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

Permit # 5222
Date 11-05-03

APPROVED: Yes No Environmental Health Specialist: Sid Darden

Address 4625 Slocum Rd. Owner Sharyn Baker

Legal Description _____
Residence # Bedrooms _____ Commercial System Installer Don Ritz / Greater West

SEPTIC TANK:
Commercial Noncommercial _____ Construction Material Concrete Capacity Gallon 2000

DISPOSAL FIELD:
Trench: Depth (Range) _____ Width _____ Total Length _____ Sq. Ft. _____
Bed: Depth (Range) 12-34" Length 80'6" Width 24' Sq. Ft. 1932
Depth of Rock 12" Under PVC 6" Type of cover on Rock Filter Fabric

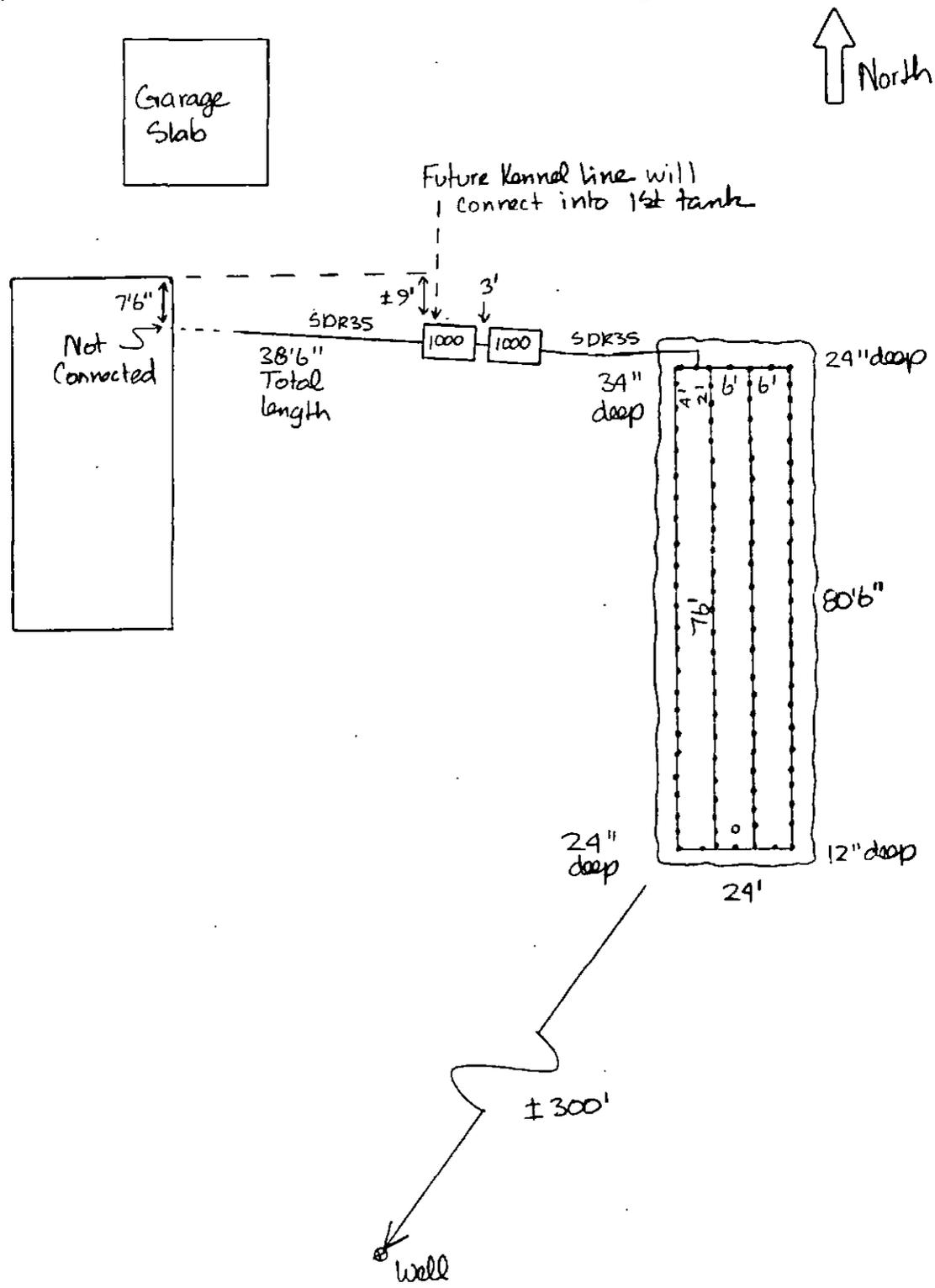
DRYWELLS: # of Pits _____ Rings (Pit 1) _____ Rings (Pit 2) _____ Working Depth #1 _____ #2 _____
Size (L x W) #1 _____ #2 _____ Total Sq. Ft. _____

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 N Engineering Firm _____

Approval letter provided? Y N
Well installed at time of septic system inspection? 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: *Approval of the septic tank arrangement was given by rule on 11/25/14, WR Proj. Dir, after discussion with the contractor and the PE on the slightly undersized first compartment of the first tank.*

- 1/25/14, PE LETTER SUBMITTED THIS DATE. *note*



INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

OWNER NAME: SHERYN BAKER PERMIT NUMBER: ON0005222
ADDRESS: 4625 SLOCUM RD DATE PERMITTED: 9/30/2003
CITY, STATE, ZIP: FALCON CO 80831 PHONE NUMBER: 3036799161
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

Krueger

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: 2,000 GALLONS MINIMUM ABSORPTION AREA REQUIRED DE DESIGN SQ FT

PLANNING DEPARTMENT OK ENUMERATION OK FLOOD PLAIN OK WASTEWATER OK

COMMENTS:

PROFESSIONAL ENGINEER DESIGN OWS DUE TO KENNEL AND RESIDENCE. FOLLOW ENGINEER DESIGN. DESIGNING ENGINEER TO INSPECT INSTALLATION AND PROVIDE AN APPROVAL LETTER TO THE HEALTH DEPARTMENT UPON COMPLETION. BE SURE SEPTIC INSTALLER IS PROVIDED WITH ENGINEERING DESIGN AND RECOMMENDATIONS PRIOR TO INSTALLATION. INSTALL FIELD IN AREA OF PERCOLATION TEST. MEET ALL APPLICABLE DISTANCE SETBACKS. WELL TO BE AT LEAST 164 FEET FROM LEACH FIELD. FIRST COMPARTMENT OF A TANK IN SERIES MUST BE AT LEAST 50% OF EFFECTIVE CAPACITY.

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.

V.M.

FOR ADMINISTRATIVE USE ONLY

Permit Ready: 10/1/03 Called Mailed

Final Inspection Requested: BY: Don - Grubbs Date Called In: 11/4/03 5:28

Phone # 495-2252 Septic Site will be ready: 12/16

Inspector

GARY

District

Record ID.

5222

EL PASO COUNTY ENVIRONMENTAL HEALTH SERVICES

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 578-3126 • Fax: (719) 578-3188

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

NEW CONSTRUCTION MINOR REPAIR MAJOR REPAIR/ADD

Owner Sharlyn Lee Baker Daytime Phone 303 679-9161
Address of Property 4625 Slocum Rd City & Zip Falcon, CO 80831
Legal Description SW4 SW4 SEC 24-13-64 Parcel 4300000371
Owner's MAILING Address 9264 Sandy Lane City, State & Zip Louisa, CO 80433
Lot Size 40 ACRES Tax Schedule # 4300000371
Type of Building: Frame Modular Mobile Commercial Manufactured Other
Water Supply: Well or Spring Cistern Public Inside City Limits: No Yes-City Falcon
MAIL PERMIT OR PICK UP PERMIT THERE IS AN ADDITIONAL RESIDENCE ON THIS PROPERTY

MAXIMUM POTENTIAL NUMBER OF BEDROOMS 2

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 SIGNATURE Sharlyn L. Baker Date 9/25/03

You will be notified by telephone when your permit is ready for pick up. Please allow a minimum of 10 days for new septics.

DEPARTMENT OF HEALTH USE ONLY

2000 Minimum Tank Capacity PE DESIGN Minimum Absorption Area 9/26/03 Date of Site Inspection

REMARKS PE DESIGN OWS DUE TO KENNEL AND RESIDENCE. FOLLOW ENGINEER DESIGN. DESIGNING ENGINEER TO INSPECT INSTALATION AND PROVIDE AN APPROVAL LETTER TO THE HEALTH DEPT. UPON COMPLETION. BE SURE SEPTIC INSTALLER IS PROVIDED WITH ENGINEERING DESIGN + RECOMMENDATIONS PRIOR TO INSTALLATION. INSTALL FIELD IN AREA OF PERC. TEST. MEET ALL APPLICABLE DISTANCE SETBACKS. WELL TO BE AT LEAST 164' FROM LEACH FIELD. AREA OF PERC. TEST. FIRST COMPARTMENT OF A TANK IN SERIES MUST BE AT LEAST 50% OF EFFECTIVE CAPACITY

EHS INSPECTOR [Signature] DATE 9/26/03 APPROVED DENIED

FEES AS OF 11/1/02:

NEW CONSTRUCTION \$432.00 + Planning Department Surcharge of \$30. = \$462.00
MAJOR REPAIR/ADDITION \$342.00
MINOR REPAIR/ADDITION \$162.00
DATE TO PLANNING / WASTEWATER: 9/26/03
DATE TO FLOODPLAIN/ENUMERATIONS

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 _____ ion 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 must be drawn (not to scale) on an 8 1/2 x 11 sheet of paper. The plot plan must include:
1) a north bearing 4) all buildings (proposed or existing) 7) driveway (proposed or existing and name of adjoining street)
2) property lines 5) proposed septic system site
3) property dimensions 6) alternate septic system site

4) Initial any of the following features that apply to your property and INCLUDE them on your PLOT PLAN.

Well(s) Adjacent property well(s) Subsoil drain
 Cistern Water line

5) Initial any of the following that are within 100 feet of your proposed septic system and INCLUDE on your PLOT PLAN.

Spring(s) Lake(s)
 Pond(s) Stream(s)
 Dry Gulch(es) Natural drainage course(s)

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

I 25 to Woodmen Rd - Take Woodmen Rd east to Falcon and go to Hwy 24. Turn Right on Hwy 24 and go to Meridian. Turn left on Meridian. At Falcon Hills Hwy turn left. Go to Curtis Road. Take Curtis Rd Right to Jones. Turn left on Jones & go south to Sloum Rd. Property is on NE corner of Jones + Sloum. Barb wire gate is on Sloum near Jones Rd. Please Close it after leaving property. Flags are in middle of property & mark proposed back field.

P.S. I must vacate my house by Oct 15 and have no place to live. I am trying to get the ball rolling so my modular home can be ready as I have dogs to house as well and can not afford to board them. I lost my Job in Feb.

Thank you,
Shirley L. Butler