

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

Permit # 9553 P  
Date 11-17-95

APPROVED: YES  NO  # 4329001010 ENVIRONMENTALIST Lori Doane

Address 13495 Gymkhana Road Owner West Star Development

Legal Description Lot 4, Corral Ranches, Tr.#8  
Residence , # of bedrooms 3; Commercial ; System Installer Kunau

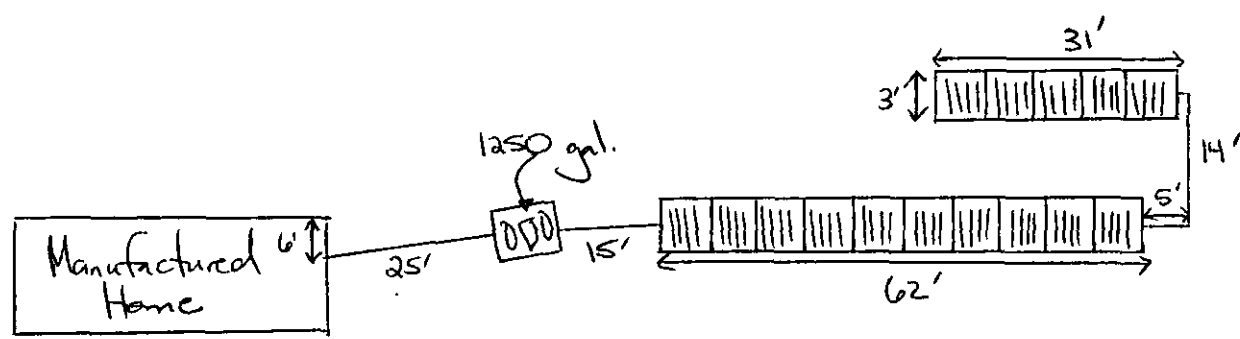
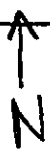
**SEPTIC TANK:**  
Commercial ; Noncommercial   
Construction Material Precast Concrete, L     , W     , WD     , capacity 1250 gallons.

**DISPOSAL FIELD:**  
**Rock Systems:**  
Trench: depth     , width     , total length     , sq. feet       
Bed: depth     , length     , width     , sq. feet       
Rock type     , depth     , under PVC     , over PVC       
Seepage Pits: # of pits     , total # of rings     , working depth(s)       
size of pit(s) L X W     , lining material     , total sq. feet     

**Rockless Systems:**  
Chamber: Type Infiltrator, number of chambers 15, bed     , trench   
sq. ft./section 18, reduction allowed 50%, sq. ft. required 540  
total sq. ft. installed 540, depth of installation 36"

Engineer Design Y or N Designing Engineer       
Approval letter provided? Y or N       
Well 50 feet from tank Y or N      100 feet from leach field Y or N       
Well installed at time of septic system inspection Y or 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:



⊗ Well

146.0  
Acres

EL PASO COUNTY • DEPARTMENT OF HEALTH AND ENVIRONMENT

301 South Union Blvd. • Colorado Springs, Colorado • 578-3125

Water Supply WELL

Permit 9553

PERMIT

TO CONSTRUCT, ALTER, REPAIR OR MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Receipt No. yc

Issued to WEST STAR DEVELOPMENT

Date 10-13-95

Address of Property 13495 GYMKHANA, LOT 4, CORRAL RANCHES, FILL#8

Phone 579-9133

(Permit valid at this address only)

Sewage-Disposal System work to be performed by KUNAU DRILLING

Phone 683-3720

This Permit is issued in accordance with 25-10-106 Colorado Revised Statutes 1973, as amended. PERMIT EXPIRES upon completion of 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). This permit is revokable if all stated requirements are not met.

**-THIS PERMIT DOES NOT DENOTE APPROVAL OF ZONING AND ACREAGE REQUIREMENTS-**

\$150.00

PERMIT FEE (NOT REFUNDABLE)

10-13-96

[Signature]  
DIRECTOR, DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE OF EXPIRATION

[Signature]  
ENVIRONMENTALIST

NOTE: LEAVE ENTIRE SEWAGE-DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION. 48 HOUR ADVANCE NOTICE REQUIRED.

|              |                                       |                         |                                       |
|--------------|---------------------------------------|-------------------------|---------------------------------------|
| SEPTIC TANK: | TRENCH SYSTEM:                        | BED SYSTEM:             | SEEPAGE PIT SYSTEM:                   |
| 1250         | total square feet <u>540</u>          |                         | total square feet _____               |
| gallons      | _____ ft. of trench _____ inches wide | total square feet _____ | _____ rings or _____ diam.x _____ w/d |
|              | _____ ft. of trench _____ inches wide |                         |                                       |

NOTES: INSTALL LEACH FIELD IN LOCATION OF AND AT DEPTH OF PERC. TEST. RECOMMEND ADDITIONAL 60 PER CENT OF LEACH FIELD IF CLOTHES WASHER AND GARBAGE GRINDER INSTALLED IN HOME.

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.

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT  
301 South Union Boulevard  
Colorado Springs, CO 80910-3123

APPLICATION FOR A PERMIT TO CONSTRUCT, REMODEL, OR INSTALL  
A SEWAGE DISPOSAL SYSTEM

Name of Owner WEST STAR DEVELOPMENT Daytime Phone 579-9133 (SHARON)  
Address of Property 13495 GYMKHADA DR Date 10-6-95  
Legal Description of Property LOT 4 CORRAL RANCHES  
Tax Schedule Number 43290-01-010 Septic Contractor/Phone KUNAU  
Type of House Construction MFG. Source of Water WELL  
Size of Lot 5.0 (6.0) <sup>SH-10/16/95</sup> Basement (Y or ) Percolation Test Attached ( or N)  
MAXIMUM POTENTIAL NUMBER OF BEDROOMS 3

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 & additional tests & reports as may be required by the Department to be made & furnished by the applicant for purposes of evaluating the application, & issuance of the permit is subject to such terms & conditions as deemed necessary to ensure compliance with rules & regulations adopted pursuant to C.R.S. 1973, 10-25-101 et. seq. I hereby certify all statements made, information and reports submitted by me are or will be represented to be true & correct to the best of my knowledge & belief, & are designed to be relied on by the El Paso County Department of Health 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 & in legal action for perjury as provided by law.

OWNER'S SIGNATURE Sharon Harada/West Star Owners agent

\*\*\*\*\*  
DEPARTMENT OF HEALTH USE ONLY

Absorption Area 540' Tank Capacity 1250 gal. Date/Site Inspection 10-10-95

Remarks: Install leach field in location of W at depth of perc. test. Recomm. addit. 60% of leach field if clothes washer & garbage grinder installed in home.

Application is () approved ( ) denied

Environmentalist Joik Lane Date 10-10-95

\*\*\*\*\*  
Permit # 9553 Receipt # PC Date to Planning Dept attached

**PROPERTY AND PERC HOLES MUST BE CLEARLY MARKED/POSTED**

The following information must be on your plot plan.  
Please check (X) the items that apply.

- (X) Property Lines
- (X) Property Dimensions
- (X) Proposed Septic System Site
- (X) Well(s)
- ( ) Adjacent Well(s)
- ( ) Building(s)
- (X) Proposed Building(s)
- ( ) Water Line
- ( ) Cistern
- ( ) Subsoil Drain(s)

Are any of these within 100 feet of your proposed septic system (including adjoining property)? Also draw on the plot plan.

Spring(s) \_\_\_\_\_  
Lake(s) \_\_\_\_\_  
Pond(s) \_\_\_\_\_  
Stream(s) \_\_\_\_\_  
Dry Gulch(s) \_\_\_\_\_  
Natural Drainage Course(s) \_\_\_\_\_

Give complete directions to the property from a main highway.

