

OK

DATE 11/15/85

# 5204010015

ENVIRONMENTALIST Krueger

LOCATION (street number) 7945 Danford Rd OCCUPANT Schenck

LEGAL DESCRIPTION Lot 11 Ponderosa Pines Filing 4

TYPE OF CONSTRUCTION Dwelling (Log) NO. OF BEDROOMS 4

SYSTEM INSTALLED BY owner

COMMERCIAL MFG. yes SIZE 1500

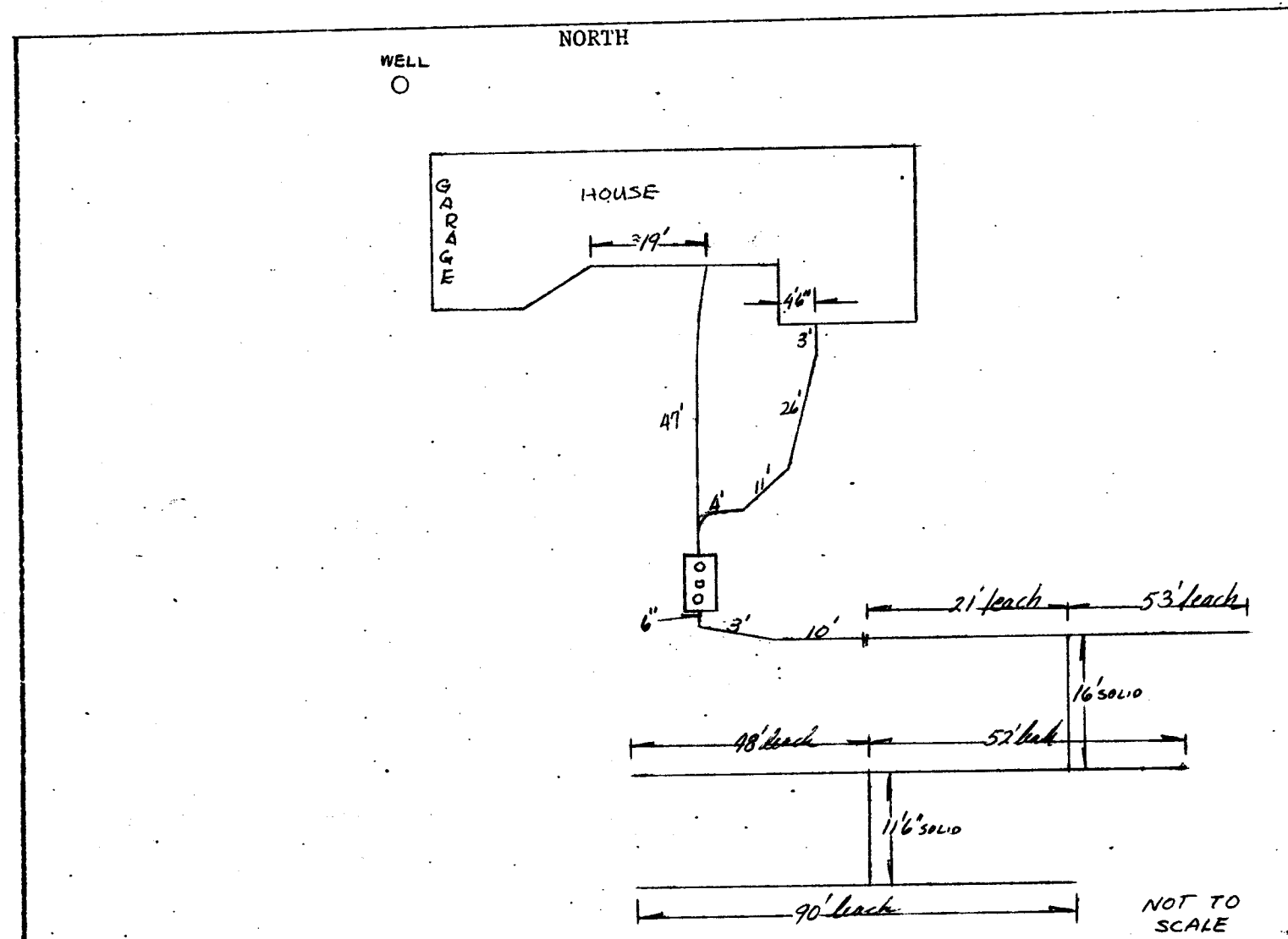
TYPE OF MATERIAL concrete NO. COMPARTMENTS 2

WIDTH \_\_\_\_\_ LENGTH \_\_\_\_\_ DEPTH (total) \_\_\_\_\_ LIQ. CAP. \_\_\_\_\_

DISPOSAL FIELD: BED OR TRENCH DEPTH 30"-48" WIDTH 36" LENGTH 264' SQ. FT. 792

DISTANCE BETWEEN LINES 11 1/2 - 16 ROCK river DEPTH 12" UNDER 6" OVER 2"

LEACHING PITS (NO.) \_\_\_\_\_ LINING MATERIAL \_\_\_\_\_ CAPACITY SQ. FT. \_\_\_\_\_



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: ED EDWARDS  
ADDRESS: 7945 DANFORD  
CITY, STATE, ZIP: COLORADO SPRINGS CO 80908  
INSTALLED BY:

PERMIT NUMBER: ON0006943  
DATE PERMITTED: 1/20/2006  
PHONE NUMBER: 7193327777

This permit is issued in accordance with 25-10-107 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 construction has not commenced prior to the expiration date of the building permit, the ISDS permit shall expire at the same time as the building permit. This permit is 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.

*Rosemary C. Baker-Martin*  
DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT EXPIRATION DATE :  
Expires twelve months from date of issue

*Janet Christensen* 578-3141  
ENVIRONMENTALIST / PHONE NUMBER\*

\* NOTE: 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.

WATER SOURCE: WELL

MINIMUM SEPTIC TANK SIZE: 2,000 GALLONS

MINIMUM ABSORPTION AREA REQUIRED 1,617 SQ FT

PLANNING DEPARTMENT

ENUMERATION

FLOOD PLAIN

WASTEWATER

COMMENTS:

EXISTING SEPTIC SYSTEM IS PERMITTED AND SIZED FOR 4 BEDROOMS. TO MEET CURRENT I.S.D.S. REGULATIONS FOR A 6 BEDROOM; THE SEPTIC TANK CAPACITY MUST BE INCREASE BY 500 GALLONS, AND EXISTING LEACH FIELD BY 825 SQUARE FEET.

DEPTH OF INSTALLATION MAY NOT EXCEED 4 FEET, UNLESS A PROFILE HOLE GREATER THAN 8 FEET DEEP REVEALS NO BEDROCK OR GROUNDWATER. \*ABSORPTION AREA MUST BE 78 FEET FROM DRAINAGE BASIN AT SOUTH OF PROPERTY.

*Called on 8/7/07  
- will renew permit  
next week.*

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 ADMINISTRATIVE USE ONLY

Permit Ready: \_\_\_\_\_ Called \_\_\_\_\_ Mailed \_\_\_\_\_

Final Inspection Requested: BY: \_\_\_\_\_ Date Called In: \_\_\_\_\_

Phone # \_\_\_\_\_ Septic Site will be ready: \_\_\_\_\_

Inspector \_\_\_\_\_

Record I.D. 6943

## EL PASO COUNTY DEPARTMENT OF HEALTH &amp; ENVIRONMENT

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 575-8635 • Fax: (719) 578-3188

**\*ALL PAYMENTS ARE DUE AT TIME OF SUBMITTAL IN CASH OR CHECK**

## APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

☐ NEW CONSTRUCTION ☐ MINOR REPAIR ☒ MAJOR REPAIR/ADDOwner Ecl Edwards Daytime Phone 719-332-7777Address of Property 7945 Danford City & Zip Colo. Spgs. CO 80908Legal Description Lot 11 Ponderosa Filing 4Owner's MAILING Address SAMP City, State & Zip \_\_\_\_\_Lot Size SAC Tax Schedule # S2040-10-015Type 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 ☐ THERE IS AN ADDITIONAL RESIDENCE ON THIS PROPERTYMAXIMUM POTENTIAL NUMBER OF BEDROOMS 6Percolation 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 SIGNATURE [Signature]Date 1-18-05You 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

2000 gallons  
Minimum Tank Capacity1617 ft<sup>2</sup>  
Minimum Absorption Area19 Jan. 2006  
Date of Site Inspection

REMARKS Pond-drainage basin at South property.  
Existing septic system is permitted & sized for 4 bedrooms.  
To meet current I.S.D.S. regulation for a 6 bedroom, the septic tank  
capacity must be increased by 500 gallons and existing leach field  
by 825 ft<sup>2</sup>. Depth of installation may not exceed ~~4~~ 4 ft unless  
a profile hole greater than 8 ft deep reveals no bedrock or groundwater.  
\* Absorption area must be 78 ft from drainage basin at south of property.

EHS INSPECTOR Janet ChristensenDATE 01-19-06APPROVED

DENIED \_\_\_\_\_

## FEES AS OF 02/23/2005:

NEW CONSTRUCTION \$407.00 + Planning Department Surcharge of \$118.00. = \$525.00  
MAJOR REPAIR/ADDITION \$448.00  
MINOR REPAIR/ADDITION \$154.00

DATE TO PLANNING / WASTEWATER: \_\_\_\_\_

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

PLEASE COMPLETE THE BACK OF THIS FORM

1) We require an original of your **PERCOLATION (PERC) TEST** with an original professional engineer's signature as well as a plot of the percolation test hole locations with measurements from a

EL PASO  
COUNTY HEALTH  
DEPARTMENT

01-18-2006 WED #76

114026  
LWS MAJOR 448.00  
CHECK 448.00

ITEM 1  
DATE 01-18-2006 11:50AM

**ADDRESS OR LOT NUMBER MUST BE POSTED AND CLEARLY VISIBLE FROM THE STREET. ALL PERC TEST HOLE LOCATIONS MUST BE CLEARLY MARKED OR AN ADDITIONAL CHARGE FOR A PLOT PLAN AT THE SITE MAY BE ASSESSED.**

The plot plan must be drawn (not to scale) on an 8 1/2 x 11 sheet of paper. The plot plan must include:

- |   |   |
|---|---|
| 4) all buildings (proposed or existing) | 7) driveway (proposed or existing and name of adjoining street) |
| 5) proposed septic system site          |   |
| 6) alternate septic system site         |   |

Include the following features that apply to your property and **INCLUDE** them on your **PLOT**

- |  |  |
|--|--|
| <input type="checkbox"/> Adjacent property well(s) | <input type="checkbox"/> Subsoil drain |
| <input type="checkbox"/> Cistern                   | <input type="checkbox"/> Water line    |

5) Initial any of the following that are within 100 feet of your proposed septic system and **INCLUDE** on your **PLOT PLAN**.

- |  |   |
|--|---|
| <input type="checkbox"/> Spring(s)     | <input type="checkbox"/> Lake(s)                    |
| <input type="checkbox"/> Pond(s)       | <input type="checkbox"/> Stream(s)                  |
| <input type="checkbox"/> Dry Gulch(es) | <input type="checkbox"/> Natural drainage course(s) |

6) **GIVE COMPLETE DIRECTIONS TO THE PROPERTY FROM A MAIN HIGHWAY**

Woodman to Black Forest - North to Swan  
East 1 mile to Herring - to Danford Rd.  
then Right - 2nd house on the Right.

835  
292  
1617

2/3 of 1500 = 1000 gallons  
OK to use as primary

2/3 of 2000 = 1000

1617.38  
292  
1909.38

200

606.14

+

=

1010.24

6 x 1.5 x 150 = 1350