

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

Permit # 7059 128  
Date 8/25/06

APPROVED: Yes  No  # 5229 008004  
Environmental Health Specialist: McCarthy

Address 9830 Eagle Way Owner Underwood

Legal Description Stage Wings Estates Lot 24  
Residence  # Bedrooms 6 Commercial  System Installer

SEPTIC TANK:  
Commercial  Noncommercial  Construction Material concrete Capacity Gallon 1-2,250

DISPOSAL FIELD: Drip Irrigation System - 5 Zones

Trench: Depth (Range)  Width  Total Length  Sq. Ft.   
Bed: Depth (Range) 28-29" Length 100' Width  Sq. Ft. 5,000

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  #Chambers  Sq. Ft./Chamber  Bed  Trench

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

Reduction Allowed  % Sq. Ft. Required  Depth (Range)

Sq. Ft. Installed  Equivalent Sq. Ft. Installed with Reduction

Engineer Design  N Engineering Firm Art Quest

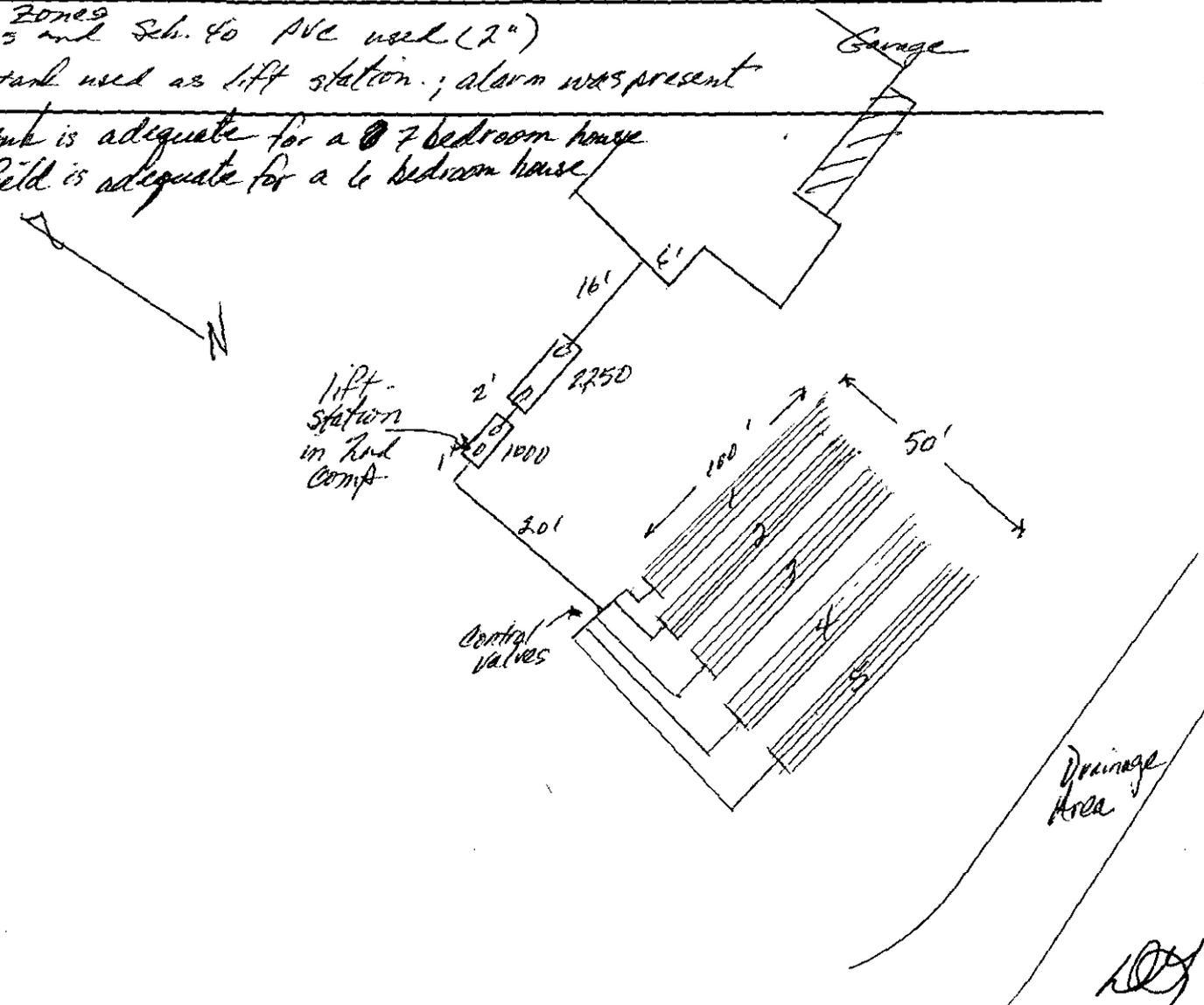
Approval letter provided?  N

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: 5 Zones  
SDR 35 and Sch. 40 PVC used (2")  
1000 gal tank used as lift station; alarm was present

Septic tank is adequate for a 7 bedroom house  
each field is adequate for a 6 bedroom house



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: ROBERT AND SHARI UNDERWOOD  
ADDRESS: 9830 EAGLET WAY  
CITY, STATE, ZIP: BLACK FOREST CO 80908  
INSTALLED BY:

PERMIT NUMBER: ON0007059  
DATE PERMITTED: 8/24/2006  
PHONE NUMBER: 7194996974

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. Baker-Martin*

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT EXPIRATION DATE :  
Expires twelve months from date of issue

*Brad Walker 578-3127*  
ENVIRONMENTALIST / PHONE NUMBER\*

WATER SOURCE: PUBLIC

MINIMUM SEPTIC TANK SIZE : \_\_\_\_\_ GALLONS      MINIMUM ABSORPTION AREA REQUIRED \_\_\_\_\_ SQ FT

PLANNING DEPARTMENT



ENUMERATION



FLOOD PLAIN



WASTEWATER



COMMENTS:

\* 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.

INSTALL LEACH FIELD IN AREA OF PERCOLATION TEST AND ACCORDING TO ENGINEERS DESIGN DATED MARCH 31, 2006, FOR A 6 BEDROOM HOUSE.

LEACH FIELD LATERALS MUST HAVE A MINIMUM DEPTH OF 12 INCHES AND A MAXIMUM DEPTH OF 30 INCHES ACCORDING TO DESIGN.

LEACH FIELD MUST BE AT LEAST 10 FEET FROM PROPERTY LINES AND 25 FEET FROM DRAINAGE AREA TO THE WEST.

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: \_\_\_\_\_ Called \_\_\_\_\_ Mailed \_\_\_\_\_

Final Inspection Requested: BY: \_\_\_\_\_ Date Called In: \_\_\_\_\_

Phone # \_\_\_\_\_ Septic Site will be ready: \_\_\_\_\_

**EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT**

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 575-8635 • 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

Owner Robert & Shari Underwood (Matt Manzione) Call 499-6974 930-7366 cell  
Daytime Phone 719/282-9042 home

Address of Property 9830 Eagle Way City & Zip Black Forest 80908

Legal Description Eagle Wing Estates Lot 24

Owner's MAILING Address 9520 Pindri Pine Circle City, State & Zip CS CO 80920

Lot Size 2.5 acres Tax Schedule # 5229008004

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 6 1/2 min 6 max

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 [Signature] Date 3/22/06

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 ONLY**

~~3,000~~ Eng Design   Eng Design   3-23-06  
Minimum Tank Capacity   Minimum Absorption Area   Date of Site Inspection

REMARKS Install Leach Field in area of perc test and according to Engineer Design. Leach Field Laterals must have a minimum depth of 12" and a maximum depth of 30" according to design. Leach Field must be at least 10' from property lines and 25' from drainage area to the west.

→ Need Design for 6 Bedroom before issuing permit ←

EHS INSPECTOR [Signature] DATE 3-23-06 APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

FEES AS OF 02/23/2005: \$468.00

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: 3/22/06  
DATE TO FLOODPLAIN/ENUMERATIONS \_\_\_\_\_

**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:
 

<input checked="" type="checkbox"/> 1) a north bearing	<input checked="" type="checkbox"/> 4) all buildings (proposed or existing)	<input checked="" type="checkbox"/> 7) driveway (proposed or existing and name of adjoining street)
<input checked="" type="checkbox"/> 2) property lines	<input checked="" type="checkbox"/> 5) proposed septic system site	
<input checked="" type="checkbox"/> 3) property dimensions	<input checked="" type="checkbox"/> 6) alternate septic system site	
- 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	<input checked="" type="checkbox"/> Water line 1" tap from 6" main under Eaglet Way	
- 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)	<input checked="" type="checkbox"/> Natural drainage course(s)

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

Woodmen Road to Black Forest Road  
 North 2 ½ miles to Eagle Wing Drive  
 East about 700 ft to Eaglet Way  
 South to cul-de-sac # 9830 Eaglet Way west of fire hydrant