5222004002

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT Permit # ON 0006794
INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION FORM Date 1 March 2006

11387 Shaugnessy

APPROVED: Yes ✓ No ____ Environmental Health Specialist: J. Christensen

Address 11387 Shaugnessy Rd. 80908 Owner Cucuzza Construction
Legal Description Lot 10, Forest Gate Subd.
Residence ✓ # Bedrooms 7 Commercial ___ System Installer Kinnan Drilling

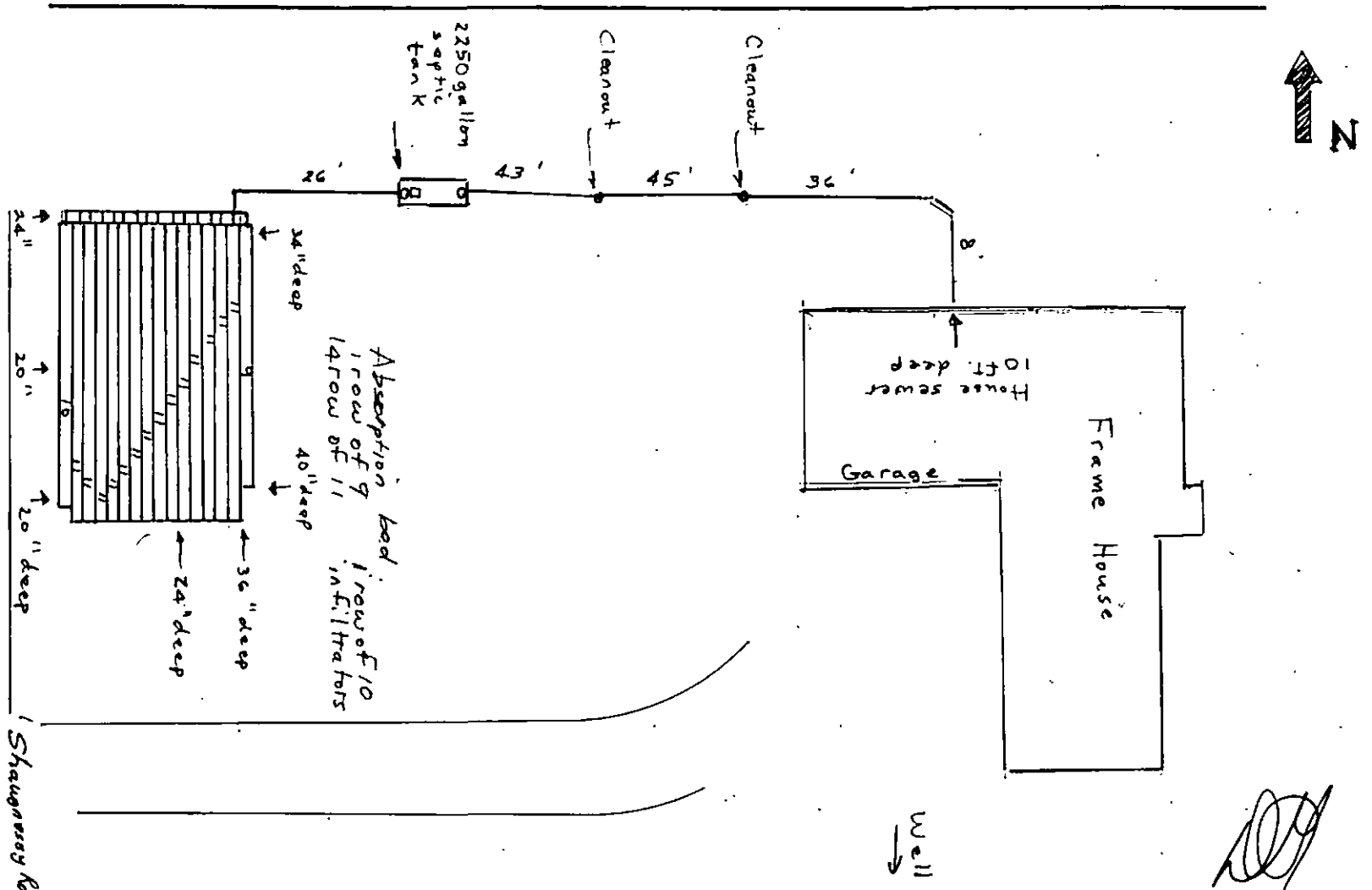
SEPTIC TANK:
Commercial ✓ Noncommercial ___ Construction Material Concrete Capacity Gallon 2250

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 Infiltrator #Chambers 173 Sq. Ft./Chamber 15.5 (Bed) ✓ Trench ____
High Profile Units: Type Chamber ____ #Chambers ____ Sq. Ft./Chamber ____ Bed ___ Trench ___
Reduction Allowed None % Sq. Ft. Required 2667 Depth (Range) 20" - 40"
Sq. Ft. Installed 2681.5 Equivalent Sq. Ft. Installed with Reduction N/A
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: 4" SDR21 pipe installed from house to septic tank inlet. 5' of 4" SDR21 at septic tank outlet. All other pipe is 4" SDR 35. 4 1/2' poly riser on septic tank inlet. 3 1/2' poly riser on outlet manhole cover.



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:	CUCUZZA CONSTRUCTION			PERMIT NUMBER:	ON0006794
ADDRESS:	11387 SHAUGNESSY ROAD			DATE PERMITTED:	10/24/2005
CITY,STATE,ZIP:	COLORADO SPRINGS	CO	80908		
INSTALLED BY:				PHONE NUMBER:	7194953005

This permit is issued in accordance with 25-10-107 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 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. Bakes-Martin

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT EXPIRATION DATE :
Expires twelve months from date of issue

Brad Williams 578-3127

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 : 2,250 GALLONS MINIMUM ABSORPTION AREA REQUIRED 2,667 SQ FT

PLANNING DEPARTMENT ☑ ENUMERATION ☑ FLOOD PLAIN ☑ WASTEWATER N/A

COMMENTS:

INSTALL LEACH FIELD IN AREA OF PERCOLATION TEST. PREFERRED MAXIMUM DEPTH OF LEACH FIELD IS 3 FEET BELOW NATIVE GROUND SURFACE. THERE IS ONLY A SMALL FLAT AREA TO INSTALL THIS LARGE LEACH FIELD; THEREFORE, SERIAL DISTRIBUTION WILL BE NEEDED FROM THE SLOPE ABOVE.

ENGINEER STATES THAT A REDUCTION FOR THE USE OF CHAMBERS CANNOT BE TAKEN, THAT WOULD REQUIRE 173 STANDARD CHAMBERS. LEACH FIELD SHOULD BE PROTECTED FROM VEHICLE TRAFFIC.

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: 10/24/05 Called _____ Mailed

Final Inspection Requested: BY: Teresa - Kunau Date Called In: 2/28/06 3:38

Phone # 683-3720 Septic Site will be ready: now

Inspector _____ Record I.D. 6794

EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 578-8636 • 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/ADD (DAVID)

Owner CUCUZZA CONST. DBA: ANTHONY HOMES Daytime Phone 495-3005

Address of Property 11387 SHAUGNESSY RD. City & Zip COLO. SPRGS, 80908

Legal Description FOREST GATE P.U.D., LOT 10

Owner's MAILING Address 11580 BLACK FOREST RD. #10 City, State & Zip COLO 80908

Lot Size 2.51 AC Tax Schedule # 5222004002

Type 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 PROPERTY

MAXIMUM POTENTIAL NUMBER OF BEDROOMS 7

Percolation 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 _____ Date 10.14.05

You will be notified by telephone when your permit is ready for pick up. Please allow a minimum of 10 days for new septics.

DEPARTMENT OF HEALTH USE ONLY

2,250 Gallons	2,667 FT²	10-20-05
Minimum Tank Capacity	Minimum Absorption Area	Date of Site Inspection

REMARKS Install Leach Field in area of perc Test. Preferred Maximum depth of Leach Field is 3' below native ground surface. There is only a small flat area to install This Large Leach Field, therefore serial distribution will be needed From the slope above. Engineer states that a reduction For The use of chambers cannot be taken, that would require 173 Standard chambers. Leach Field should be protected from Vehicle Traffic.

EHS INSPECTOR Brad Wellan DATE 10-20-05 (APPROVED) 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: 10/21

DATE TO FLOODPLAIN/ENUMERATIONS 10/21

PLEASE COMPLETE THE BACK OF THIS FORM

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

2) **PROPERTY ADDRESS OR LOT NUMBER MUST BE POSTED AND CLEARLY VISIBLE FROM ROAD. PERC HOLES MUST BE CLEARLY MARKED OR AN ADDITIONAL CHARGE FOR A RETURN TRIP TO THE SITE MAY BE ASSESSED.**

3) A **PLOT PLAN** must be drawn (not to scale) on an **8 ½ x 11** sheet of paper. The plot plan must include:

1) a north bearing
2) property lines
3) property dimensions
4) all buildings (proposed or existing)
5) proposed septic system site
6) alternate septic system site
7) driveway (proposed or existing and name of adjoining street)

4) Initial any of the following features that apply to your property and **INCLUDE them on your PLOT PLAN.**

____ Well(s) ____ Adjacent property well(s) ___ Subsoil drain
____ Cistern ____ Water line

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

_____Spring(s) _____Lake(s)
_____Pond(s) _____Stream(s)
_____Dry Gulch(es) _____Natural drainage course(s)

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