

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT  
 INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Permit # 0N0007530

Date April 11, 2007

APPROVED: Yes  No  # 4229401001 Specialist: Brad Wallace

Address 13416 Gilbert Drive Owner Anderson Homes  
 Legal Description LOT 24, Block 0, Filing #1, Eastbrook Subdivision  
 Residence  # Bedrooms 5 Commercial  System Installer Troy Peterson / Backhoe Services

SEPTIC TANK:  
 Commercial  Noncommercial  Construction Material Concrete Capacity Gallon 1,500+1,500  
 (-) pump cycle

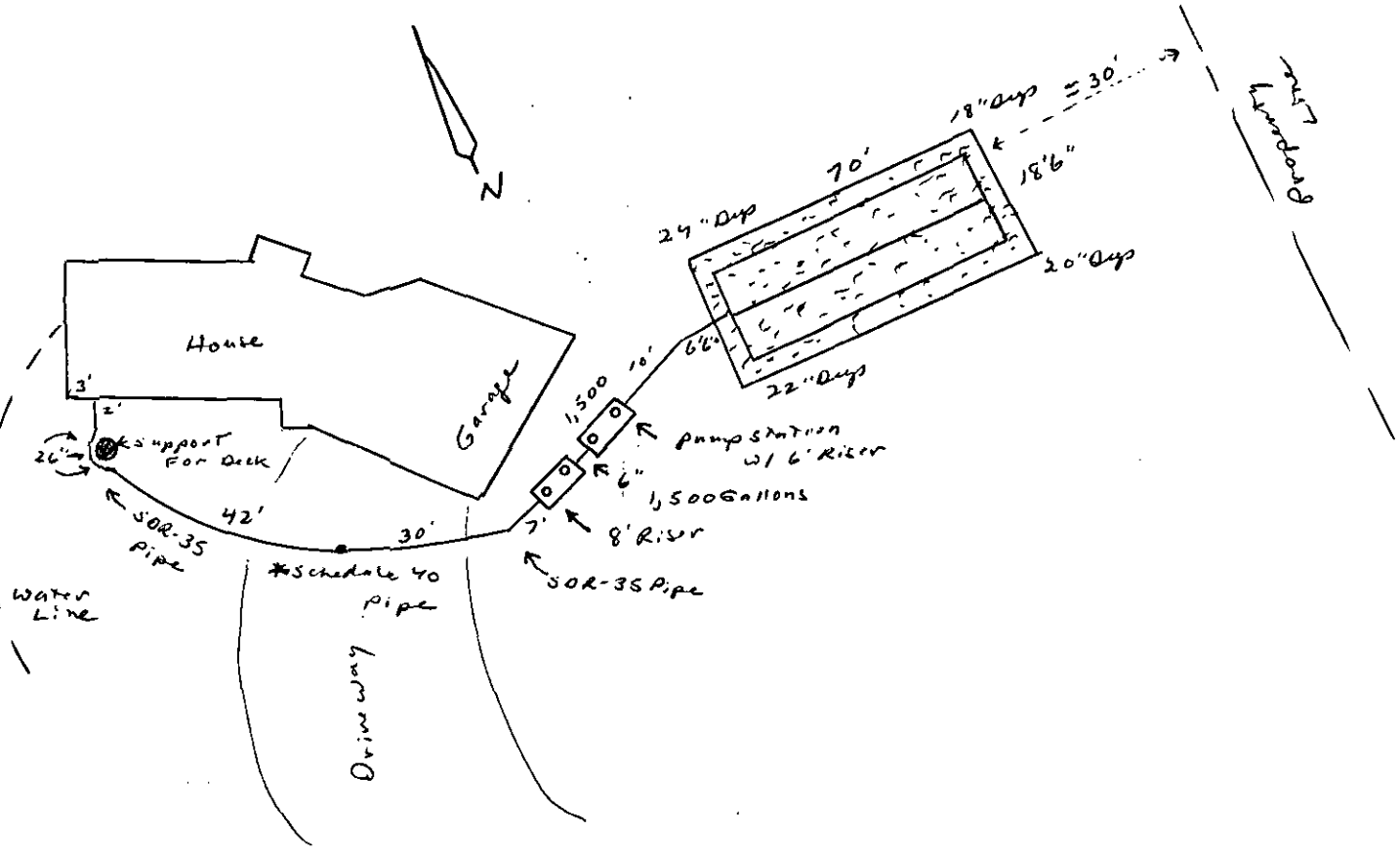
DISPOSAL FIELD:  
 Trench: Depth (Range) \_\_\_\_\_ Width \_\_\_\_\_ Total Length \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
 Bed: Depth (Range) 18" → 24" Length 70' Width 18.5' Sq. Ft. 1,295 FT<sup>2</sup>  
 Depth of Rock 12" Under PVC 6" Type of cover on Rock Straw

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 \_\_\_\_\_ Depth (Range) \_\_\_\_\_  
 Sq. Ft. Installed \_\_\_\_\_ Equivalent Sq. Ft. Installed with Reduction \_\_\_\_\_  
 Engineer Design: Y  Engineering Firm \_\_\_\_\_  
 Approval letter provided? Y  N

Well installed at time of septic system inspection? Y  N  Public Water? X  
 \*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: \* SOR-35 Pipe when inspection was done, will be replaced with schedule 40 by Troy Peterson before backfilling.  
 Septic tanks are over sized for a 5 bedroom house, Length Field sized for 5 bedrooms.



*[Handwritten signature]*

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: ANDERSON HOMES INC PERMIT NUMBER: ON0007530  
ADDRESS: 13416 GILBERT DRIVE DATE PERMITTED: 11/21/2006  
CITY, STATE, ZIP: PEYTON CO 80831 PHONE NUMBER: 7196838499  
INSTALLED BY:

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

*Elex Wilh / 575-8980*

ENVIRONMENTALIST / PHONE NUMBER\*

WATER SOURCE: WELL

MINIMUM SEPTIC TANK SIZE : 1,750 GALLONS MINIMUM ABSORPTION AREA REQUIRED 1,136 SQ FT

PLANNING DEPARTMENT



ENUMERATION



FLOOD PLAIN



WASTEWATER



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 ABSORPTION SYSTEM IN AREA OF THE PERCOLATION TEST.

BEDROCK NOTED AT 6 FEET. NO PORTION OF THE SYSTEM CAN BE DEEPER THAN 24 INCHES BELOW NATIVE GROUND SURFACE. IF THIS CANNOT BE MAINTAINED, ENGINEER DESIGN WILL BE REQUIRED.

MAINTAIN ALL SET BACKS.

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: \_\_\_\_\_ Called \_\_\_\_\_ Mailed \_\_\_\_\_

Final Inspection Requested: BY: *Troy Peterson*

Date Called In: *4-11-07*

Phone # *661-0852*

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

**\*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 Anderson Homes, Inc. Daytime Phone 719-683-8499

Address of Property 13416 Gilbert Dr. City & Zip  Peyton, Co. 80831

Legal Description Lot 24, Biko, Pt #1 Eastbrook Subdivision

Owner's MAILING Address P.O. Box 359 City, State & Zip Calhan, Co. 80808

Lot Size 2.9564 Acres Tax Schedule # 4200000329

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 5

Percolation Test Attached  N    Basement  N    Garbage Disposal Y  N    Clothes Washer  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 Chelle Anderson Quinn Date 11-15-06

*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**

1,750 gallons Minimum Tank Capacity    1,136 ft<sup>2</sup> Minimum Absorption Area    11/17/06 Date of Site Inspection

REMARKS BEDROCK NOTED AT 6 FEET. NO PORTION OF THE SYSTEM CAN BE DEEPER THAN 24" below NATIVE ground SURFACE. IF THIS CAN NOT BE MAINTAINED, engineer design will be required.  
MAINTAIN all required SETBACKS  
INSTALL ABSORPTION SYSTEM IN NEA OF THE PERCOLATION TEST

EHS INSPECTOR Elena Wieby DATE 11/17/06 APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

**FEES AS OF 02/22/2006:**

NEW CONSTRUCTION \$350.00 + Planning Department Surcharge of \$118.00. = \$468.00  
MAJOR REPAIR/ADDITION \$430.00  
MINOR REPAIR/ADDITION \$179.00

DATE TO PLANNING / WASTEWATER: \_\_\_\_\_  
DATE TO FLOODPLAIN/ENUMERATIONS 11-16-2006 *Morgan*

**PLEASE COMPLETE THE BACK OF THIS FORM**