

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

Permit # 563

Date 6/12/07

#4323003002

APPROVED: Yes X No      Environmental Health Specialist: Elizabeth Walcott

Address 16695 Stage Stop Rd Peyton 80831 Owner Jennifer Williams

Legal Description Lot 36 Filing #1

Residence X # Bedrooms 4 Commercial      System Installer Murray Exc

**SEPTIC TANK:**

Commercial X Noncommercial      Construction Material Concrete Capacity Gallon 1000g new 1250 Existing

**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 Quick 4 #Chambers 25 Sq. Ft./Chamber 10 Bed      Trench X

Existing Type Chamber Infiltrator #Chambers 14 Sq. Ft./Chamber      Bed      Trench X

Reduction Allowed 60 % Sq. Ft. Required      Depth (Range)     

Sq. Ft. Installed      Equivalent Sq. Ft. Installed with Reduction 1187 (504 existing + 683 new)

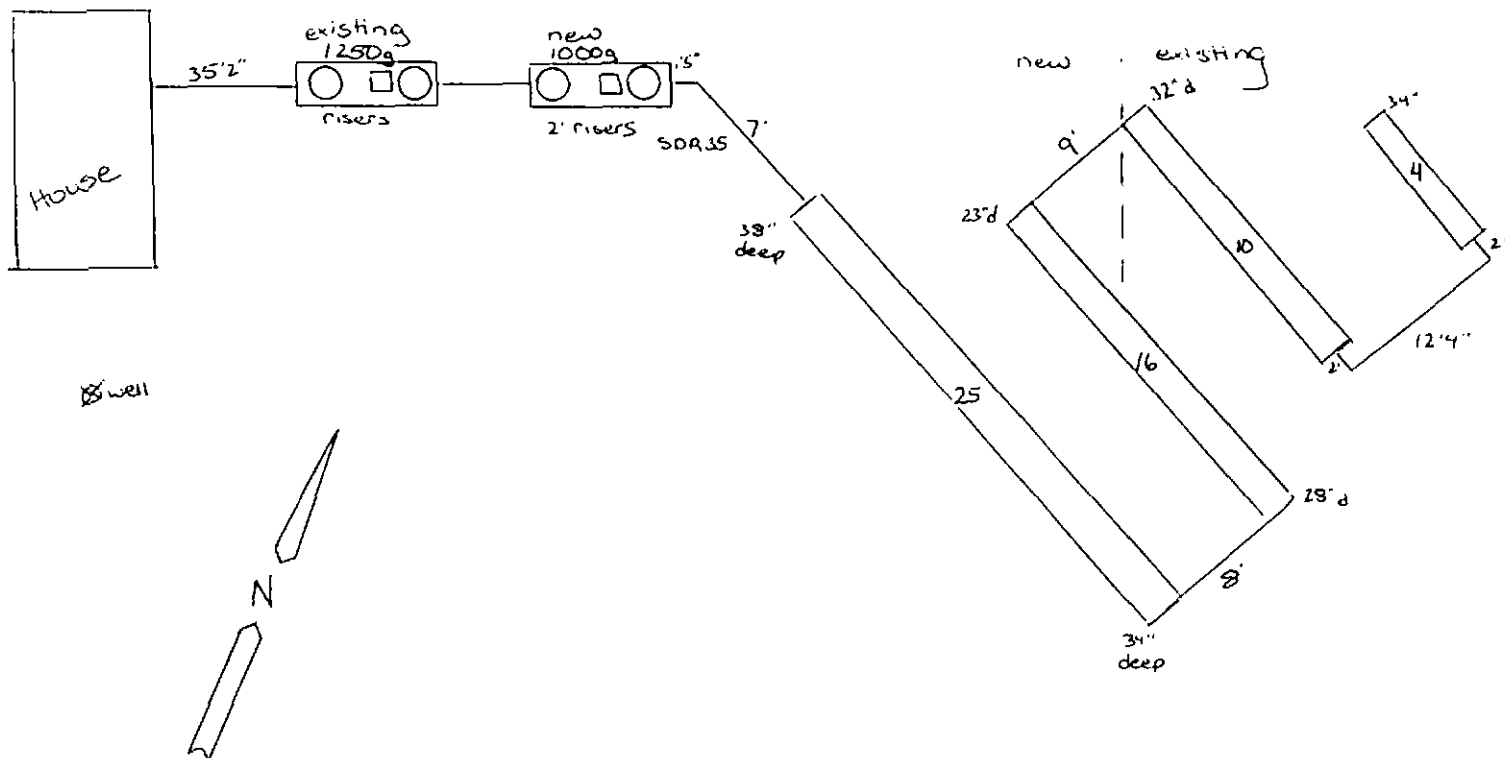
Engineer Design: Y (N) Engineering Firm     

Approval letter provided? Y      N     

Well installed at time of septic system inspection? (Y) 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: Tanks are large enough for a 7 bedroom. Leach field is sized for a 4 bedroom.



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: JENNIFER WILLIAMS	PERMIT NUMBER: 563
ADDRESS: 16695 STAGESTOP RD	
CITY, STATE, ZIP: PEYTON, CO 80831	DATE PERMITTED: 06/05/2007
INSTALLED BY:	PHONE NUMBER: 332-7323 719- <del>575-8635</del>

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

*Brad Wallace*

PERMIT EXPIRATION DATE:

Expires twelve months from date of issue

BRAD WALLACE 578-3127

ENVIRONMENTALIST/PHONE NUMBER\*

WATER SOURCE: Well or Spring

MINIMUM SEPTIC TANK SIZE:	1500	GALLONS	MINIMUM ABSORPTION AREA REQUIRED	1039	SQ FT
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PLANNING DEPARTMENT	<input type="checkbox"/> NH	ENUMERATION	<input type="checkbox"/> NH	FLOOD PLAN	<input type="checkbox"/> NH	WASTEWATER	<input type="checkbox"/> NH
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**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 ADDITION TO LEACH FIELD IN AREA OF EXISTING LEACH FIELD, BUT AT LEAST 6 FEET FROM IT. PREFERRED MAXIMUM DEPTH OF ADDITION IS 36 INCHES BELOW NATIVE GROUND SURFACE. AN ADDITION OF 552 SQUARE FEET IS REQUIRED. RECOMMEND A ONE COMPARTMENT 1000 GALLON TANK BE PLACED IN FRONT OF EXISTING TANK. RISERS ARE NEEDED, SO ACCESS TO SEPTIC TANK IS NO MORE THAN 8 INCHES BELOW FINISHED GRADE. LEACH FIELD IS CURRENTLY FAILING.

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:

Final Inspection Requested:

Called

Mailed

BY:

*Mike Murray*

Date Called In:

*6-12-07*

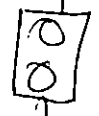
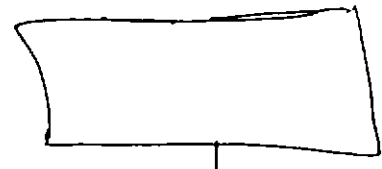
Phone #

*332-7323*

Septic Site will be ready:

*Now*

- ① well
- ② North
- ③ units
- ④ pipe
- ⑤ tank
- ⑥ ft 2 552
- ⑦ depth 36



new

1000g

Risers 2'

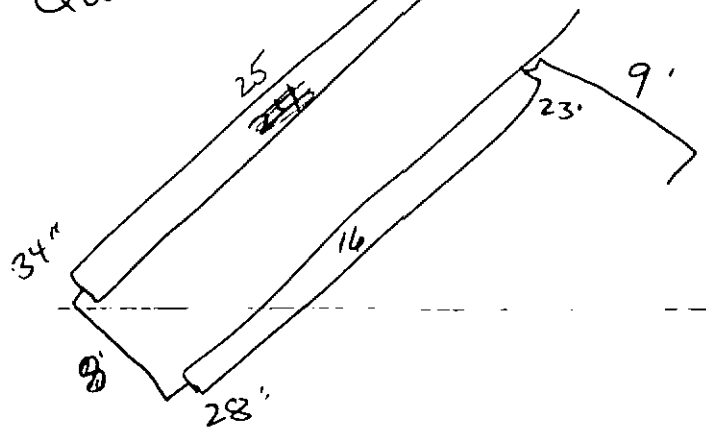
1.5'

50R 35

38"

7'

Quick4



$$\begin{array}{r} 504 \\ - 1683 \\ \hline 1187 \end{array}$$

$$\begin{array}{r} 10. \\ 41 \times 15.5 \\ \hline 635.5 \end{array}$$

666

**EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT**301 South Union Boulevard • Colorado Springs, CO • 80910-3123 •  
(719) 575-8635 • Fax: (719) 578-3188Record I.D. 563**\*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 PERMITOwner JENNIFER WILLIAMSDaytime Phone MIKE MURRAY 719-332-7323Address of Property 16695 STAGESTOP RDCity & Zip PEYTON, CO 80831Legal Description LOT 36 <sup>COCCES</sup> ~~TRIN~~ #1Owner's MAILING Address 166050 N ELLICOTT HWYCity, State & Zip CALHAN CO 80808Lot Size 5ACTax Schedule # 43230 - 03 - 002Type of Building: ☒ Frame ☐ Modular ☐ Mobile ☐ Commercial ☐ Manufactured ☐ OtherWater Supply: ☒ Well or Spring ☐ Cistern ☐ Public Inside City Limits: ☒ No ☐ Yes-City☐ MAIL PERMIT - OR - ☐ PICK UP PERMIT ☒ FAX - FAX TO AND # 683-5921MAXIMUM POTENTIAL NUMBER OF BEDROOMS 4Percolation 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 [Signature]Date 6-1-07

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**1,500 Gallons

Minimum Tank Capacity

1039 FT<sup>2</sup>

Minimum Absorption Area

6-4-07

Date of Site Inspection

REMARKS Install addition to leach field in area of existing leach field but at least 6' from it. Preferred maximum depth of addition is 36" below native ground surface. An addition of 552 FT<sup>2</sup> is required. Recommend a one compartment 1,000 Gallon tank is placed in front of existing tank. Risers are needed and so access to septic tank is no more than 9" below finished grade. Leach field is currently failing.

EHS INSPECTOR [Signature]DATE 6-4-07 ☒ APPROVEDDENIED ☐**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 ☒

DATE TO LAND DEVELOPMENT/WASTEWATER: \_\_\_\_\_

Minor repair permit: \$131.00

DATE TO FLOODPLAIN/ENUMERATIONS: \_\_\_\_\_

**PLEASE COMPLETE THE BACK OF THIS FORM**

- 1) We require an original of your **PERCOLATION (PERC) TEST** with an original licensed engineer's (PE) stamp and signature as well as a plot of the percolation test hole locations (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**.

*MA* 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**

