

EL PASO COUNTY HEALTH DEPARTMENT
INDIVIDUAL SEWAGE DISPOSAL INSPECTION FORM

Permit # 05531
Date 1-17-90

APPROVED YES ☒ NO ☐ # 3400000377
Address 2202 Ellicott Highway VW
Legal Description NE 1/4 of NE 1/4 of Sec. 1, Township 14S, Range 63W, 6th PM
Residence ☒ Commercial ☐ # of Bedrooms System Installer Owner

SEPTIC TANK

Commercial ☒ Noncommercial ☐ Measurements: L W WD
Construction Material Precast Concrete Liq. Cap. 1250 gal.

DISPOSAL FIELD

Exc. Depth (mand) Width 18' Total Length 40' Sq. Ft. 720'
Rock River Depth 12" Under 6" Over 2"

Rockless System: Diameter of Pipe

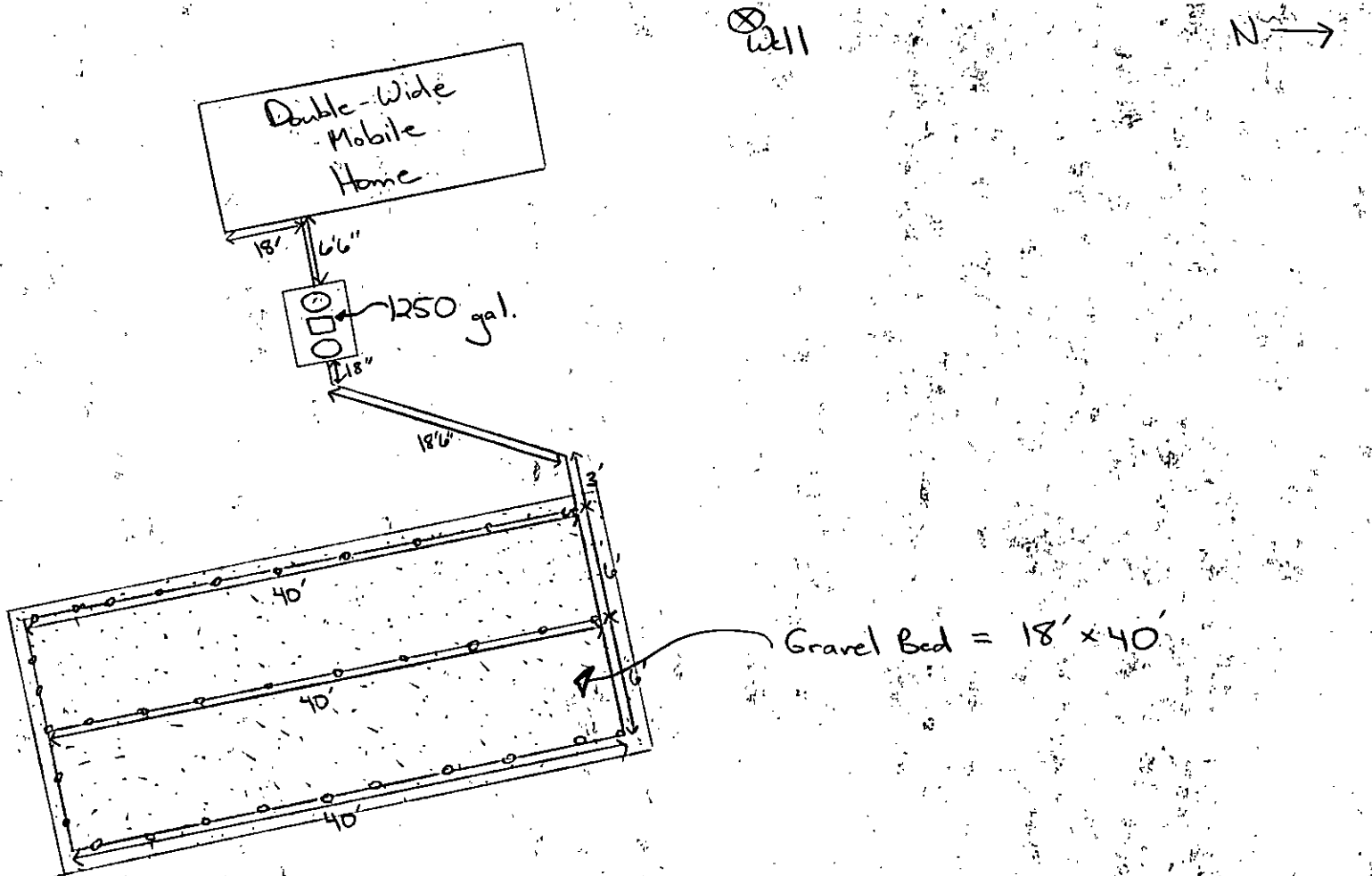
Seepage Pits: Number of rings Lining Material Sq. Ft.

Working Depth Width

Engineer Design Yes ☒ Type Mound Engineer Approval Letter Yes ☒ (attached)

Well 50 feet from Tank ☒ 100 feet from leach field ☒

Well Installed at Time of Septic System Inspection Yes ☒ No ☐ Public Water



Acres .40**EL PASO COUNTY • COUNTY HEALTH DEPARTMENT**Permit No. 05531

501 North Foote Avenue • Colorado Springs, Colorado • 578-3125

Water Supply well**PERMIT**Receipt No. 2586**TO CONSTRUCT, ALTER, REPAIR or MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM**Issued To DONALD M. SIMMONSDate 10/31/89Address of Property 2202 ELLICOTT HIGHWAY, SEC. 1 TW 14S, R 63 WPhone 683-2703

(Permit valid at this address only)

Sewage-Disposal System work to be performed by OwnerPhone 683-2703

This Permit is issued in accordance with 25-10-106 Colorado Revised Statutes 1973, as amended. 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.

—THIS PERMIT DOES NOT DENOTE APPROVAL OF ZONING AND ACREAGE REQUIREMENTS—

\$150.00

PERMIT FEE (NOT REFUNDABLE)

10/31/90

DATE OF EXPIRATION

DIRECTOR, COUNTY HEALTH DEPARTMENT

ENVIRONMENTALIST

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

SEPTIC TANK:	TRENCH SYSTEM:	BED SYSTEM:	SEEPAGE PIT SYSTEM:
total square feet <u>1250</u>	total square feet <u>563</u>		total square feet _____
_____ ft. of trench _____ inches wide	_____ ft. of trench _____ inches wide		_____ rings or _____ diam. x _____ w/d
_____ gallons	total square feet <u>563</u>		

NOTES: Keep ISDS 100 feet from any well. Dense clay layer beginning at 3 - 3½ feet. Engineer design system. Install as per engineer design. Letter needed from engineer after installation stating system installed per design.

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 times for the purpose of making such inspections as are necessary to determine compliance with requirements of this law.

Spoke with Mary Simmons (wife of Donald Simmons) on 11-1-89. She stated she will make the change from trench system to bed system that we made (above). Lori Dore, 11-1-89.

El Paso County Health Department
501 North Foote Avenue
Colorado Springs, CO 80909-4598
(303) 578-3125

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

NAME OF OWNER Donald M Simmons HOME PHONE 2703 683-2903 WORK PHONE Same
ADDRESS OF PROPERTY 2702 ELLICOTT Hwy Cañon Colo. DATE 7-13-87
LEGAL DESCRIPTION OF PROPERTY N.E. 1/4 of The N.E. 1/4 of Sec. 1 Township 14S. Range 63 N. 6th P.M.
TAX SCHEDULE NUMBER 3400000104 SYSTEM CONTRACTOR _____ PHONE _____
OWNER'S ADDRESS IF DIFFERENT _____
TYPE OF HOUSE CONSTRUCTION Mobile Home SOURCE AND TYPE OF WATER SUPPLY well
SIZE OF LOT 40 acres MAXIMUM POTENTIAL NUMBER OF BEDROOMS 3 BASEMENT (yes or no) ✓
PERCOLATION TEST RESULTS ATTACHED (yes or no)

A plot plan and accompanying information are essential; it may be drawn on the back of this application or be attached. Please include by measured distance the location of wells including neighbors' wells, springs, water supply lines, cisterns, buildings, proposed structures, property lines, property dimensions, subsoil drains, lakes, ponds, water courses, streams, and dry gulches. Please show the location of the proposed septic system by directions and distances from actual and/or proposed dwellings, structures, or fixed reference objects. Give complete directions to the property from major highways.

Applicant acknowledges that 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 the applicant for purposes of evaluation of 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 under Article 10, Title 25, C.R.S. 1973 as amended. The undersigned hereby certifies that all statements made, information and reports submitted by the applicant are or will be 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 Health Dept. in evaluating the same for purposes of issuing the permit applied for herein. I further understand that 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.

SIGNATURE Donald M Simmons

HEALTH DEPARTMENT USE ONLY

PERMIT NUMBER 05531 RECEIPT NUMBER 2586 DATE TO LAND USE DEPARTMENT attached
ABSORPTION AREA 563 TANK CAPACITY 1250 gal DATE OF SITE INSPECTION 9/8/87 MLV

REMARKS: Keep ISDS 100' from any well. Clay layer beginning at 3-3 1/2 ft.

Engineer design system - I want to see design before permit is issued. Install as per Eng design - letter needed from engineer after installation stating system installed per design

APPLICATION IS APPROVED (✓) DENIED () DATE 10/31/89 ENVIRONMENTALIST [Signature]

ANSWER THE FOLLOWING ITEMS AND/OR INCLUDE ON PLOT PLAN.

PROPERTY LINES _____
PROPERTY DIMENSIONS _____
LOCATION OF PROPOSED SEPTIC SYSTEM _____
LOCATION OF WELL _____
LOCATION OF ADJACENT WELLS 1/4 mi west
BUILDINGS Mobile Home
PROPOSED BUILDINGS None
WATER SUPPLY LINE _____
CISTERNS None
SPRINGS None
LAKES None
PONDS None
WATER COURSES None
STREAMS None
DRY ^{Creek} GULCHES 1/4 mi East
SUBSOIL DRAINS None

DIRECTIONS TO PROPERTY FROM MAIN HIGHWAYS:

HWY 94 To ELLICOTT $1\frac{1}{2}$ mi North
 $\frac{1}{2}$ mi West