

EL PASO COUNTY HEALTH DEPARTMENT
COLORADO SPRINGS, COLORADO

SEWAGE DISPOSAL INSPECTION FORM

PERMIT NUMBER 4013

DATE 9/12/86

APPROVAL:

YES ☒ NO ☐

#5226004006

ENVIRONMENTALIST

Julie Johnson

LOCATION (street number)

10050 Stapleton Dr.

OWNER/BUILDER

Ray Rickard

LEGAL DESCRIPTION

Lot 18 Stapleton Estates

TYPE OF CONSTRUCTION

frame

NO. OF BEDROOMS

3

SYSTEM INSTALLED BY

Dank Kuiper

COMMERCIAL MFG.

yes

SIZE

1250

TYPE OF MATERIAL

pre cast concrete

NO. COMPARTMENTS

2

WIDTH

LENGTH

DEPTH (total)

LIQ. CAP.

DISPOSAL FIELD: BED OR TRENCH DEPTH

3'-3 1/2'

WIDTH

3'

LENGTH

210'

SQ. FT.

6304'

DISTANCE BETWEEN LINES

9 1/2'-10'

ROCK

River Rock

DEPTH

12"

UNDER

6"

OVER

2"

LEACHING PITS (NO.)

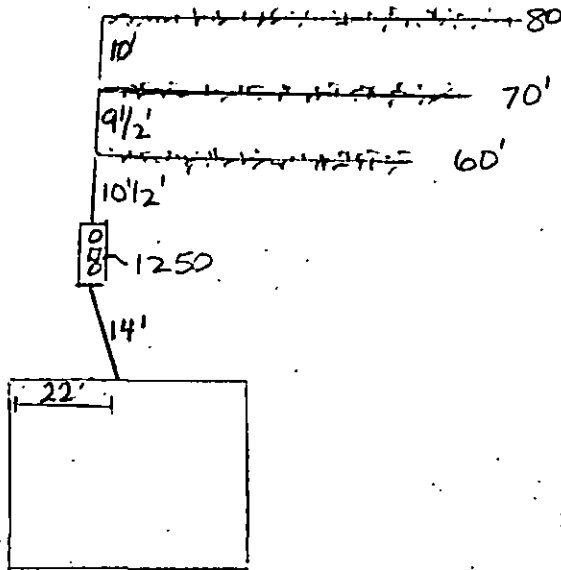
LINING MATERIAL

CAPACITY SQ. FT.

NORTH



WELL WAS NOT INSTALLED
AT TIME OF SEPTIC SYSTEM
INSPECTION.



STAPLETON ROAD

Acres 5

EL PASO COUNTY • COUNTY HEALTH DEPARTMENT

Permit

4013

501 North Foote Avenue • Colorado Springs, Colorado • 578-3125

Water Supply Well**PERMIT**Receipt No. 0819

TO CONSTRUCT, ALTER, REPAIR or MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Issued To Ray RickardDate 6/5/86Address of Property 10050 Stapleton Drived, Lot 18, Stapleton Est. Phone 495-2268CO. EAST

(Permit valid at this address only)

C.S.Sewage-Disposal System work to be performed by Kuiper Phone 495-5503

This Permit is issued in accordance with 25-10-106 Colorado Revised Statutes 1973, as amended, PERMIT EXPIRES upon completion installation of sewage-disposal system or at the end of six (6) months from date of issue, whichever occurs first—(unless work is in progress). This permit is revokable if all stated requirements are not met.

—THIS PERMIT DOES NOT DENOTE APPROVAL OF ZONING AND ACREAGE REQUIREMENTS—**\$150.00**

PERMIT FEE (NOT REFUNDABLE)

6/5/87

DATE OF EXPIRATION

DIRECTOR, COUNTY HEALTH DEPARTMENT

ENVIRONMENTALIST

NOTE: LEAVE ENTIRE SEWAGE DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION. 48 HOUR ADVANCE NOTICE REQUIRED.

SEPTIC TANK:	TRENCH SYSTEM:	BED SYSTEM:	SEEPAGE PIT SYSTEM:
total square feet <u>619</u>	total square feet _____	total square feet _____	total square feet _____
<u>1250</u> gallons	<u>207</u> ft. of trench <u>36</u> inches wide	_____ ft. of trench _____ inches wide	_____ rings or _____ diam.x _____ w/d

Assure at least 1/8 " fall per ft. for building sewer line from house to tank.**NOTES: Well to be 50' from tank, 100' from trenches.**

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 times for the purpose of making such inspections as are necessary to determine compliance with requirements of this law.

El Paso County Health Department
501 North Foote Avenue
Colorado Springs, CO 80909-4598
(303) 578-3125

JULIE
[Signature]

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

NAME OF OWNER Ray Kukar HOME PHONE 495-2268 WORK PHONE 495-2268
ADDRESS OF PROPERTY 10050 Stapleton Dr DATE 5-22-86
LEGAL DESCRIPTION OF PROPERTY lot 18 Stapleton Estates
TAX SCHEDULE NUMBER 522-60-04-006 SYSTEM CONTRACTOR KUIPER PHONE 495-5503
OWNER'S ADDRESS IF DIFFERENT 7580 Black Forest RD
TYPE OF HOUSE CONSTRUCTION Frame SOURCE AND TYPE OF WATER SUPPLY well
SIZE OF LOT 5 AC MAXIMUM POTENTIAL NUMBER OF BEDROOMS 3 BASEMENT (yes or no) no
PERCOLATION TEST RESULTS ATTACHED (yes or no) YES

A plot plan and accompanying information are essential; it may be drawn on the back of this application or be attached. Please include by measured distance the location of wells including neighbors' wells, springs, water supply lines, cisterns, buildings, proposed structures, property lines, property dimensions, subsoil drains, lakes, ponds, water courses, streams, and dry gulches. Please show the location of the proposed septic system by directions and distances from actual and/or proposed dwellings, structures, or fixed reference objects. Give complete directions to the property from major highways.

Applicant acknowledges that 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 the applicant for purposes of evaluation of 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 under Article 10, Title 25, C.R.S. 1973 as amended. The undersigned hereby certifies that all statements made, information and reports submitted by the applicant are or will be 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 Health Dept. in evaluating the same for purposes of issuing the permit applied for herein. I further understand that 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.

316197
6197
6197

SIGNATURE

[Signature: Ray Kukar]

HEALTH DEPARTMENT USE ONLY

PERMIT NUMBER _____ RECEIPT NUMBER _____ DATE TO LAND USE DEPARTMENT _____
ABSORPTION AREA 6190' TANK CAPACITY 1250 DATE OF SITE INSPECTION 5/29/86
REMARKS: 207' of 3' trench
Assume at least 1/8" fall new ck. for building
sewer line from house to tank well to be
50' from tank, 100' from trenches.

APPLICATION IS APPROVED (☒) DENIED (☐) DATE 5/29/86 ENVIRONMENTALIST Julie Tobassen
Pending land use

NO TREES
Rock
gulches
Above ground water
cisterns

MAP

Vacant

