

APN# 36000-00-135

ON0025289

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT
INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION FORMPermit # 5587
Date 8/24/04APPROVED: Yes ☒ No ☐ Environmental Health Specialist: GriffisAddress 18960 Holman RdOwner Jose AngelLegal Description Lot 39 Squirrel Creek Estates FilzResidence ☒ # Bedrooms 3 Commercial ☐ System Installer Owner

SEPTIC TANK:

Commercial ☒ Noncommercial ☐ Construction Material Concrete Capacity Gallon 1250

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 Depth #1 _____ #2 _____

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

ROCKLESS SYSTEMS:

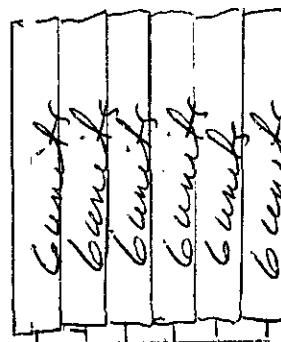
Standard Chamber: Type Infiltrator #Chambers 36 Sq. Ft./Chamber 15.5 Bed ☒ Trench _____

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

Reduction Allowed 35 % Sq. Ft. Required 708 Depth (Range) 36"-45"Sq. Ft. Installed _____ Equivalent Sq. Ft. Installed with Reduction 858Engineer Design: Y ☒ N ☐ Engineering Firm _____Approval letter provided? Y ☐ N ☐Well installed at time of septic system inspection ☒ Y ☐ 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:

Owner to call when building sewer is installedwell
400'

8'

8'

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: JOSE ANGEL
ADDRESS: 18960 HOLMAN RD
CITY, STATE, ZIP: COLORADO SPRINGS CO 80928
INSTALLED BY:

PERMIT NUMBER: ON0005587
DATE PERMITTED: 4/27/2004
PHONE NUMBER: 7192330758

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.

Rosemary C. Baker-Martin

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT EXPIRATION DATE :

Expires twelve months from date of issue

[Signature]
ENVIRONMENTALIST / PHONE NUMBER*

* NOTE: 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.

WATER SOURCE: WELL

MINIMUM SEPTIC TANK SIZE : 1,250 GALLONS

MINIMUM ABSORPTION AREA REQUIRED 708 SQ FT

PLANNING DEPARTMENT ☒

ENUMERATION ☒

FLOOD PLAIN ☒

WASTEWATER ☒

COMMENTS:

INSTALL IN AREA AND AVERAGE DEPTH (32 INCHES) OF PERCOLATION TEST. MAINTAIN ALL SETBACKS.

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 ADMINISTRATIVE USE ONLY

Permit Ready: 4/28/04 *[Signature]* Called _____ Mailed _____

Final Inspection Requested: BY: *Owner*

Date Called In: 4/23/04 12:06 pm

Phone # 233-0758

Septic Site will be ready: mm

499-6037

EL PASO COUNTY ENVIRONMENTAL HEALTH SERVICES

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 578-3125 • Fax: (719) 578-3188

ALL PAYMENTS ARE DUE AT TIME OF SUBMITTAL IN CASH OR CHECK*APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT**☒ **NEW CONSTRUCTION** ☐ **MINOR REPAIR** ☐ **MAJOR REPAIR/ADD**Owner José Angel, Ofelia Angel Daytime Phone 733-0758Address of Property 18960 Holman RD. City & Zip Colo. Spgs. 80928Legal Description LOT 39 Squenel Creek Estates FIL #2Owner's MAILING Address 3350 Calaveras Way City, State & Zip Colo. Spgs. Co. 80910Lot Size 35 ACS. Tax Schedule # 36000-00-135**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** ☐ **THERE IS AN ADDITIONAL RESIDENCE ON THIS PROPERTY****MAXIMUM POTENTIAL NUMBER OF BEDROOMS** 3Percolation 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 SIGNATURE José AngelDate 4-21-04*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**1250
Minimum Tank Capacity668708
Minimum Absorption Area4/26/04
Date of Site Inspection

REMARKS

Install in area + average depth (32") - 2
per test. Manual all septicEHS INSPECTOR [Signature]DATE 4/26/04☒ **APPROVED**☐ **DENIED****FEES AS OF 01/01/04:**

NEW CONSTRUCTION \$483.00 + Planning Department Surcharge of \$30. = \$513.00

MAJOR REPAIR/ADDITION \$489.00

MINOR REPAIR/ADDITION \$263.00

DATE TO PLANNING / WASTEWATER: 4/23/04DATE TO FLOODPLAIN/ENUMERATIONS 4/22/04**PLEASE COMPLETE THE BACK OF THIS FORM**

- 1) We require an original of your **PERCOLATION (PERC) TEST** with an original professional engineer's (PE) stamp and signature as well as a plot of the percolation test hole locations with measurements from a fixed reference point.
- 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 (to scale) on an 8 1/2 x 11 sheet of paper. The plot plan must include:
- | | | |
|------------------------|-------------------------------------|---|
| 1) a north arrow | 2) buildings (proposed or existing) | 7) driveway (proposed or existing and name of adjoining street) |
| 3) property boundaries | 4) proposed septic system site | 5) existing septic system site |
- 4) Initial any **PLAN**. Wells Subsoil drain
- 5) Initial any **PLOT PI** Water line
- 6) **GIVE COMPLETE DIRECTIONS TO THE PROPERTY FROM A MAIN HIGHWAY**

South on I-25 TO EXIT 132 go EAST TO Fountain Mesa go South (Right) TO CÉS RD go EAST (LEFT) TO Link RD go South (Right) TO Squinner Creek RD go EAST (LEFT) go 11 miles to Milne RD. go South (Right) TO Holman RD. go EAST (LEFT) TO 18960 Holman RD. Property on LEFT HAND SIDE OF RD.