

P. AB

Permit 995

# 5793

DATE 10/22/80

## ENVIRONMENTALIST

Black Ford,

Kryeger  
W. Williams 8/29/90

SYSTEM INSTALLED BY Ron Geary / 8/29/90 T-C Excavating

WIDTH	LENGTH	DEPTH (total)	LIQ. CAP.
-------	--------	---------------	-----------

DISTANCE BETWEEN LINES 20' ROCK river DEPTH 12" UNDER 6" OVER 2"

[illegible]

LEACHING PITS (NO.)	LINING MATERIAL	CAPACITY SQ. FT.
Well is 50' ft from tank, 100' ft from leach fluid measured		
Well installed at time of Septic System	Yes	No public water
*NO FINAL INSP. MADE WHEN INSTALLED	<del>Rockwell</del>	Rockwell System *Repairs done

\*NO FINAL INSP. MADE WHEN INSTALLED

LINES & SEPTIC TANK UNCOVERED AND

INSPECTED 10/22/80

APPEARED TO BE WORKING

OK AT THIS TIME

SEPTIC TANK  
18' SOUTH  
4' WEST OF  
HOUSE  
CORNER

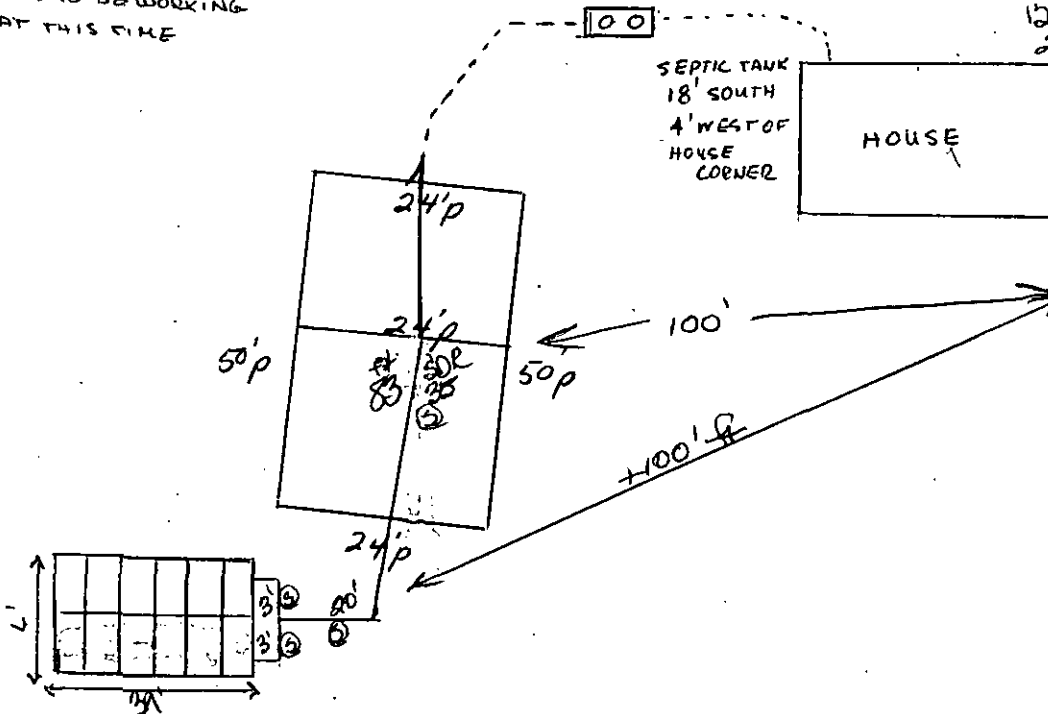
HOUSE

\* Infiltrator installed  
12 sections  $18.75 \times 12 =$   
225 ft<sup>2</sup> provided only

1991 H2 required  
because of 50%  
reduction in  
bed infiltration  
systems.

\*old system not  
available still  
Cannicked in  
WELL  
B-29-90

**NORTH**



84R

El Paso County Health Department  
501 North Foote Avenue  
Colorado Springs, CO 80909-4593  
(303) 578-3125

Permit #995

repair

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

NAME OF OWNER William R. Williams HOME PHONE 495-2622 WORK PHONE 554-4142  
ADDRESS OF PROPERTY 14450 RANKIN Road (BLACK FOREST) DATE 14 August 90  
LEGAL DESCRIPTION OF PROPERTY Lot 24 WoodLake SUB #2  
TAX SCHEDULE NUMBER 42060-04-002 SYSTEM CONTRACTOR T+C EXCAVATING PHONE 495-2379  
OWNER'S ADDRESS IF DIFFERENT Same  
TYPE OF HOUSE CONSTRUCTION Frame SOURCE AND TYPE OF WATER SUPPLY Well  
SIZE OF LOT 5 ACRES MAXIMUM POTENTIAL NUMBER OF BEDROOMS 3 BASEMENT (yes or no) (no)  
PERCOLATION TEST RESULTS ATTACHED (yes or no) (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 William R. Williams

127' linear feet of 36" wide trench  
191' linear feet of 24" wide trench  
Health Dept. use only

PERMIT NUMBER 5793 RECEIPT NUMBER No fee DATE TO LAND USE DEPARTMENT N/A  
ABSORPTION AREA 382 ft<sup>2</sup> TANK CAPACITY EXISTING 1000 gallon DATE OF SITE INSPECTION 8/15/90 8/23/90

REMARKS: As of 8/15/90 no perc test started - permit denied.  
Note: Christy Camachen indicated it would call when perc test completed - no evidence of failure on ground. Owner indicated septic tanks do not run well.  
8/24/90 individual sewage disposal system shall be installed in accordance with 1986 regulations. All customers shall be put to work with, and installed into perc test area

APPLICATION IS APPROVED ( ) DENIED ( ) DATE 8/15/90 ENVIRONMENTALIST J. Myszewski  
Mike 8/22/90

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 \_\_\_\_\_  
BUILDINGS \_\_\_\_\_  
PROPOSED BUILDINGS \_\_\_\_\_  
WATER SUPPLY LINE \_\_\_\_\_  
CISTERNS \_\_\_\_\_  
SPRINGS \_\_\_\_\_  
LAKES \_\_\_\_\_  
PONDS \_\_\_\_\_  
WATER COURSES \_\_\_\_\_  
STREAMS \_\_\_\_\_  
DRY GULCHES \_\_\_\_\_  
SUBSOIL DRAINS \_\_\_\_\_

DIRECTIONS TO PROPERTY FROM MAIN HIGHWAYS:

*Hwy 24 east to FALCON. TURN Left on Meridian and  
proceed 8 miles - TURN Right on Murphy and  
Right on RANKIN - 1st house on Right*

# STATE OF COLORADO

## COLORADO DEPARTMENT OF HEALTH

4210 East 11th Avenue  
Denver, Colorado 80220-3716  
Phone (303) 320-8333

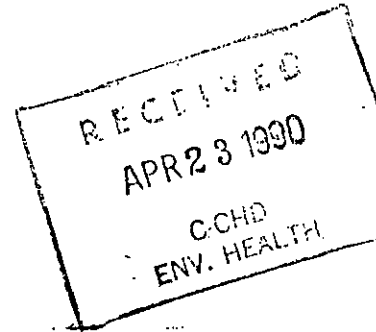
Telefax:  
(303) 322-9076 (Main Building/Denver)  
(303) 320-1529 (Pitkin Place/Denver)  
(303) 248-7198 (Grand Junction Regional Office)



Roy Romer  
Governor

Thomas M. Vernon  
Executive Director

April 17, 1990



Mr. Robert DiTullio, President  
Cultec, Inc.  
878 Federal Road  
Brookfield, Connecticut 06804

RE: Contactor and Tripdrain Leaching System Certification

Dear Mr. DiTullio.

Information submitted to the Department concerning the Contactor and Tripdrain Leaching Systems has been evaluated against the criteria contained in the Colorado Individual Sewage Disposal System Guidelines (5 CCR 1003-6). Based upon that review, certification of the Contactor and Tripdrain Leaching Systems is hereby granted.

Please note that the Colorado Individual Sewage Disposal System Act (CRS 25-10) empowers individual counties to adopt and enforce criteria which may be more stringent than those contained in the state guidelines. In those instances any such county criteria may be applied in lieu of state criteria.

Sincerely,

Phil Hegeman  
Individual Sewage Disposal System Program  
Permits and Enforcement Section  
Water Quality Control Division

xc: County Health Departments  
District Engineers