APPROVED: Yes_ 🖌 No		NSPECTION FORM Da	te_5 May 2004
\sim			
Address <u>77025 Cr</u>	EST DIGOR LA.	<u> </u>	Janny Tarker
Residence # Bedroom	s 3 Commercial System	Installer Murray Cons	+
SEPTIC TANK:			
Commercial <u>/</u> Noncomm DISPOSAL FIELD:		rial <u>Concrete</u> Capacit	
Trench: Depth (Range)	Width	Total Length Sq Width Sq. F Type of cover on Rock ngs (Pit 2) Working Depth :	. Ft
Bed: Depth (Range)	Length	Width Sq. F	t
Depth of Rock Ur	Ider PVC	Type of cover on Rock	
DRYWELLS: # of Pits	Rings (Pit 1) Rings	ngs (Pit 2) Working Depth a	#1 #2
Size (L X W) #1	#2 I otal Sq. Ft.		
Standard Chamber: Type	afiltrator #Chamba	m 84 Sa Et Chambor (m 1	Rod Tranch
High Profile Linits: Type Ch	amber #Cham	S Sq. FL/Chamber I	Bed Trench
Reduction Allowed $\Delta \phi$	% So Et Required 80	9 Depth (Range) スチピース/	bou nenon
Sq. Ft. Installed 8/0	Equivalent Sq. Ft. Installed with	Reduction / 3.50	
Engineer Design: Y (N)En			
Approval letter provided? Y			,
	tic system inspection? 🅐 N		
	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 soptic pi	pe is #"SDR 35.
with exception inlet and 10	of the 37' of at so of sch 40 at s	house. All soptic pr "sch 40 from hous eptic tank outles	e to septie tank
Z			Crestbrook Ln.
30 ¹¹ deep			
36 'de	tep		
			• Well
	30 "deep	A .	• Well
	30 "deep		• We!!
5	30 "deep		• We
	30 "deep		• Well
36 " 1	5. 34."		• Well
36 "	30 "deep 5' 9' 10' DI G 32'	Federa	• Well
36 " 1	5. 34."	Footings	
36 " 1	10' DI G 32'	Footings Footings for F	
36 "	10' DI G 32'	Footings for F	rame
	1250 gallon septic tank	Footings for F	
36 "	10' DI G 32'	Footings for F	rame

EL PASO COUNTY

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DEPARTMENT OF HEALTH AND ENVIRONMENT 301 S Union Blvd, Colorado Springs, Colorado 719-575-8636

INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

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	INDIVIDUAL S.	EWAG	e dispo	5AL 51511			
OWNER NAME:	DANNY PARKER					PERMIT NUMBER:	ON0005524
ADDRESS: CITY,STATE,ZIP:	11025 CRESTBROOK LN COLORADO SPRINGS	со	8090	8		DATE PERMITTED:	4/1/2004 ·
INSTALLED BY:	COLORADO SERINOS		0090			PHONE NUMBER:	7194402566
twelve (12) months from construction has not con revokable if all stated re	accordance with 25-10-107 Colorad n date of issue- whichever occurs f mmenced prior to the expiration dat equirements are not met. n to be installed by an El Paso Cour	irst-(unless te of the bui	work is in pro Iding permit, t	gress). If both a buil he ISDS permit shal	ding and an ISI Il expire at the s	DS permit are issued for	the same property and
THIS PERMIT D	OES NOT DENOTE API	PROVAI	OF ZON	ING AND AC	REAGE RI	EQUIREMENTS	
			Ħ	Cosemary	C.B.	akes - Mar	tin
	· · · · · · · · · · · · · · · · · · ·	DIRECTO		-		EALTH AND ENVIR	
PERMIT EXPIRATIO Expires twelve 1	ON DATE : months from date of issue					Allan PHONE NUMBER	578-3127
<u>* N</u>	OTE: FOR INSPECTIONS CAL	L 575-86	99 BEFORE	8:30 A.M. OF	THE DAY TO	BE INSPECTED.	
	LEAVE THE ENTIRE SEWAG			YS EXCLUDED) UNCOVERED FOR	R FINAL INS	PECTION.	
WATER SOURCE:	WELL						
MINIMUM SEPTIC	TANK SIZE : 1,250	GALLON	IS	MINIMUM ABSO	ORPTION AR	EA REQUIRED _	<u>809</u> SQ FT
PLANNING DEPAR	IMENT	RATION	MA	FLOOD PLAIN		WASTEWATER	NA
COMMENTS:							
CANNOT BE INS	H FIELD IN AREA AND D TALLED DEEPER THAN TION FOR CHAMBERS N FY LINES.	4 FEET	BECAUSE	OF BEDROCK	AT 8 FEET	Γ. ENGINEER RE	COMMENDS
	e shall assume no responsibility in cas entative. Free access to the property sh				•		
	liance with requirements of this law.	an oc author	IZEU AL LEZSONZ	ore time for the purpe	vie of making suc	in inspections as are neces	Sary (U
Permit Ready: 4/5/		FOR A	ADMINISTRA	ATIVE USE ONLY		-1a1 05165 :0, 05/07 3:36 Noo	109 (04 Final
					·		

32= Trench

Inspector	2/003
301 South Union Boulevard + Calorado Springs, CO + 80910-3123 + (719) 578-3126 + Fax: (719) 578-3186 APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERM INEW CONSTRUCTION DMINOR REPAIR DMAJOR REPAIRADD Owner Data Daytine Phone 440-3 566 Address of Property 1/025 Crest Phone 4.4 Crest Phone Ket City & Zip Cale City & Zip Cale Owner Spant Daytine Phone 440-3 566 City & Zip Cale City & Zip Cale City & Zip Cale City & State & Zip Cale Owner & MAILING Address The of Ruilding: Brane City & State & Zip Cale MASING ON Spring City Earls MAXIMUM POTENTIAL NUMBER OF BEDROOMS Pervolation Test Attached on the back of this form. I acknowledge the completences of the amplication is condition upon sub furthermane and regulations and be required by the Department to the maddatory and edditional tregulations doubdated pursuant to CRS. 25:10-107 MAXIMUM POTENTIAL NUMBER OF BEDROOMS Pervolation Test Attached on the back of this form. I acknowl	L
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Water Supply: Bwell or Spring □Cistern □Public Inside City Limits: BNO □Yes-City	
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DEPARTMENT OF HEALTH USE ONLY <u>1,250 Gallon</u> <u>S09 FT2</u> <u>3-30-04</u> Minimum Tank Capacity Minimum Absorption Area Date of Site Inspection REMARKS <u>GFS D.F ProF.4.</u> <u>A1 350 59,498</u> <u>W1040 3 5.187</u> <u>InsTall Leach Fredel in area and elepth</u> (24" > 32") <u>OF perce Test. Leach Fredel in area and elepth</u> (24" > 32") <u>OF perce Test. Leach Fredel connect be installed elegan</u> <u>Man 4</u> <u>Sequence of bedrock of 5' Engines recommand</u> <u>Inst a reduction For chambers not be used</u> <u>Leach Field</u> <u>unst be 100' From well and 10' From property Lines</u> <u>FEES AS OF 11/1/02:</u> NEW CONSTRUCTION \$432.00 + Planning Department Surcharge of \$30. = \$462.00 MAJOR REPAIR/ADDITION \$162.00 DATE TO PLANNING/WASTEWATER: <u>3'20</u>	rther ascd
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MINOR REPAIR/ADDITION \$162.00 DATE TO PLANNING / WASTEWATER:	
DATE TO FLOODPLAIN/ENUMERATIONS	+
PLEASE COMPLETE THE BACK OF THIS FORM	
11/01/02	

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