

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

Permit # 82

Date Aug. 15, 2007 Partial

APPROVED: Yes ☒ No ☐ # 5229009007
Environmental Health Specialist: J. Christensen

Address 7215 Eagle Wing Dr. 80908 Owner William Brookbank

Legal Description Eagle Wing Estates, Lot 11

Residence ☒ # Bedrooms 4 Commercial ☐ System Installer Mike Murray

SEPTIC TANK:

Commercial ☒ Noncommercial ☐ Construction Material Concrete Capacity Gallon 1500

DISPOSAL FIELD: Mound

Trench: Depth (Range) _____ Width _____ Total Length _____ Sq. Ft. _____

Bed: Depth (Range) _____ Length 60 Width 30 Sq. Ft. 1800 Top of gravel

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 _____

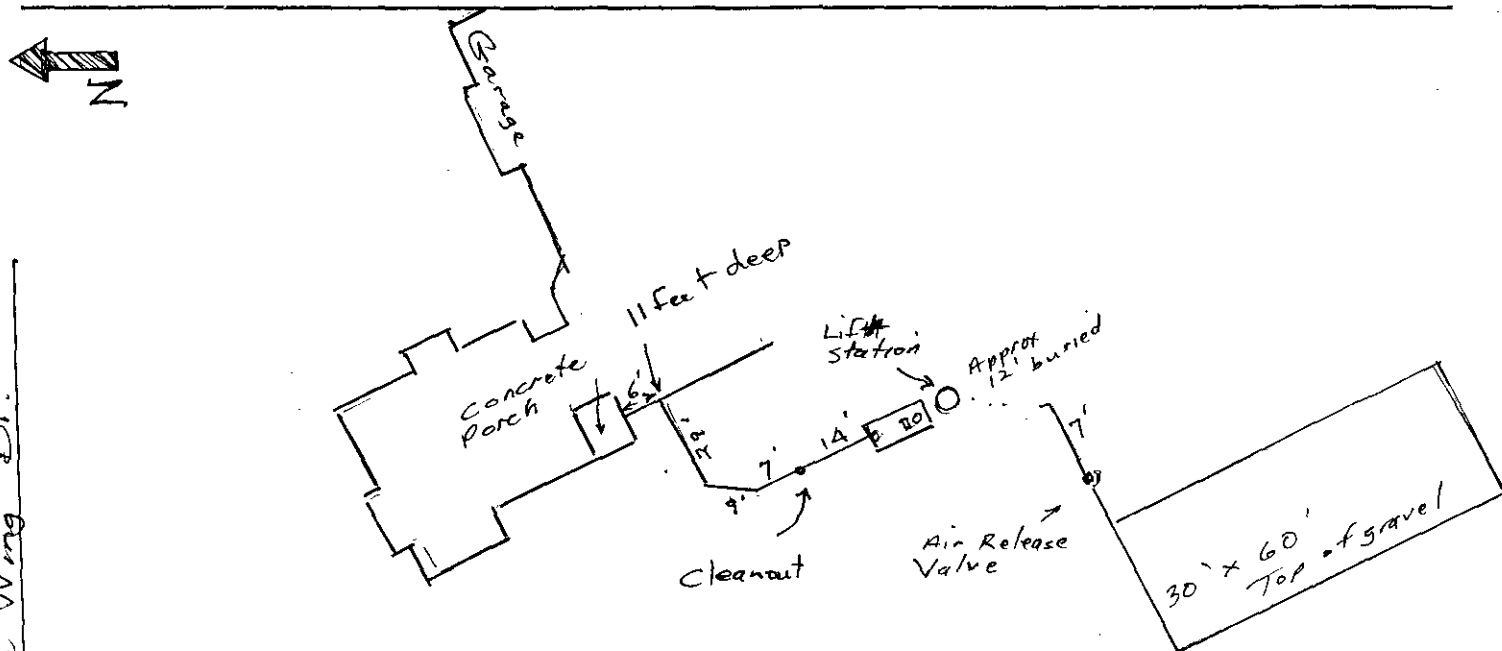
Engineer Design ☒ N Engineering Firm Colorado Engineering

Approval letter provided? ☒ Y ☐ N

Well installed at time of septic system inspection? Y ☐ N ☒ Public Water? Yes

*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: House sewer stub out 11 feet deep, 6 feet off south edge of concrete porch. 4" Sch 40 pipe. Engineer moved field east due to drainage/runoff of rainwater. Modified design is attached.



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: WILLIAM BROOKBANK PERMIT NUMBER: 82
ADDRESS: 7215 EAGLE WING DR
CITY, STATE, ZIP: COLORADO SPRINGS, CO 80908 DATE PERMITTED: 01/04/2007
INSTALLED BY: PHONE NUMBER: (719) 499-2211

This permit is issued in accordance with 25-10-207 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 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.

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT EXPIRATION DATE:

Expires twelve months from date of issue

Janet Christensen
JANET CHRISTENSEN 578-3127-3141
ENVIRONMENTALIST/PHONE NUMBER*

WATER SOURCE: Public

MINIMUM SEPTIC TANK
SIZE:

1500

GALLONS

MINIMUM ABSORPTION AREA
REQUIRED

6000

SQ FT

PLANNING
DEPARTMENT



ENUMERATION ☒

FLOOD PLAN ☒

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

N 38 DEGREES 58.411 MINUTES W 104 DEGREES 41.500 MINUTES-- PROFILE HOLE. P.E. DESIGN REQUIRED AT THIS SITE DUE TO ENCOUNTERING BED ROCK AT LESS THAN 4 FEET. INSTALL ABSORTION SYSTEM IN AREA OF SOIL PERCOLATION TEST PER THE P.E. DESIGN (LOW PRESSURE DRIP IRRIGATION: 1500 GALLON SEPTIC TANK WITH LIFT STATION, 6 ZONES). HEALTH DEPARTMENT MUST INSPECT SYSTEM PRIOR TO BACKFILL. ENGINEERS LETTER OF APPROVAL MUST BE RECEIVED BY THIS OFFICE FOR FINAL APPROVAL OF SYSTEM.

** P.E design changed - Mound Area = 1440 ft² Top gravel*

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 ADMINISTRATOR USE ONLY

Permit Ready:

1-16-2007
Called

Mailed

Final Inspection Requested:

BY:

Mike / Murray

Date Called In:

8-15-07

Phone #

332-7323

Septic Site will be ready:

NO

*Please call to meet
on site*

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 DAUN PAE & Wm. Todd BROOKBANK Daytime Phone 719 499-2211
 Address of Property 7215 EAGLE WING DRIVE, City & Zip C/S 80908
 Legal Description EAGLE WING ESTATES, LOT 11
 Owner's MAILING Address 7215 EAGLE WING DRIVE City, State & Zip C/S, CO 80908
 Lot Size 2.57 Tax Schedule # 5229009007
 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 4Percolation 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 Wm. Todd BrookbankDate 12-11-06You 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

1500 gallons

Minimum Tank Capacity

6000 ft²

Minimum Absorption Area

14 DEC. 2006

Date of Site Inspection

REMARKS N 38° 58.411' W 164° 41.500' - Profile Hole
P.E. design required at this site due to encountering bed rock at less than 4 feet. Install absorption system in area of soil percolation test per the P.E. design (low pressure drip irrigation: 1500 gallon septic tank with lift station & zones)
Health Dept. must inspect system prior to backfill. Engineer's letter of approval must be received by this office for final approval of system.

EHS INSPECTOR Janet ChristensenDATE 01-02-07☒ APPROVED☐ DENIED

FEES AS OF 02/22/2006:

NEW CONSTRUCTION \$350.00 + Planning Department Surcharge of \$118.00. = \$468.00

MAJOR REPAIR/ADDITION \$430.00

MINOR REPAIR/ADDITION \$179.00

DATE TO PLANNING / WASTEWATER: _____

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 1/2 x 11 sheet of paper. The plot plan must include:

1) a north bearing	4) all buildings (proposed or existing)	7) driveway (proposed or existing and name of adjoining street)
2) property lines	5) proposed septic system site	
3) property dimensions	6) alternate septic system site	
- 4) Initial any of the following features that apply to your property and **INCLUDE** them on your **PLOT PLAN**.

<input type="checkbox"/> Well(s)	<input type="checkbox"/> Adjacent property well(s)	<input type="checkbox"/> Subsoil drain
<input type="checkbox"/> Cistern	<input type="checkbox"/> Water line	
- 5) Initial any of the following that are within 100 feet of your proposed septic system and **INCLUDE** on your **PLOT PLAN**.

<input type="checkbox"/> Spring(s)	<input type="checkbox"/> Lake(s)
<input type="checkbox"/> Pond(s)	<input type="checkbox"/> Stream(s)
<input type="checkbox"/> Dry Gulch(es)	<input type="checkbox"/> Natural drainage course(s)

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

- I-25 to Woodmen Rd
- Woodmen Road East to Black Forest Rd.
- North on Black Forest Rd (Approx 2 mi) to Eagle Wing Drive
- We are the last lot (to the east) on Eagle Wing Drive