 way, west on Bar 10 way to Dead End, That will be Bar 10 Road, North on Bar 10 Road to Property, Property is on west side of Road.