

APPROVED: Yes ☒ No ☐ Environmental Health Specialist: J. Christensen #4217007025

Address 13705 Irish Hunter Trail Owner Nobility Homes, Inc.

Legal Description Lot 27, Filing 8, The Trails
Residence ☒ # Bedrooms 4 Commercial ☐ System Installer Korinek Construction

SEPTIC TANK: 1500 gallon - 2 compartment
Commercial ☒ Noncommercial ☐ Construction Material Concrete Capacity Gallon 1000 gallon - pump in 2" chamber

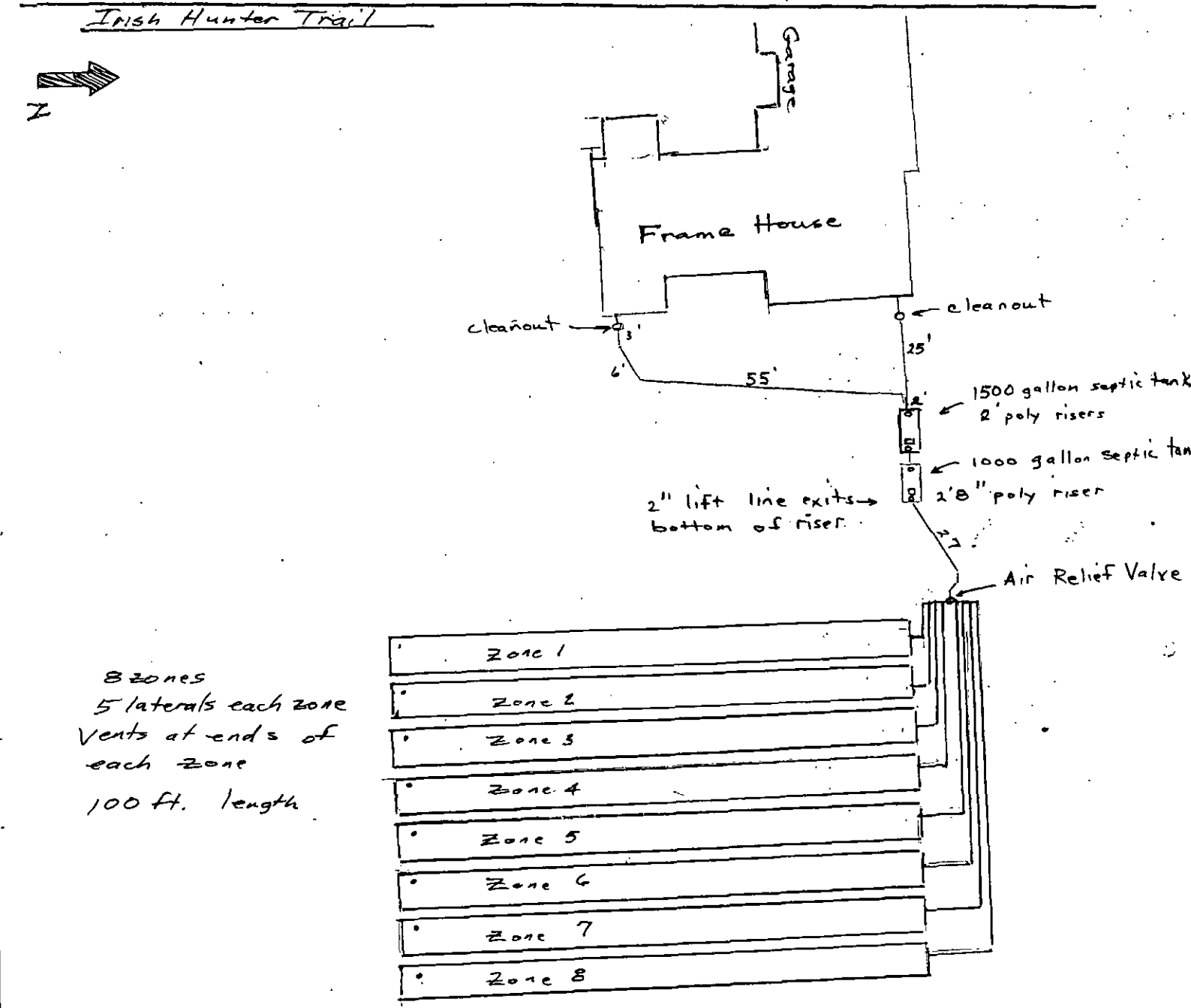
DISPOSAL FIELD:
Trench: Depth (Range) _____ Width _____ Total Length _____ Sq. Ft. _____
Bed: Depth (Range) _____ Length _____ Width _____ Sq. Ft. _____

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 _____ #Chambers _____ Sq. Ft./Chamber _____ Bed _____ Trench _____
High Profile Units: Type Chamber _____ #Chambers _____ Sq. Ft./Chamber _____ Bed _____ Trench _____
Reduction Allowed _____ % Sq. Ft. Required 8600 Depth (Range) _____
Sq. Ft. Installed 8600 Equivalent Sq. Ft. Installed with Reduction _____

Engineer Design ☒ N Engineering Firm CTL Thompson - Thomas Finley
Approval letter provided? ☒ N Attached dated Sep. 13, 2007
Well installed at time of septic system inspection? ☒ N Public Water? Yes
*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: Low-pressure Drip Irrigation system. 4" SDR 35 Septic pipe.
"Biotube" effluent filter installed in outlet of 1500 gallon septic tank.



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:	NOBILITY HOMES INC	PERMIT NUMBER:	383
ADDRESS:	13705 IRISH HUNTER TRL		
CITY, STATE, ZIP:	ELBERT, CO 80106	DATE PERMITTED:	03/16/2007
INSTALLED BY:		PHONE NUMBER:	491-1845 719-575-8635

This permit is issued in accordance with 25-10-207 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 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.

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT EXPIRATION DATE:

Expires twelve months from date of issue

BRAD WALLACE 578-3127

ENVIRONMENTALIST/PHONE NUMBER*

WATER SOURCE: Public

MINIMUM SEPTIC TANK SIZE:	ENGINEER DESIGN	GALLONS	MINIMUM ABSORPTION AREA REQUIRED	ENGINEER DESIGN	SQ FT
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PLANNING DEPARTMENT	<input checked="" type="checkbox"/>	ENUMERATION	<input checked="" type="checkbox"/>	FLOOD PLAN	<input checked="" type="checkbox"/>	WASTEWATER	<input type="checkbox"/>
							NA

COMMENTS:

* 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

INSTALL LEACH FIELD IN AREA OF PERCOLATION TEST ACCORDING TO ENGINEER'S DESIGN. LEACH FIELD MUST BE 10 FEET FROM ANY LOT LINE, ADJACENT LOT LINES MUST BE MARKED AT TIME OF FINAL INSPECTION. LATERALS MUST BE FROM 12 INCHES TO 30 INCHES BELOW NATIVE GROUND SURFACE. DRAINAGE FROM HOUSE MUST NOT FLOW INTO LEACH FIELD AREA. AN APPROVAL LETTER MUST BE RECEIVED BEFORE FINAL APPROVAL CAN BE GIVEN. GPS [N 39 DEGREES 00.547 MINUTES W 104 DEGREES 34.427 MINUTES] +/- 15 FEET.

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: 3-16-2007 *msward* Called _____ Mailed _____

Final Inspection Requested:

BY: John Kerinek

Date Called In

cust p/u 7/20/07
Aug 22, 07
RAW

Phone # (303) 944-6641

Septic Site will be ready: Now



EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 •

(719) 575-8635 • Fax: (719) 578-3188

Record I.D. 383

***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 NOBILITY HOMES, INC.

Daytime Phone (719) 491-1845 CELL
(719) 314-2500

Address of Property 13705 IRISH HUNTER TRAIL

City & Zip ELBERT 80106

Legal Description LOT 27 FILING 8 THE TRAILS

Owner's MAILING Address P.O. Box 63479

City, State & Zip Colo. Spgs., CO 80962

Lot Size 108,953 sq. FT.

Tax Schedule # 42000-00-318 PT

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 #

MAXIMUM POTENTIAL NUMBER OF BEDROOMS 4

Percolation 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/OWNER'S AGENT SIGNATURE David L. Strick

Date 3-8-07

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

Engineer Design

Minimum Tank Capacity

Final design

Minimum Absorption Area

3-15-2007

Date of Site Inspection

REMARKS Install leach field in area of perc test according to engineer design. Leach field must be 10' from any lot line, adjacent lot lines must be marked at time of final inspection. Laterals must be from 12" to 30" below native ground surface. Drainage from house must NOT flow into leach field area. An engineers approval letter must be received before final approval can be given.

GPS of Profile N 39°00'54.7" W 104.34.427' (+16)

EHS INSPECTOR Brad Wallan

DATE 3-15-07

APPROVED

DENIED

CURRENT FEES AS APPROVED BY EL PASO COUNTY BOARD OF HEALTH

New Permit: \$304.50 + Planning Department Surcharge of \$137.50 = \$442.00

Major repair permit: \$316.00

Minor repair permit: \$131.00

DATE TO LAND DEVELOPMENT/WASTEWATER:

DATE TO FLOODPLAIN/ENUMERATIONS:

PLEASE COMPLETE THE BACK OF THIS FORM

1) We require an original of your **PERCOLATION** with an original licensed engineer's (PE) stamp and signature as well as a plot of the percolation test hole locations with measurements from a fixed reference point. (A faxed copy directly from the engineering firm to this office is acceptable.)

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** must be drawn (not to scale) on an 8 1/2 x 11 inch sheet of paper. The plot plan must include:

- | | | |
|---|--|---------------------------------|
| 1) a north bearing | 5) proposed septic system site | 8) Distance of percolation test |
| 2) property lines | 6) alternate septic system site | to two property lines. |
| 3) property dimensions | 7) driveway (proposed or | |
| 4) all buildings (proposed or existing) | existing and name of adjoining street) | |

4) 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 | |

5) 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) |

6) **GIVE COMPLETE DIRECTIONS TO THE PROPERTY FROM A MAIN HIGHWAY**