

EL PASO COUNTY HEALTH DEPARTMENT  
INDIVIDUAL SEWAGE DISPOSAL INSPECTION FORM

② #2351 Permit # 6107

#4130002025

Date 8-5-91

APPROVED - YES  NO

ENVIRONMENTALIST Lori Doane

Address 12020 Northcliff Road

Owner John Morgan

Legal Description Lot 378 Woodlake Filing #1

Residence  Commercial  # of Bedrooms 3

System Installer D+B Trenching  
Don Shunk

SEPTIC TANK Existing

Commercial  Noncommercial  Measurements: L          W          ID         

Construction Material Precast Concrete Liq. Cap. 1250 gallons

DISPOSAL FIELD (Info. below refers to new addition only)

Exc. Depth 54" (trench) 32" (cast) Width 36" Total Length 45" (each line) Sq. Ft. 262.5

→ 14 Infiltrator Units in Trench Configuration  
∴ 50% reduction in Sq. footage was allowed.

Rock          Depth          Under          Over         

Rockless System: Diameter of Pipe         

Seepage Pits: Number of rings          Lining Material         

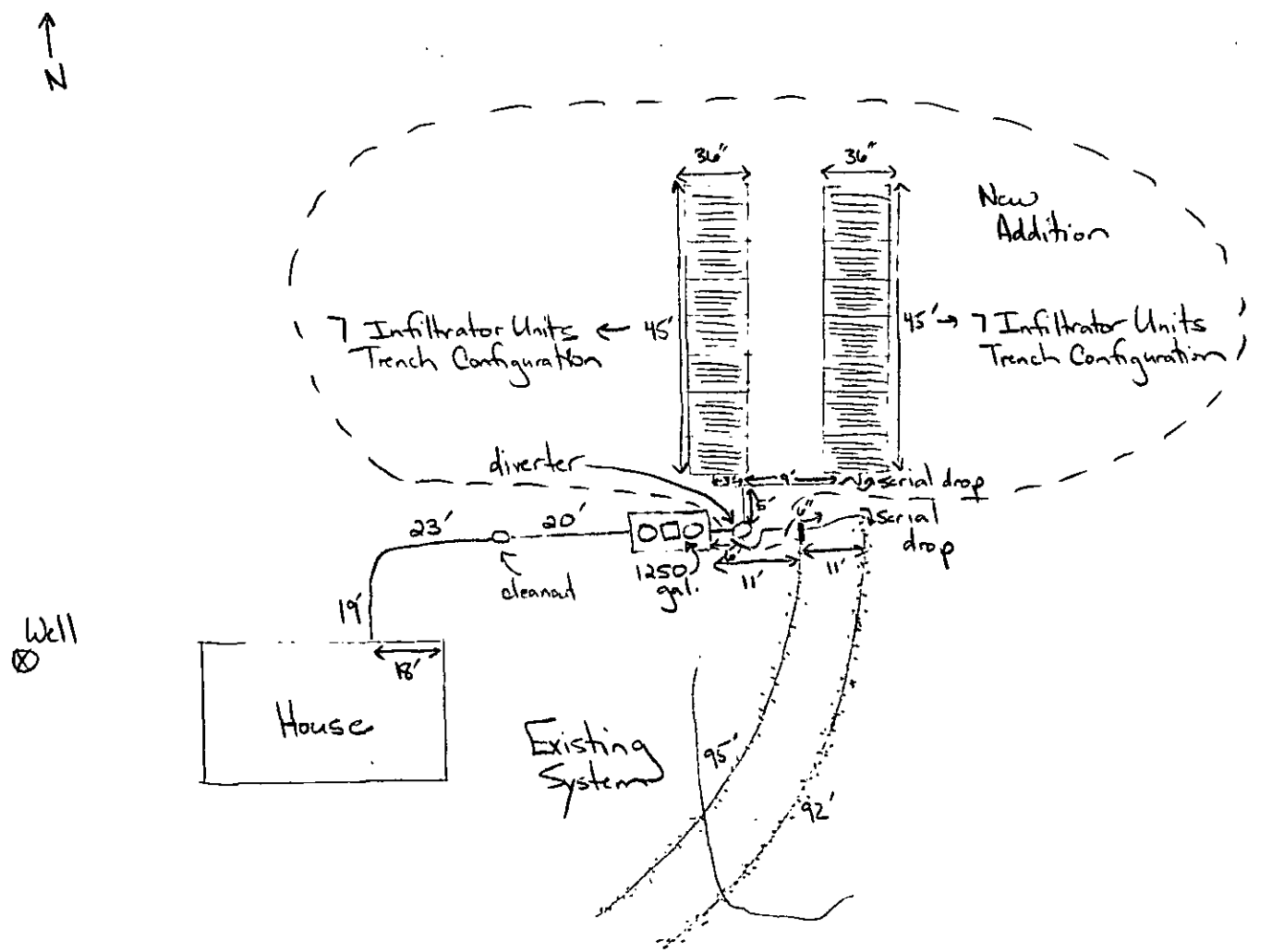
Sq. Ft.          in Sq. footage was allowed.

Working Depth          Width         

Engineer Design Yes  No  Type          Engineer Approval Letter Yes  No

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

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



Acres 5 **EL PASO COUNTY • COUNTY HEALTH DEPARTMENT** Permit **No 6107**  
501 North Foote Avenue • Colorado Springs, Colorado • 578-3125

Water Supply WELL **PERMIT** Receipt No. No fee

**TO CONSTRUCT, ALTER, REPAIR or MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

Issued to JOHN MORGAN JOHN MORGAN Date JULY, 22, 1991

Address of Property 12020 NORTHCLIFF ROAD Phone 495-3587  
*(Permit valid at this address only)*

Sewage-Disposal System work to be performed by DON SHUNK D+B TRENCHING Phone 683-2400

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—**

NO FEE  
PERMIT FEE (NOT REFUNDABLE)

*John B. Daulton, Jr.*  
DIRECTOR, COUNTY HEALTH DEPARTMENT  
*D. M. [Signature]*  
ENVIRONMENTALIST

AUGUST 22, 1991  
DATE OF EXPIRATION

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

SEPTIC TANK:	TRENCH SYSTEM:	BED SYSTEM:	SEEPAGE PIT SYSTEM:
<u>1680</u> total square feet	<u>561</u> total square feet		total square feet _____
<u>185</u> ft. of trench	<u>36</u> inches wide		
<u>1250</u> gallons	ft. of trench _____ inches wide	total square feet _____	rings or diam.x w/d _____

**NOTES:** INDIVIDUAL SEWAGE DISPOSAL SYSTEM SHALL BE INSTALLED PER 1990 EL PASO COUNTY REGULATIONS. REPAIR TO FIELD IS BASED ON 1983 PERCOLATION TEST. IF TRENCH / ROCK SYSTEM INSTALLED A MINIMUM OF 168 LF LINIER FEET OF 36 INCHES TRENCH IS REQUIRED ALL MINIMUM DISTANCES SHALL BE MET. 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 times for the purpose of making such inspections as are necessary to determine compliance with requirements of this law.

(OVER)

OF ABSORBATION TO BE LOCATED IN ORIGINAL PERC AREA. A BACK HOE  
PROFILE TO DEPTH OF 8 FEET SHALL BE EXPOSED 24 HOURS PRIOR TO FINAL  
ROVAL TO VERIFY ABSENCE OF GROUND WATER.

APP

*Repair*

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

NAME OF OWNER John Morgan HOME PHONE 495-3587 WORK PHONE N/A

ADDRESS OF PROPERTY 12020 Northcliff Rd. DATE 22 Jul 91

LEGAL DESCRIPTION OF PROPERTY Lot 378 Wood Lake Filing #1

TAX SCHEDULE NUMBER 413000 2025 SYSTEM CONTRACTOR Dog Shunk PHONE 683-2400  
D+B Trenching 495-2379

OWNER'S ADDRESS IF DIFFERENT \_\_\_\_\_

TYPE OF HOUSE CONSTRUCTION Wood Frame SOURCE AND TYPE OF WATER SUPPLY Well

SIZE OF LOT 5 Acre MAXIMUM POTENTIAL NUMBER OF BEDROOMS 3 BASEMENT (yes or no) yes

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. (ANSWER QUESTIONS ON BACK OF FORM).

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 [Signature]

**HEALTH DEPARTMENT USE ONLY**

PERMIT NUMBER 6107 RECEIPT NUMBER No fee DATE TO LAND USE DEPARTMENT N/A

ABSEPTION AREA 505 A2 TANK CAPACITY 1250 gallons DATE OF SITE INSPECTION 7/19/91

REMARKS: Individual sewage disposal system shall be installed per 1990 El Paso County Regulations.

Repair to field is based on 1983 percolation test of trench / rock system - installed, a minimum of 16.8 of linear feet of 36" trench is required. All minimum distances shall be met. Date of application

APPLICATION IS APPROVED (X) DENIED ( ) DATE 7/22/91 ENVIRONMENTALIST J. Madhuson

To be located in original pipe area. A backhoe profile to depth of 8' shall be exposed 24 hours prior to final approval to verify absence of ground water.

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

PROPERTY LINES \_\_\_\_\_  
PROPERTY DIMENSIONS \_\_\_\_\_  
LOCATION OF PROPOSED SEPTIC SYSTEM EAST OF House 25'  
LOCATION OF WELL West of House 50' +  
LOCATION OF ADJACENT WELLS NONE  
BUILDINGS Plot Plane  
PROPOSED BUILDINGS N/A  
WATER SUPPLY LINE N/A  
CISTERNS N/A  
SPRINGS N/A  
LAKES N/A  
PONDS N/A  
WATER COURSES N/A  
STREAMS N/A  
DRY GULCHES N/A  
SUBSOIL DRAINS N/A

DIRECTIONS TO PROPERTY FROM MAIN HIGHWAYS:  
EAST of Meridian Road