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EL PASO COUNTY PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION
1675 W. Garden of the Gods Road, Suite 2044, Colorado Springs, Colorado 80907 719-578-3199
ONSITE WASTEWATER SYSTEM PERMIT

OWNER NAME: THOMAS BEASON	PERMIT NUMBER: 0031842
ADDRESS: 14965 PAMELA WAY	
CITY, STATE, ZIP: PEYTON, CO 80831	DATE PERMITTED: 07/09/2012
PHONE NUMBER: (719) 439-9515 (Home Phone)	

This permit is issued in accordance with 25-10-207 Colorado Revised Statutes. The PERMIT EXPIRES upon completion/installation of the 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 Permit and an Onsite Wastewater System Permit are issued for the same property and construction has not commenced prior to the expiration date of the Building Permit, the Onsite Wastewater 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.

PERMIT EXPIRATION DATE: 07/09/2013

Expires twelve months from date of issue

WATER SOURCE: Well or Spring

MINIMUM SEPTIC TANK SIZE:	1500	GALLONS	MINIMUM ABSORPTION AREA REQUIRED	706	SQ FT
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PLANNING DEPARTMENT	<input type="checkbox"/>	ENUMERATION	<input type="checkbox"/>	FLOOD PLAIN	<input type="checkbox"/>	WASTEWATER	<input type="checkbox"/>
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COMMENTS:

* FOR INSPECTIONS CALL 719-575-8699 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 SOIL TREATMENT AREA(STA) IN AREA OF PERCOLATION TEST DATED ON 10/20/99 AT LEAST SIX FEET AWAY FROM EXISTING STA(5/22/00) AT A DEPTH OF NO MORE THAN 12 INCHES DUE TO GROUNDWATER BEING ENCOUNTERED AT 5 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:	Called	Mailed
Final Inspection Requested:	BY:	Date Called In:
	Phone #	Septic Site will be ready:

7/10/12 Fax to 683-5921
7/11/12 8:15 AM (called) Mike Murray cell - 332-7323 (cell)
Final - ready by 2:00 PM
Call Mike before going to site.

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT☐ NEW PERMIT ☒ MAJOR REPAIR PERMIT ☐ MINOR REPAIR PERMIT

Owner THOMAS BEASON Daytime Phone 439-9515
 Contractor MIKE MURRAY Daytime Phone 683-2442
 Property Address 14965 PAMELA WAY Payton, CO 80831
 Owners Mailing Address 27 SANDRA LN MANITOU 80829
 Email Address MIKE@MURRAYEXCAVATING.COM Fax # 683-5921
 Tax Schedule # 431 500 2011 Lot Size 2.52
 Site Located Inside City Limits ☐ Yes ☒ No Primary Contact ☐ Owner ☒ Contractor
 Proposed Use: ☒ Single Family ☐ Multi-Family ☐ Commercial
 Water Supply: ☐ Well ☐ Cistern ☒ Municipal Number of Bedrooms 4
☐ Pick up: ☒ Fax: 683-5921 ☒ Email:

CURRENT FEES AS APPROVED BY THE EL PASO COUNTY BOARD OF HEALTH

New Permit: \$440.00 (EPCPH Charge) + \$147.00 (EPC Planning Dept. Surcharge) + \$23.00 (CDPHE Surcharge) = \$610.00

Major Repair Permit: \$494.00 (EPCPH Charge) + \$23.00 (CDPHE Surcharge) = \$517.00

Minor Repair Permit: \$188.00 (EPCPH Charge) + \$23.00 (CDPHE Surcharge) = \$211.00

- All Payments are due at the time of application submittal; by cash, check or major credit card (Visa / MC)
- This permit will expire one year from the date of issuance

I certify that the information provided on this application is in compliance with Section 8.3, Chapter 8 of the Onsite Wastewater System (OWS) Regulations of the El Paso County Board of Health. I also authorize the assigned representative of El Paso County Public Health to enter onto this property in order to obtain information necessary for the issuance of a permit.

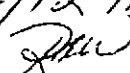
Applicants Signature: Michael MurrayDate: 7-6-12 7/9/12Site Insp. Date: 7/9/12 Perc. Rate: 6 Permit # 0031842E.H.S. Review Notes: Bad Groundwater was encountered at 5 feet.Date to: E.P.C. Development Services 5/8/00 Flood Plain and Enumerations 1

Permit Requirements: Install Soil Treatment Area (STA) in area of percolation test dated on 10-20-1999 at least six feet away from existing STA (5/22/00) at a depth of no more than 12 inches due to groundwater encountered at 5 ft.

Existing 1500
Min. Septic Tank Capacity

706
Min. Absorption Area

E.H. Specialist Neil Myers Date 7/9/12 ☒ Approved ☐ Denied

Rec. 7/6/12 1:26 PM


RW/UM

- 1) We require an original copy of your PERCOLATION TEST with a licensed engineer's (P.E.) stamp and signature as well as a plot plan of the test hole locations with measurements from a fixed reference point.
- 2) Property address or lot number must be posted and clearly visible from the road. The percolation 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 on an 8 1/2" x 11" sheet of paper and shall include the following items:

a) North Arrow;	e) Proposed Septic System Site;	h) Distance of Percolation Test to Two Property Lines.
b) Property Lines;	f) Alternate Septic System Site;	
c) Property Dimensions	g) Driveway & Name of Adjoining Street.	
d) All Existing and Proposed Buildings		
- 4) Additional items that shall be included on the plot plan if they apply to your site:

a) Proposed &/or Existing Wells	e) Drainage Ways; Existing or Proposed
b) Wells on Adjacent Properties	(ie: Streams, Dry Gulch, etc...)
c) Water Lines	f) Subsoil Drains
d) Bodies of water (ie: Lake, Pond)	
- 5) Please provide below complete and accurate directions to the property from a main highway.

