

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT Permit # 22944
 INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION FORM Date June 16, 2009

5214DD10210

APPROVED: Yes No Environmental Health Specialist: J. Christensen

Address 11915 Windmill Rd., Colorado Springs 80908 Owner Oleta Goodrich

Legal Description Lot 34, Black Squirrel Creek

Residence # Bedrooms 3 Commercial System Installer Munson Ditching

SEPTIC TANK: Existing - See permit # 2429 June 1973

Commercial Noncommercial Construction Material Capacity Gallon 1000

DISPOSAL FIELD:

Trench: Depth (Range) _____ Width _____ Total Length _____ Sq. Ft. _____

Bed: Depth (Range) _____ Length _____ Width _____ Sq. Ft. _____

Depth of Rock _____ Under PVC _____ Type of cover on Rock _____

DRYWELLS: # of Pits _____ Rings (Pit 1) _____ Rings (Pit 2) _____ Working Depth #1 _____ #2 _____

Size (L x W) #1 _____ #2 _____ Total Sq. Ft. _____

ROCKLESS SYSTEMS:

Standard Chamber: Type Infra-Tron #Chambers 18 Sq. Ft./Chamber 15.5 Bed Trench _____

High Profile Units: Type Chamber _____ #Chambers _____ Sq. Ft./Chamber _____ Bed _____ Trench _____

Reduction Allowed 25 % Sq. Ft. Required N/A Depth (Range) 2 1/2'

Sq. Ft. Installed 279 Equivalent Sq. Ft. Installed with Reduction 372

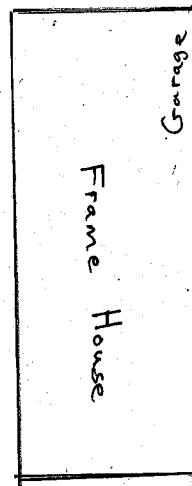
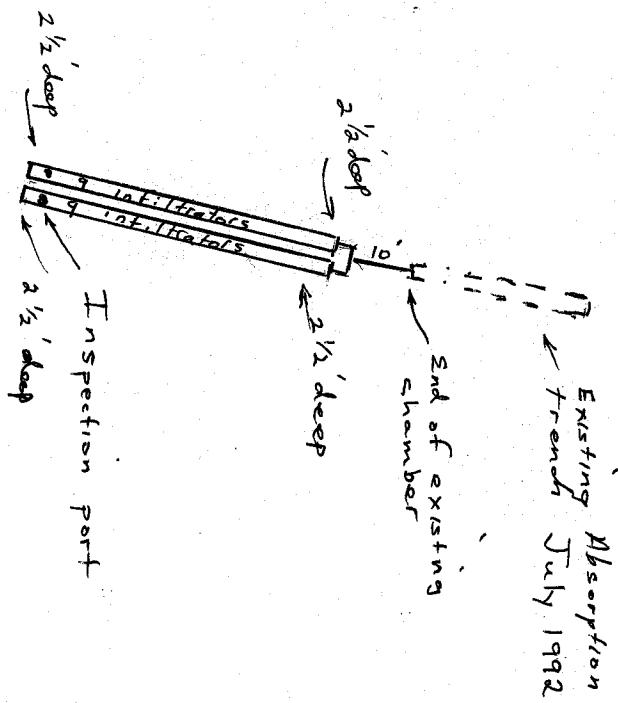
Engineer Design: Y N Engineering Firm N/A

Approval letter provided? Y N

Well installed at time of septic system inspection? Y 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: Existing leach field installed in 1973 is abandoned.
 Existing leach field installed July 1992 + new addition = 722 ft²



Windmill Rd.

**EL PASO COUNTY
DEPARTMENT OF HEALTH AND ENVIRONMENT
301 S Union Blvd, Colorado Springs, Colorado 719-575-8635
ONSITE WASTE WATER SYSTEM PERMIT**

OWNER NAME:	OLETA GOODRICH	PERMIT NUMBER:	0022944
ADDRESS:	11915 WINDMILL RD		
CITY, STATE, ZIP:	COLORADO SPRINGS, CO 80908	DATE PERMITTED :	06/10/2009
PHONE NUMBER:	(719) 495-4660 (<i>Home Phone</i>)		

This permit is issued in accordance with 25-10-207 Colorado Revised Statues. 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 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.

PERMIT EXPIRATION DATE: 06/10/2010

Expires twelve months from date of issue

*Tara Strachan
719 578-3282*

WATER SOURCE: Well or Spring

MINIMUM SEPTIC TANK SIZE:	N/A	GALLONS	MINIMUM ABSORPTION AREA REQUIRED	N/A	SQ FT	
PLANNING DEPARTMENT	<input checked="" type="checkbox"/>	ENUMERATION	<input checked="" type="checkbox"/>	FLOOD PLAIN	<input checked="" type="checkbox"/>	WASTEWATER

COMMENTS:

99
*** FOR INSPECTIONS CALL 575-8635 BEFORE 8:30 A.M. OF THE DAY TO BE INSPECTED.
(WEEKENDS & HOLIDAYS EXCLUDED)
LEAVE THE ENTIRE SEWAGE DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION**

OWNER MAY ADD DESIRED AMOUNT TO EXISTING LEACH FIELD. ADDITIONAL LEACH FIELD MUST BE INSTALLED NEAR EXISTING LEACH FIELD, BUT AT LEAST 6FT FROM IT. LEACH FIELD MUST BE AT LEAST 10FT FROM ANY PROPERTY LINE AND 100FT FROM ANY WELL.

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 ADMINISTRATOR USE ONLY

Permit Ready:

Called

Mailed

Peggy 6/11/09

Final Inspection Requested:

BY: *Alicia Munson*

Date Called In:

6/16

Phone # *495-0451*

Septic Site will be ready:

6/17 Any