/ /_	•										
•	I							VIRONMENT ION FORM	Permit # 10 Date <u>(9725</u>	NOU3228	SI PI
AP	PROVE	D: 1	YES _	<u> </u>	NO			ENV	TRONMENTALIST	KRUFGER	>
Ad	dress	69	20	SHAD	DUD LAL	007		Owner	LIVERS		
SE Co Co DI Ro Tr Be Ro Se Se s	PTIC mmerc nstru SPOSA ck Sy ench: d: ck ty epage ize o	TANK ial ctio L FI stem de de pe Pit f pi	i Mat ELD: s: pth s: t(s)	Nonc terial	commerc:	CRETE	, L	, W,	<u>SLOCK 49</u> ; System I , WD , sq. f , sq. f , sq. feet , over PV , tota	<u>50</u> gall	.ons.
Ro Ch En We We	<u>ckles</u> amber sq. f total ginee Appro 11 50 11 in *Appr	s Sy Ty t./s sq. oval fee stal	stems pe ection ft. sign lette t fro led a will	<u>s</u> : <u>NFILTA</u> on <u>1</u> insta Y or er pro om tar at tin l be r	$\frac{(A70R)}{(8)}$, numbe , reduct <u>504</u> Designi Y or r N eptic sy if in t	er of ch ion all ng Engi N 100 fee ystem in the futu	ambers _ owed , dep neer et from l spection are the v	<u>/4</u> , bed 8, sq. ft in th of install	, tren required ation or N Public Wa to be with	nch <u>/</u> 476 4" ' ater

NOTES:



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			د دار بریا و بار بر هر بار اول بر رو بریان دو وال بر های بید کرد. در دار بریا و بار بری هر بار و از بر رو بریان دو وال بر های بید در از می در در از م	والمستعلقية المتعليمة والمراجع والمعالمة الموالي فالمحار والمحالية والمحالية المجاه والمعاد المساور المالية الم
			RTMENT OF HEALTH AND EN	
		1 South Union Blvd. • (Colorado Springs, Colorado • 57	
,	Water Supply <u>WET.T.</u>		*	Permit 9048
	و و من	L A	PERMIT	20-
~	TO CONSTRUCT, ALTER, REPAIR O	OR MODIFY ANY INDIVI	DUAL SEWAGE DISPOSAL SYST	EM Receipt No. <u>SQJ</u>
	Issued toGLELIVERS	1 11		Oate5 <u>-11-95</u>
	Address of Property 6920	SHADOW LAWN	·	Phone 598-9611
		(Permit valid at this address	s only)	· · · · ·
•	Sewage-Disposal System work to be	performed by /	MUNSON	Phone <u>495-0451</u>
	This Permit is issued in accord	lance with 25-10-106 Colo	rado Revised Statutes 1973, as ame	nded. PERMITEXPIRES upon completion-
			?) months from date of issue-whiche	ver occurs first-(unless work is in progress).
	This permit is revokable if all stated re			
	-THIS PERMIT DOES	S NOT DENOTE API	PROVAL OF ZONING AND /	ACREAGE REQUIREMENTS-
	N. 1		< A . X	•
	\$150.00		flands harden	
	PERMIT FEE (NOT REFUNDABLE)	-	DIRECTOR, DEPARTMENT	OF HEALTH AND ENVIRONMENT
	- 5-11-96			· ₽ · · ·
	DATE OF EXPIRATION		ENVIRONMENTALIST	
	NOTE: LEAVE ENTIRE SEWAG	SE-DISPOSAL SYSTEM UN		48 HOUR ADVANCE NOTICE REQUIRED.
		RENCH SYSTEM:	BED SYSTEM:	SEEPAGE PIT SYSTEM:
	total couare feet	1	BEO DI OTEMI	total square feet
	1000ft. of trench		<i>.</i>	
	gallonsft. of trench		total square feet	rings ordiam.xw/d
			נ _ ז	
	NOTES: MEET ALL DISTANC	E REQUIREMENTS	. STAYVIN AREA OFF1	PERC TEST. DRILL
	REFUSAL AT 73INC			
	25 INCHES FROM O			NAL 60% FOR WASHER, AND
ът				system, beyond consulting in good faith with the
DT	property owner or representative. Free according to determine compliance with requirements	ess to the property shall be a	uthorized at reasonable time for the purp	ose of making such inspections as are necessary

-5/3 48 25 EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT 301 South Union Boulevard Colorado Springs, CO 80910-3123

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

Name of Owner GLEN LIVERS Daytime Phone 5989611
Address of Property 6920 + 6940 SHADOW LAWNDate 5/1/95
Legal Description of Property LOT 4 +5 BLOCK47, LOT 3+4 BLOCK 49 BRENTWOOD COUNTRY CLUB + CABIN SITES, TRACTI Tax Schedule Number 52082-56-003 Septic Contractor/Phone MUNSON/4950451
Tax Schedule Number 52082-56-003 Septic Contractor/Phone <u>MUNSON/495045</u>
Type of House Construction FRAME Source of Water Well
Size of Lot $\underline{/ACRC}$ Basement (Y) or N) Percolation Test Attached (Y) or N)
MAXIMUM POTENTIAL NUMBER OF BEDROOMS

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.

XINC. OWNER'S SIGNATURE

Absorption Area $\frac{\#476^{\#}}{5}$ Tank Capacity <u>1000</u> Date/Site Inspection $\frac{5}{9/95}$
Remarks: MEET ALL DISTANCE REQUIREMENTS STAY IN AREA OF
PERC TEST. DRILL REFUSAL AT 73" BOTTOM OF LEACH FIELD CANT. BE
DEEPER THAN 25" FROM ORIGINAL GRADE * RECOMMEND ADDITIONAL
60% FOR WASHER + DISPOSAL
· · · · · · · · · · · · · · · · · · ·
Application is () approved () denied Environmentalist Muc Date 5/9/95
Environmentalist Muy Date 5/9/95

Permit # 9048 Receipt # 3259 Date to Planning Dept attached

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.

112 A.S. 177



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 $Gulch(\overline{s})$ Natural Drainage Course(s)

Give complete directions to the property from a main highway.

