

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

Permit # 9490
Date 9/12/85

APPROVED: YES ☒ NO ☐ #5134002024 ENVIRONMENTALIST KRIEGER

Address 15315 W. COACHMAN Owner FRANK

Legal Description LOT 29 PINE CONE ACRES

Residence ☒, # of bedrooms ; Commercial ; System Installer PRING

SEPTIC TANK:

EXISTING

Commercial ; Noncommercial , L , W , WD

Construction Material , capacity 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 12, bed , trench

sq. ft./section 18, reduction allowed 50%, sq. ft. required REPAIR

total sq. ft. installed 432, depth of installation 36"

Engineer Design Y or (N), Designing Engineer

Approval letter provided? Y or N

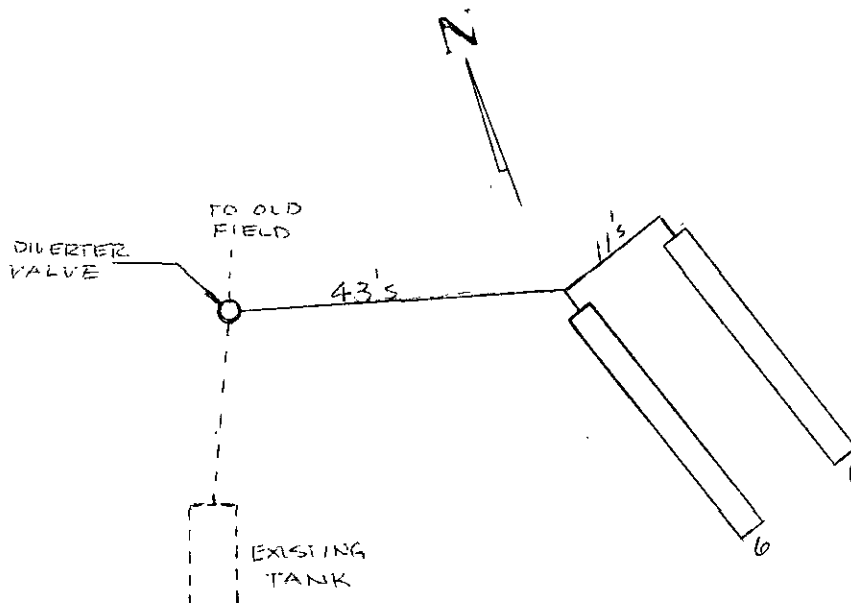
Well 50 feet from tank (Y) or N 100 feet from leach field (Y) or N

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:

REPAIR/ADDITION



10/9

Acres 5

EL PASO COUNTY

• DEPARTMENT OF HEALTH AND ENVIRONMENT

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

Water Supply _____

Permit 9490**PERMIT****TO CONSTRUCT, ALTER, REPAIR OR MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM**Receipt No. NO FEEIssued to DOUGLAS C. FRANKDate 9-20-95Address of Property 15315 W. COACHMAN DRIVE, LOT 29, PINE CONE ACRESPhone 535-4660

(Permit valid at this address only)

Sewage-Disposal System work to be performed by DOWN TO EARTH EXCAV.

Phone _____

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

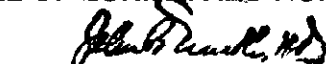
-THIS PERMIT DOES NOT DENOTE APPROVAL OF ZONING AND ACREAGE REQUIREMENTS-

NO FEE - ADDITION

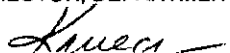
PERMIT FEE (NOT REFUNDABLE)

9-20-96

DATE OF EXPIRATION



DIRECTOR, DEPARTMENT OF HEALTH AND ENVIRONMENT



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:
EXISTING	*REPAIR		
total square feet	total square feet	total square feet	total square feet
_____ ft. of trench	_____ inches wide		_____ rings or _____ diam.x _____ w/d
_____ gallons	_____ ft. of trench		
	_____ inches wide		

NOTES: REPAIR/ADDITION TO EXISTING 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.

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

addition

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

Name of Owner DOUGLAS C. FRANK Daytime Phone (719) 535-4660
Address of Property 15315 W. COACHMAN DRIVE, CO 80905 Date 20 SEP 95
Legal Description of Property SINGLE FAMILY HOME
Tax Schedule Number S1-34002024 Septic Contractor/Phone DOWN TO EARTH EXCAV. 495-3660
Type of House Construction FRAME Source of Water WELL
Size of Lot 5 AC Basement (Y) or N) Percolation Test Attached (Y or (N))
MAXIMUM POTENTIAL NUMBER OF BEDROOMS 4

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 Douglas C. Frank

DEPARTMENT OF HEALTH USE ONLY

Absorption Area *REPAIR Tank Capacity _____ Date/Site Inspection 9/12/95
Remarks: REPAIR/ADDITION TO EXISTING FIELD

Application is (✓) approved () denied

Environmentalist Krueger Date 9/20/95

Permit # 9490 Receipt # None Date to Planning Dept N/A

*mail permit to owner
address - above
9-19-95 sm*
EHS-10/93

PROPERTY AND PERC HOLES MUST BE CLEARLY MARKED/POSTED

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

- () Property Lines
- () Property Dimensions
- () Proposed Septic System Site
- () Well(s)
- () Adjacent Well(s)
- () Building(s)
- () 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.