

EL PASO COUNTY HEALTH DEPARTMENT
INDIVIDUAL SEWAGE DISPOSAL INSPECTION FORM

Permit # 1712
05338

Date 5/4/89

5208201004

APPROVED YES ☒ NO ☐

ENVIRONMENTALIST K. Kuegel

Address 7275 SWAN RD.

Owner HOLLISTER

Legal Description LOTS 1, 4, 5 BLK 1 BRENTWOOD COUNTRY CLUB TRACT 1

Residence ☒ Commercial ☐ # of Bedrooms System Installer TTC EXCAVATING

SEPTIC TANK

Commercial ☒ Noncommercial ☐ Measurements: L W WD

Construction Material CONCRETE Liq. Cap. 1000 EXISTING

DISPOSAL FIELD

Exc. Depth Width Total Length 60' Sq. Ft. 180

Rock Depth Under Over

Rockless System: Diameter of Pipe 10"

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

Working Depth Width

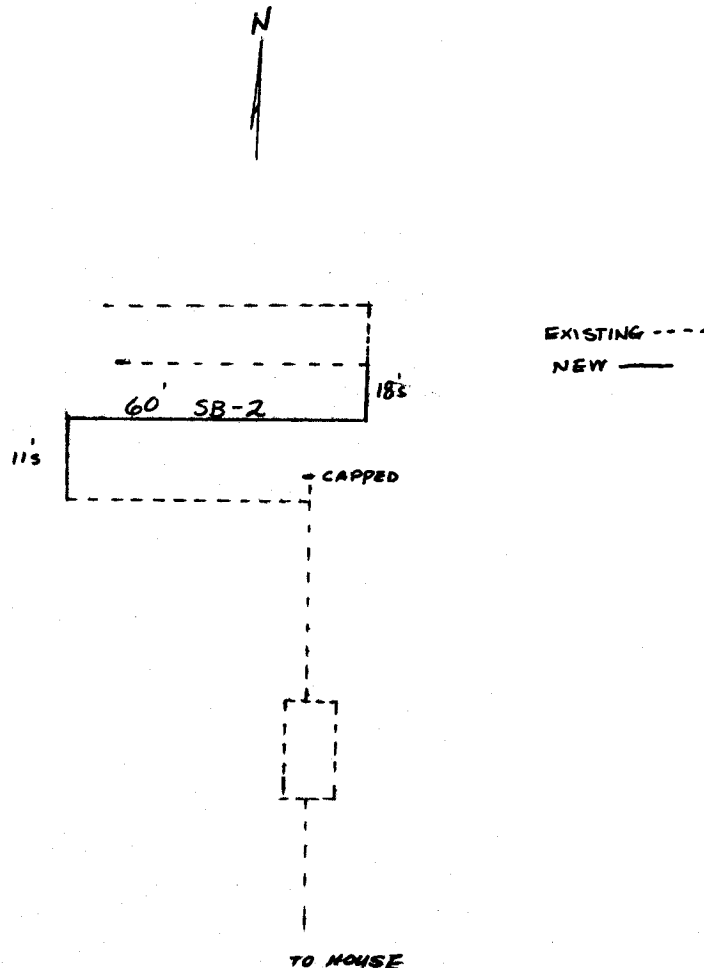
Engineer Design Yes ☐ Type Engineer Approval Letter Yes ☐

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

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

ADDITION OF 60' SB-2

SEE ORIGINAL INSP



Acres _____

EL PASO COUNTY • COUNTY HEALTH DEPARTMENT.
501 North Foote Avenue • Colorado Springs, Colorado • 578-3125Permit # 05338
Receipt No. No fee

Water Supply _____

PERMIT

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

Issued To SCOTT & TOMI HOLLISTERDate 5/5/89Address of Property 7275 Swan Rd., Lots, 1,4,5 Blk 1 Brentwood County Club Tract 1
(Permit valid at this address only) Phone 599-5005Sewage-Disposal System work to be performed by T & C 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 repair

PERMIT FEE (NOT REFUNDABLE)

DIRECTOR, COUNTY HEALTH DEPARTMENT

5/5/90
DATE OF EXPIRATION

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 | total square feet <u>180</u> | | total square feet _____ |
| 1000 gallons | _____ ft. of trench _____ inches wide | | _____ rings or _____ diam.x _____ w/d |
| | _____ ft. of trench _____ inches wide | total square feet _____ | |

NOTES: Addition of line - Whatever can fit in area - If this fails then recommend lift station to a field on east property. Not much room to utilize. existing s. t. is too small for a 4 bedroom house.

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.