V 300000539
EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT Permit # 9212 PINDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION FORM Date 11-21-95
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REPROVED: YES NOT_ ENVIRONMENTALIST Mindowski D
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Address 11680 E Wardmen BD Owner/ Lois J. Con ddie
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Legal Description SE4 Se4 Section (-18-65 Residence , # of bedrooms; Commercial; System Installer
Residence , # of bedrooms ; Commercial ; System Installer
SEPTIC TANK:
Commercial ; Noncommercial , L , W , WD Construction Material , capacity gallons.
Construction Material . capacity gallons.
DISPOSAL FIELD:
Rock Systems:
Trench: depth 32, width 3, total length 18, sq. feet 3+ ++-
Bed: depth, length, width, sq. feet
Rock type Kiver Rock, depth 12", under PVC 4, over PVC 2"
Seepage Pits: # of pits , total # of rings, working depth(s)
Rock Systems: Trench: depth 12, width 3, total length 6, sq. feet 5, length Rock type Rock, depth 12, under PVC 6, over PVC 2, Seepage Pits: # of pits , total # of rings , working depth(s) size of pit(s) L X W , lining material , total sq. feet
Rockless Systems:
Chamber: Type Thistory, number of chambers 17, bed, trench
chamber: type ded (graves), number of chambers, bed, trench
sq. it./section 18 44/200, reduction allowed 50 s, sq. it required 30247
total sq. it. installed 6/2 fire alwell depth of installation 28-36"
sq. ft./section \\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Approval letter provided? Y or N
Well 50 feet from tank Y or N 100 feet from leach field Y or N
Well installed at time of septic system inspection Y or 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.
feet of the septic tank and/of for feet of the disposal field.
NOTES: 612ftz installed with chambers, 5x1'ftz installed in gravely rock system. TOTAL 666ftz equivalent installed.
Take 11.6617 consumer that installed
TOTAL BOOM TO ENGLISH THE STATE OF THE STATE
76. 4.
MERIDIAN ROAD
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1 7 88 chars 1-10
demont 18
demont 12

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cres 40 EL PASO COUNTY • DE	PARTMENT OF HEALTH AND E	NVIRONMENT-
301 South Union Blvd	l. • Colorado Springs, Colorado • 5	78-3125
ater Supply <u>well</u>		Permit <u>9212</u>
	PERMIT	remin z = - = -
O CONSTRUCT, ALTER, REPAIR OR MODIFY ANY INI	DIVIDUAL SEWAGE DISPOSAL SYS	TEM Receipt No. <u>No. </u>
		rieceipt No. 200
sued to LOIS J. GADE	DIE	Date7-3-95
ddress of Property 7440 MERIDIAN ROAD, SE4,		Phone 495 - 2671
(Permit valid at this a		470 0456
ewage-Disposal System work to be performed by PAUL	SUPRO	Phone 478-3456
This Permit is issued in accordance with 25-10-106	Colorado Revised Statutes 1973, as an	ended, PERMITEXPIRES upon comple
stallation of sewage-disposal system or at the end of twelve	e (12) months from date of issue-which	ever occurs first-(unless work is in progre
is permit is revokable if all stated requirements are not n		
-THIS PERMIT DOES NOT DENOTE	APPHOVAL OF ZUNING AND	ACHEAGE REQUIREMENTS-
, ,	20 D W	.
No fee	James auch	
RMIT FEE (NOT REFUNDABLE)	DIRECTOR/DEPARTMEN	T OF HEALTH AND ENVIRONMENT
7-3-96	Ishu IIII Harthis	by Man M. Marche
·	MUU UN GOO MUIN -	IN WAR PRINCEPHINGER
ITE OF EXPIRATION	ENVIRONMENTALIST/	
NOTE: LEAVE ENTIRE SEWAGE-DISPOSAL SYSTE		
EPTIC TANK: TRENCH SYSTEM:	BED SYSTEM:	
total square feet302		total square feet
9212ft. of trenchinches w	i e	• •
250_gallons ft. of trench ·inches w	ide total square feet	rings ordiam.xw/d
		_
OTES: NEW SYSTEM TO BE INSTALLED PER	REGULATIONS. ALL PLUMBING	TO BE CONNECTED TO
	NCE OF 4FEET ABOVE GROUND	WATER.
	· · · · · · · · · · · · · · · · · · ·	7 10 Add April 5 4
GROUND WATER PRESENT AT 7 FEET,	II INCHES	•

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.

7440 Meridianso County Resili Beasilment 501 North Foote Avenue # 4209999250lorado Springs, CO 80909-4593 (303) 578-3125

11-21-95

PPLICATION FOR A PERMIT TO CONSTRUCT, REMODEL, OR INSTALL A SEWAGE DISPOSAL SYSTEM
NAME OF OWNER LOIS J Gaddie HOME PHONE 7/9-495-267/ WORK PHONE
CODRESS OF PROPERTY 7440 Meridian Rd DATE
LEGAL DESCRIPTION OF PROPERTY S'E 4 S E4 Sec 1-13-65
TAX SCHEDULE NUMBER 53000 - 00 - 053 SYSTEM CONTRACTOR COY Brauer PHONE 495-2671
CWHER'S ADDRESS IF DIFFERENT
TYPE OF HOUSE CONSTRUCTION Home Source and TYPE OF WATER SUPPLY Well
SIZE OF LOT 40 acres MAXIMUM POTENTIAL NUMBER OF BEDROOMS 3 EASEMENT (FEST or no) 405
PERCOLATION TEST RESULTS ATTACHED (yes or no) yes
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. (ANSWER QUESTIONS ON BACK OF FORM). 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 knowlege 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.
SIGNATURE Fais J. Gaddig
HEALTH DEPARTMENT USE ONLY
PERMIT HUMBER 92/2 RECEIPT NUMBER DATE TO LAND USE DEPARTMENT CONSTITUTION
LESCRETION AREA 302 ft TANK CAPACITY 1550 gal DATE OF SITE INSPECTION 6/29/95
revires: Thew system to be installed per regulations. all
peumbring do be connected to sewer. Remember do
per distance of 4' feet above ground water. Thouse
water present at of feet 11 minus
AFFEICATION IS AFFROND (W DENIED () DATE 6/29/95 ENVIRONMENTALIST Mylamski, &

ANSWER THE FOLLOWING ITEMS AND/OR INCLUDE ON PLOT PLAN.

PROPERTY LINES See Below	
PROPERTY DIMENSIONS See Below	
LOCATION OF PROPOSED SEPTIC SYSTEM See Below	
LOCATION OF WELL <u>See Below</u>	
LOCATION OF ADJACENT WELLS None	
BUILDINGS See Below	
PROPOSED BUILDINGS None	
WATER SUPPLY LINE Se Below	
CISTERNS Word	
SPRINGS None	
LAKESNone	
PONDS None	
WATER COURSES Alme	
STREAMS None	
DRY GULCHES Wone	
SUBSOIL DRAINS None	
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DIRECTIONS TO PROPERTY FROM M	AIN HIGHWAYS: 1320
	174401 Mariles Pd 32
	WoT. Property Line 3
	· .
	woodman Rd