

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

Permit # 0030755
Date 5/3/11 and 11/23/11

APPROVED: Yes ☒ No ☐ # 4502001038
Environmental Health Specialist: Sarah Robbin

Address 3695 Hare Haven Lane CIS CO 80930 Owner Jim Gagnepain
Legal Description Lot 12 Edwards Sub E1 No 4
Residence ☒ # Bedrooms 2 Commercial ☐ System Installer Murray Excavating

SEPTIC TANK:

Commercial ☒ Noncommercial ☐ Construction Material Concrete Capacity Gallon 1000

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 LPQ4's #Chambers 34 Sq. Ft./Chamber 10 Bed _____ Trench ☒

High Profile Units: Type Chamber _____ #Chambers _____ Sq. Ft./Chamber _____ Bed _____ Trench _____

Reduction Allowed 40 % Sq. Ft. Required 558 Depth (Range) 3-4' deep

Sq. Ft. Installed 340 Equivalent Sq. Ft. Installed with Reduction 566

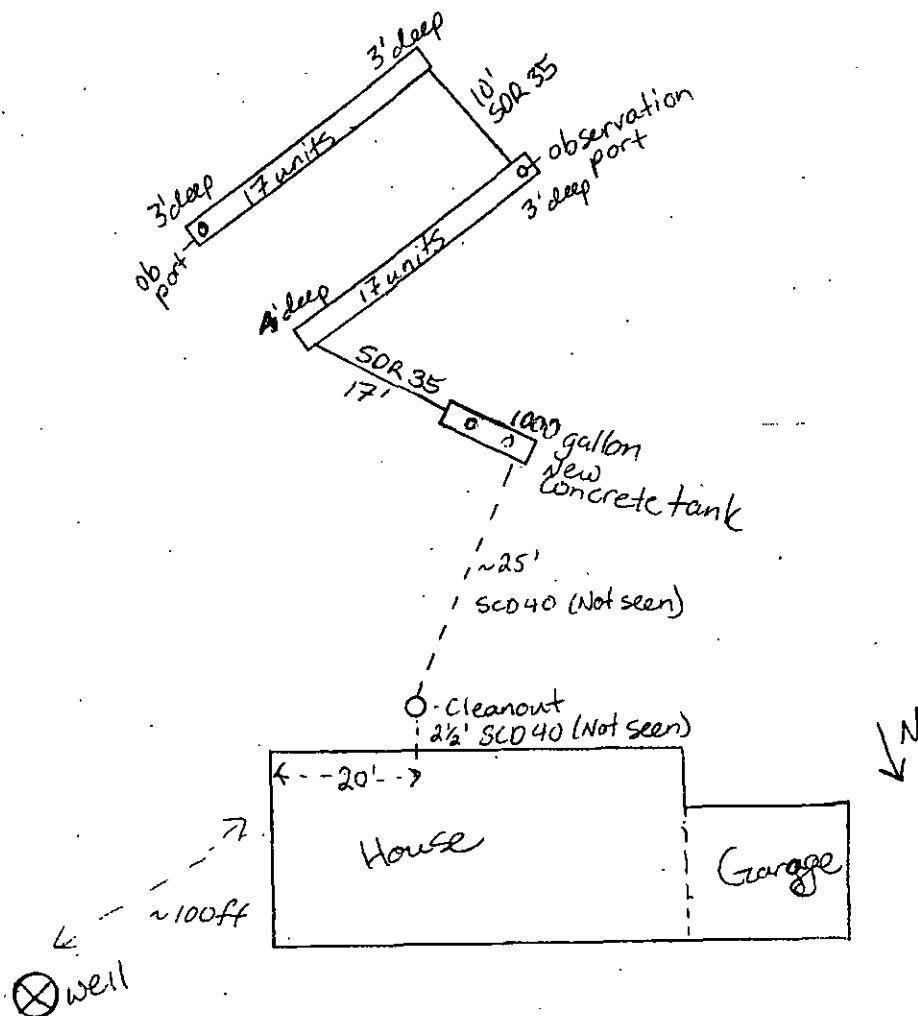
Engineer Design: Y ☐ N ☒ Engineering Firm _____

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: Not drawn to scale. System meets the requirements for a 2-bedroom home



EL PASO COUNTY
DEPARTMENT OF HEALTH AND ENVIRONMENT
301 S Union Blvd, Colorado Springs, Colorado 719-575-8635
ONSITE WASTE WATER SYSTEM PERMIT

OWNER NAME: JIM GAGNEPAIN PERMIT NUMBER: 0030755
ADDRESS: 3695 HARE HAVEN LN
CITY, STATE, ZIP: COLORADO SPRINGS, CO 80930 DATE PERMITTED: 04/11/2011
PHONE NUMBER: ()

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.

PERMIT EXPIRATION DATE: 04/11/2012
Expires twelve months from date of issue

WATER SOURCE: Well or Spring

MINIMUM SEPTIC TANK SIZE: 1000 GALLONS MINIMUM ABSORPTION AREA REQUIRED 558 SQ FT

PLANNING DEPARTMENT ☒ ENUMERATION ☒ FLOOD PLAIN ☒ WASTEWATER ☐

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 SYSTEM IN PROPOSED AREA. PREFERRED DEPTH OF LEACH FIELD INSTLLATION IS 32 INCHES BELOW NATIVE SOIL. MAXIMUM DEPTH OF INSTALLATION IS 4 FEET BELOW NATIVE SOIL. ALL SETBACKS MUST BE MAINTAINED, INCLUDING 100 FEET FROM ANY WELL. DRAINAGE FROM THE HOUSE MUST BE DIVERTED AWAY FROM THE LEACH FIELD.

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 4/27/11-SA Mailed

Final Inspection Requested:

BY: Murray E. E.

Date Called In: 4-28-11

Phone # 332-7323

Septic Site will be ready: 4-28-11 after 1:00 pm

Mike Murray
332-7323



EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 •
(719) 578-3199 • Fax: (719) 578-3188

Record I.D. #30755

***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 PERMIT

Owner Jim & Stephanie Gagnepain Daytime Phone 970-690-8212
Address of Property 3695 Harg Haven Lane City & Zip Colorado Springs 80930
Legal Description LOT 12 Edwards Sub Fil No 4
Owner's MAILING Address 330 Farragut Ave. City, State & Zip Colorado Springs, CO 80909
Lot Size 5.93 Acres Tax Schedule # 4502001022
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 ☐ FAX - FAX TO AND # Call 970-690-8212 for pick-up

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/OWNER'S AGENT SIGNATURE

Stephanie Gagnepain Date 4/2/2011

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

1,000 gallon Minimum Tank Capacity
5584 ~~837~~ ft² Minimum Absorption Area
4/5/11 Date of Site Inspection
REMARKS Install system in proposed area. Preferred depth of leach field installation is 32 inches below native soil. Maximum depth of installation is 48 ft below native soil. All set backs must be maintained, including 100 ft from ANY wall. Drainage from the house must be diverted away from the leach field.
EHS INSPECTOR Sarah Robbin DATE 4/12/11 APPROVED ☒ DENIED ☐

CURRENT FEES AS APPROVED BY EL PASO COUNTY BOARD OF HEALTH

New Permit: \$306.00 EPCDHE Charge + \$23.00 CDPHE Surcharge + \$147.00 EPC Planning Surcharge = \$476.00

Major repair permit: \$344.00 EPCDHE Charge + \$23.00 CDPHE Surcharge = \$367.00

Minor repair permit: \$141.00 EPCDHE Charge + \$23.00 CDPHE Surcharge = \$164.00

DATE TO LAND DEVELOPMENT/WASTEWATER: _____

DATE TO FLOODPLAIN/ENUMERATIONS: _____

PLEASE COMPLETE THE BACK OF THIS FORM

max depth - ~~32 inches~~
31
Drain house run-off away from field

S.A./
S.R.