

EL PASO COUNTY HEALTH DEPARTMENT  
INDIVIDUAL SEWAGE DISPOSAL INSPECTION FORM

Permit # 4643 DR

TAX#: 6203001006

Date 9/3/87

APPROVED YES ☒ NO ☐

ENVIRONMENTALIST Krueger

Address 14195 Pine Glen E.

Owner Fife

Legal Description Lot 9 Pine Glen Sub.

Residence ☒ Commercial ☐ # of Bedrooms 3 System Installer Merrill Weeks

SEPTIC TANK

Commercial ☒ Noncommercial ☐ Measurements: L            W            WD           

Construction Material concrete Liq. Cap. 1250

DISPOSAL FIELD

Exc. Depth 20"-48" Width 36" Total Length 258 Sq. Ft. 804

Rock river Depth 12" Under 6" Over 2"

Rockless System: Diameter of Pipe           

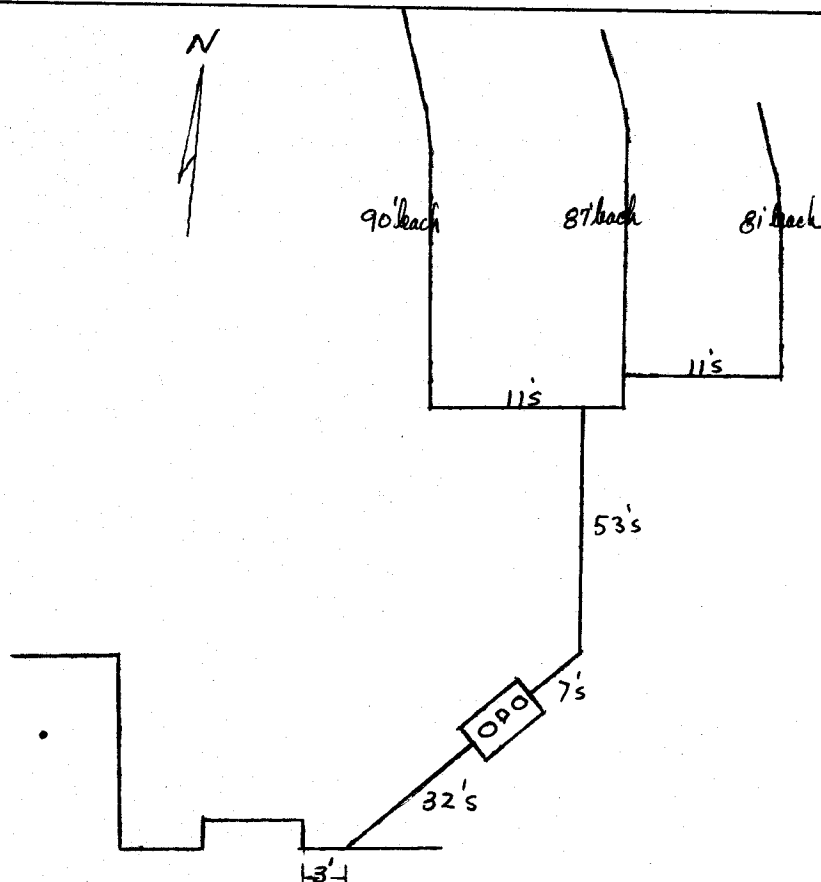
Seepage Pits: Number of rings            Lining Material            Sq. Ft.           

Working Depth            Width           

Engineer Design Yes ☐ Type            Engineer Approval Letter Yes ☐

Well 50 feet from Tank yes 100 feet from leach field yes

Well Installed at Time of Septic System Inspection Yes ☒ No ☐ Public Water           



Acres 5**EL PASO COUNTY • COUNTY HEALTH DEPARTMENT**

Permit

**4643**

501 North Foote Avenue • Colorado Springs, Colorado • 578-3125

Water Supply WellReceipt No. 1123**PERMIT****TO CONSTRUCT, ALTER, REPAIR or MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM**Issued To Roger FifeDate 7/8/87Address of Property 14195 Pine Glen East, Pine Glen Sub. Div. Lot 9Phone 977-4866Black Forest

(Permit valid at this address only)

CO.Sewage-Disposal System work to be performed by T & CPhone 495-2379

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 six (6) 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)

7/8/88

DATE OF EXPIRATION

DIRECTOR, COUNTY HEALTH DEPARTMENT

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:
	total square feet <u>986</u>		total square feet _____
<u>1500</u> gallons	<u>329</u> ft. of trench <u>36</u> inches wide		
	_____ ft. of trench _____ inches wide	total square feet _____	rings or _____ diam.x _____ w/d

**NOTES:** Stay in area of perc. don't get in low area - may require a backhoe profile stay -25' from natural drainage area.

6/K  
9/4/87 3 BR 1250 TANK 246' x 36" trench  
738'

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 times for the purpose of making such inspections as are necessary to determine compliance with requirements of this law.

El Paso County Health Department  
501 North Foote Avenue  
Colorado Springs, CO 80909-4598  
(303) 578-3125

Dosled  
Gary

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

NAME OF OWNER ROGER FIFE HOME PHONE 528-6516 WORK PHONE 977-4866 (Denver)

ADDRESS OF PROPERTY 14195 PINE GLEN ~~SE~~ <sup>EAST</sup> DATE 6-30-87

LEGAL DESCRIPTION OF PROPERTY Pine GLEN SUBDIVISION, LOT #9

TAX SCHEDULE NUMBER ~~52030-01-006~~ SYSTEM CONTRACTOR T-C EXCAVATING PHONE 495-2379

OWNER'S ADDRESS IF DIFFERENT \_\_\_\_\_

TYPE OF HOUSE CONSTRUCTION FRAME SOURCE AND TYPE OF WATER SUPPLY WELL

SIZE OF LOT 5 ACRES MAXIMUM POTENTIAL NUMBER OF BEDROOMS #3 quay under BASEMENT (yes or no) YES

PERCOLATION TEST RESULTS ATTACHED (yes or no) YES

A plot plan and accompanying information are essential; it may be drawn on the back of this application or be attached. Please include by measured distance the location of wells including neighbors' wells, springs, water supply lines, cisterns, buildings, proposed structures, property lines, property dimensions, subsoil drains, lakes, ponds, water courses, streams, and dry gulches. Please show the location of the proposed septic system by directions and distances from actual and/or proposed dwellings, structures, or fixed reference objects. Give complete directions to the property from major highways. (ANSWER QUESTIONS ON BACK OF FORM).

Applicant acknowledges that 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 the applicant for purposes of evaluation of 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 under Article 10, Title 25, C.R.S. 1973 as amended. The undersigned hereby certifies that all statements made, information and reports submitted by the applicant are or will be 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 Health Dept. in evaluating the same for purposes of issuing the permit applied for herein. I further understand that 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.

SIGNATURE Judy Herwa Fife

HEALTH DEPARTMENT USE ONLY

PERMIT NUMBER 4643 RECEIPT NUMBER 1123 DATE TO LAND USE DEPARTMENT 6/20/87

ABSORPTION AREA 738 TANK CAPACITY 1250 DATE OF SITE INSPECTION 7/1/87

REMARKS: 329' x 36" trench stay in area of perc. do it.  
get in low area may require a backhoe profile  
stay 25' from natural drainage area -  
246' x 36" for 3 BR

APPLICATION IS APPROVED ( ) DENIED ( ) DATE 7/1/87 ENVIRONMENTALIST [Signature]

ANSWER THE FOLLOWING ITEMS AND/OR INCLUDE ON PLOT PLAN.

PROPERTY LINES \_\_\_\_\_

PROPERTY DIMENSIONS \_\_\_\_\_

LOCATION OF PROPOSED SEPTIC SYSTEM \_\_\_\_\_

LOCATION OF WELL \_\_\_\_\_

LOCATION OF ADJACENT WELLS \_\_\_\_\_

BUILDINGS \_\_\_\_\_

PROPOSED BUILDINGS \_\_\_\_\_

WATER SUPPLY LINE \_\_\_\_\_

CISTERNS \_\_\_\_\_

SPRINGS \_\_\_\_\_

LAKES \_\_\_\_\_

PONDS \_\_\_\_\_

WATER COURSES \_\_\_\_\_

STREAMS \_\_\_\_\_

DRY GULCHES \_\_\_\_\_

SUBSOIL DRAINS \_\_\_\_\_

DIRECTIONS TO PROPERTY FROM MAIN HIGHWAYS:

COPY

*Original in  
IMP. Paper Box*

*(Quote of Septic Sept under Utilities)  
#2,310<sup>00</sup>*

T-C EXCAVATING, INC.  
Chester Hamacher  
6430 Burrows Rd. Tel.: 495-2379  
Colorado Springs, Colorado 80908

SOIL PERCOLATION DATA SHEET

Date: August 14, 1986

Client: <u>R. W. Fife</u>	Address: <u>6923 Boysenberry Way</u>
City: <u>Colorado Springs</u>	State: <u>CO</u> Zip Code: <u>80918</u> Tele.: <u>528-6516</u>
County: <u>El Paso</u>	Location of Test: <u>Lot 9 Pine Glen Sub.</u>
No. Acres: <u>5</u>	Water Supply: <u>Well</u>

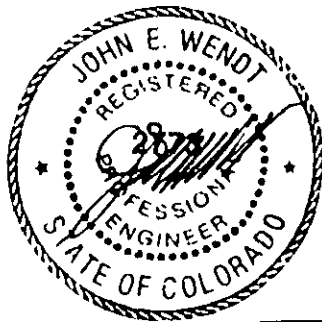
PERCOLATION RATE MEASUREMENT RESULTS

	Hole Depth	DEPTH TO WATER				Last Drop	Min. per Inch
		Time: 6:37	Time: 6:52	Time: 7:07	Time: 7:22		
#1	36"	19 3/4	20 1/8	20 1/2	20 7/8	3/8"	40
#2	36"	20 13/16	21 3/8	21 15/16	22 1/2	9/16"	26.66
#3	36"	19 5/8	20 1/4	20 7/8	21 1/2	5/8"	24
Avg. 30							

PROFILE

#4	Depth	Soil Description	Ground Water: None
	0 - 4"	Top soil	Bedrock: None
	4" - 8'	Clayish sand	Grade of Site: approx 4% to NE

REMARKS: *Approved - Keep field 100' from well*



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PINE GLEN

