

**EL PASO COUNTY
DEPARTMENT OF HEALTH AND ENVIRONMENT
301 S Union Blvd, Colorado Springs, Colorado 719-575-8635
ONSITE WASTE WATER SYSTEM PERMIT**

OWNER NAME: CHRISTOPHER CARR	PERMIT NUMBER: 0002074
ADDRESS: 9729 LOCH LINNEH PL	
CITY, STATE, ZIP: COLORADO SPRINGS, CO 80908	DATE PERMITTED: 02/19/2009
PHONE NUMBER: (719) 330-3118 (Home Phone)	

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.

PERMIT EXPIRATION DATE: 02/19/2010
Expires twelve months from date of issue

Lebanh Pollett 2/26/09

WATER SOURCE: Well or Spring

MINIMUM SEPTIC TANK SIZE: N/A GALLONS MINIMUM ABSORPTION AREA REQUIRED * 611 SQ FT

PLANNING DEPARTMENT ENUMERATION FLOOD PLAIN WASTEWATER

COMMENTS:

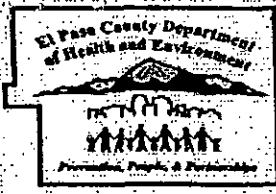
* FOR INSPECTIONS CALL 575-8635 BEFORE 8:30 A.M. OF THE DAY TO BE INSPECTED.
(WEEKENDS & HOLIDAYS EXCLUDED)
LEAVE THE ENTIRE SEWAGE DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION

DUE TO SANDSTONE ENCOUNTERED AT 8 FEET BELOW NATIVE GROUND SURFACE, A REDUCTION CANNOT BE USED FOR THE LEACH FIELD ADDITION. IF A DIVERTER VALVE IS USED, 50% OF THE TOTAL LEACHFIELD SIZE (*611 SQUARE FEET) NEEDS TO BE INSTALLED BUT WITH NO REDUCTION. ENSURE THAT LEACH FIELD ADDITION IS INSTALLED NO DEEPER THAN 48 INCHES BELOW NATIVE GROUND SURFACE. LEACH FIELD ADDITION NEEDS TO BE INSTALLED AT LEAST 128 FEET FROM WELL. A NEW PERC TEST IS RECOMMENDED FOR THE NEW LEACH FIELD AREA.

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:	Called	Mailed	<i>1 Excl. BW 2-26-09</i>
Final Inspection Requested:	BY: <i>Mark/Excell</i>	Date Called In: <i>2-26-09</i>	
	Phone # <i>330-3118</i>	Septic Site will be ready: <i>NOW</i>	



EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT
 301 South Union Boulevard • Colorado Springs, CO • 80910-3123 •
 (719) 575-8635 • Fax: (719) 578-3188

Record I.D. #2074

***ALL PAYMENTS ARE DUE AT TIME OF SUBMITTAL IN CASH, CHECK, or MAJOR CREDIT CARD**

APPLICATION FOR AN ONSITE WASTEWATER SYSTEM PERMIT

NEW PERMIT MINOR REPAIR PERMIT MAJOR REPAIR PERMIT

Owner Chris Carr Mark Excel Excavating
 Daytime Phone 719-330-3118
 Address of Property 9729 Loch Linneh Pl. City & Zip Colorado Springs 80908
 Legal Description Lot 51 Highland Park Filing #1
 Owner's MAILING Address same City, State & Zip _____
 Lot Size 2.5 Acres Tax Schedule # 52294-01-002
 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 FAX - FAX TO AND # 719-282-3433

MAXIMUM POTENTIAL NUMBER OF BEDROOMS 6

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/OWNER'S AGENT SIGNATURE [Signature] Date 2/18/09

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		
<u>n/a</u>	<u>*611 sq ft</u>	<u>2/23/09</u>
Minimum Tank Capacity	Minimum Absorption Area	Date of Site Inspection
REMARKS <u>Due to sandstone encountered at 8' below native ground surface, a reduction cannot be used for the leachfield addition. If a diameter value is used, 50% of the total leachfield size (*611 sq ft) needs to be installed but with no reduction. Ensure that leachfield addition is installed no deeper than 48" below native ground surface. Leachfield addition needs to be installed at least 128' from well. A new perc test is recommended for the new leachfield area.</u>		
EHS INSPECTOR <u>Debbie Poletti</u>	DATE <u>2/23/09</u>	APPROVED <input checked="" type="checkbox"/> DENIED <input type="checkbox"/>

CURRENT FEES AS APPROVED BY EL PASO COUNTY BOARD OF HEALTH

New Permit: \$304.50 EPCDHE costs + \$23.00 State Surcharge + \$177.50 EPC Planning Surcharge = \$505.00
 Major repair permit: \$316.00 DATE TO LAND DEVELOPMENT/WASTEWATER: _____
 Minor repair permit: \$131.00 DATE TO FLOODPLAIN/ENUMERATIONS: _____

FEB 24 2009
 Rec from inspector

Red 2/19/09 P.R. 12:45pm

PLEASE COMPLETE THE BACK OF THIS FORM

- 1) We require an original of your PERCOLATION (PERC) TEST with an original licensed engineer's (PE) stamp and signature as well as a plot of the percolation test hole locations with measurements from a fixed reference point. (A faxed copy directly from the engineering firm to this office is acceptable.)
- 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 inch sheet of paper. The plot plan must include:

- | | | |
|---|---|--|
| 1) a north bearing | 5) proposed septic system site | 8) Distance of percolation test to two property lines. |
| 2) property lines | 6) alternate septic system site | |
| 3) property dimensions | 7) driveway (proposed or existing and name of adjoining street) | |
| 4) all buildings (proposed or existing) | | |

- 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