

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT
INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Permit # ON 0005524
Date 5 May 2004

APPROVED: Yes ☒ No ☐ # 5223002012 Environmental Health Specialist: J. Christensen

Address 11025 Crestbrook Ln. 80908 Owner Danny Parker
Legal Description Lot 6 Pine View Estates
Residence ☒ # Bedrooms 3 Commercial ☐ System Installer Murray Construction

SEPTIC TANK:

Commercial ☒ Noncommercial ☐ Construction Material Concrete Capacity Gallon 1250

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 Quik 4 #Chambers 8 Sq. Ft./Chamber 10 Bed _____ Trench ☒

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

Reduction Allowed 40 % Sq. Ft. Required 809 Depth (Range) 24" - 28"

Sq. Ft. Installed 810 Equivalent Sq. Ft. Installed with Reduction 1350

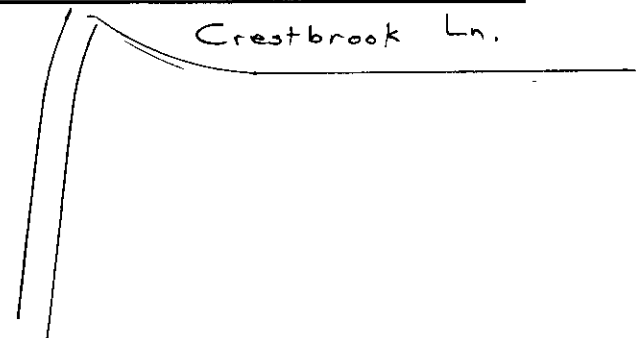
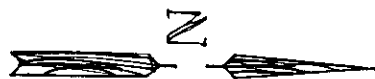
Engineer Design: Y ☒ Engineering Firm N/A

Approval letter provided? Y ☒

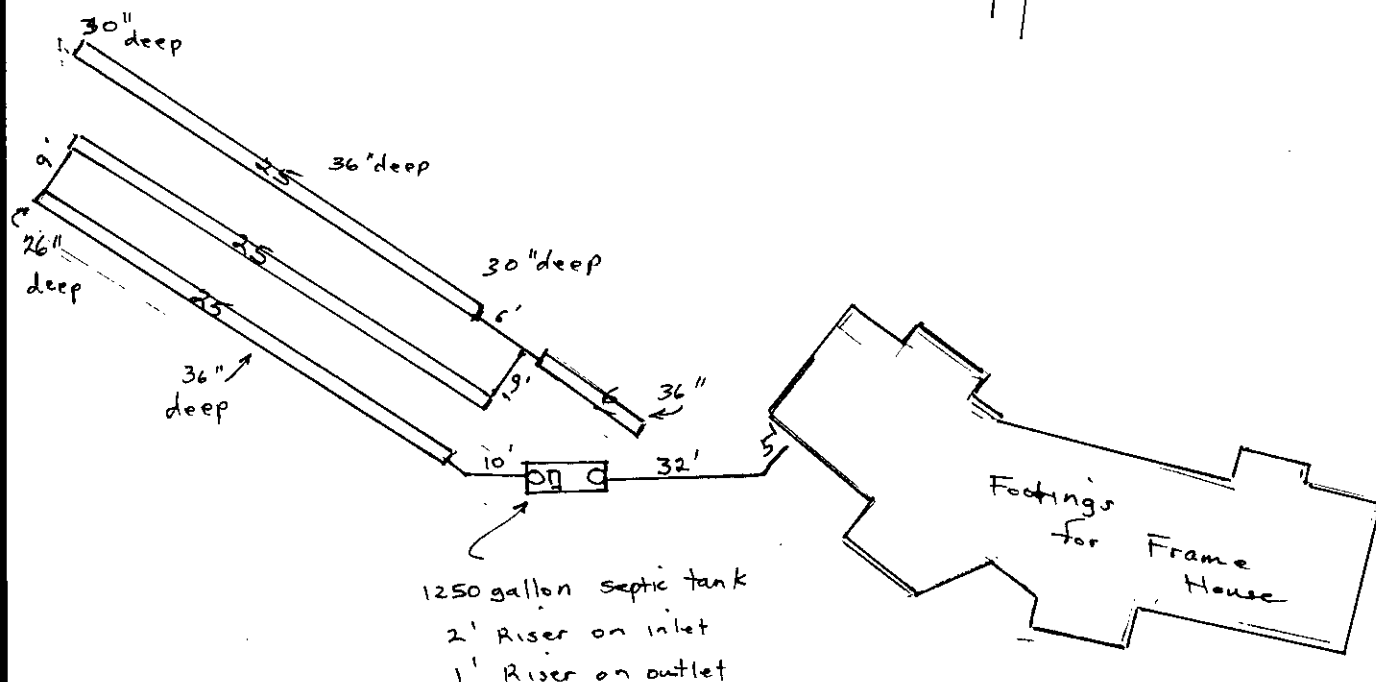
Well installed at time of septic system inspection? ☒ N Public Water? _____

*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: Foundation footings for frame house. All septic pipe is 4" SDR 35 with exception of the 37' of 4" sch 40 from house to septic tank inlet and 10' of sch 40 at septic tank outlet.



• Well



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: DANNY PARKER
ADDRESS: 11025 CRESTBROOK LN
CITY, STATE, ZIP: COLORADO SPRINGS CO 80908
INSTALLED BY:

PERMIT NUMBER: ON0005524
DATE PERMITTED: 4/1/2004
PHONE NUMBER: 7194402566

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. Bakes-Martin

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT EXPIRATION DATE :
Expires twelve months from date of issue

Brad Waller 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 : 1,250 GALLONS MINIMUM ABSORPTION AREA REQUIRED 809 SQ FT

PLANNING DEPARTMENT



ENUMERATION



FLOOD PLAIN



WASTEWATER



COMMENTS:

INSTALL LEACH FIELD IN AREA AND DEPTH (24 INCHES TO 32 INCHES) OF PERCOLATION TEST. LEACH FIELD CANNOT BE INSTALLED DEEPER THAN 4 FEET BECAUSE OF BEDROCK AT 8 FEET. ENGINEER RECOMMENDS THAT A REDUCTION FOR CHAMBERS NOT BE USED. LEACH FIELD MUST BE 100 FEET FROM WELL AND 10 FEET FROM PROPERTY LINES.

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: 4/6/04

Called

Mailed

Final Inspection Requested:

BY:

Mike Murray

Date Called In:

Partial 05/05/04
5/6/04 6:01
05/07/04 Final

5/3/04 8:36

Phone #

238-7792

Septic Site will be ready:

NO

32 = Trench

Inspector _____

District _____

Record I.D. 5524**EL PASO COUNTY ENVIRONMENTAL HEALTH SERVICES**

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 578-3126 • Fax: (719) 578-3188

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT☒ NEW CONSTRUCTION ☐ MINOR REPAIR ☐ MAJOR REPAIR/ADDOwner Danny ParkerDaytime Phone 440-2566 (Brent)Address of Property 11025 Crestbrook Ln.City & Zip Colo. Spgs. Co 80908Legal Description Lot 6 Pine View EstateOwner's MAILING Address 918 CajonCity, State & Zip Redlands Ca. 92373Lot Size 5.13 Ac.Tax Schedule # 5223002012Type 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 3Percolation Test Attached ☒ NBasement ☒ NGarbage Disposal ☒ NClothes Washer ☒ 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 X Danny ParkerDate 3-24-2004

You 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 ONLYMinimum Tank Capacity 1,250 GallonMinimum Absorption Area 809 FT²Date of Site Inspection 3-30-04

REMARKS

GPS of Profile [N 38° 59.498' W 104° 35.187']
Install Leach Field in area and depth (24" → 32")
of perc TEST. Leach Field cannot be installed deeper
than 4' because of bedrock at 8'. Engineer recommends
that a reduction for chambers not be used. Leach Field
must be 100' from well and 10' from property line.

EHS INSPECTOR Brenda WallanDATE 3-30-04☒ APPROVED☐ DENIED**FEES AS OF 11/1/02:**

NEW CONSTRUCTION \$432.00 + Planning Department Surcharge of \$30. = \$462.00

MAJOR REPAIR/ADDITION \$342.00

MINOR REPAIR/ADDITION \$162.00

DATE TO PLANNING / WASTEWATER: 3/30/04

DATE TO FLOODPLAIN/ENUMERATIONS _____

PLEASE COMPLETE THE BACK OF THIS FORM