

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

Permit # 679
Date July 27, 2007

APPROVED: Yes ☒ No ☐ # 5304001002 Environmental Health Specialist: Brad Wallace

Address 8465 Cochise Road Owner McKague
Legal Description Lot 5, Block 3, Bar JB Acres
Residence ☒ # Bedrooms 4 Commercial ☐ System Installer Kunau (1991), Down To Earth (2007)
SEPTIC TANK: Existing
Commercial ☒ Noncommercial ☐ Construction Material Concrete Capacity Gallon 1,500 Gallons

DISPOSAL FIELD:

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

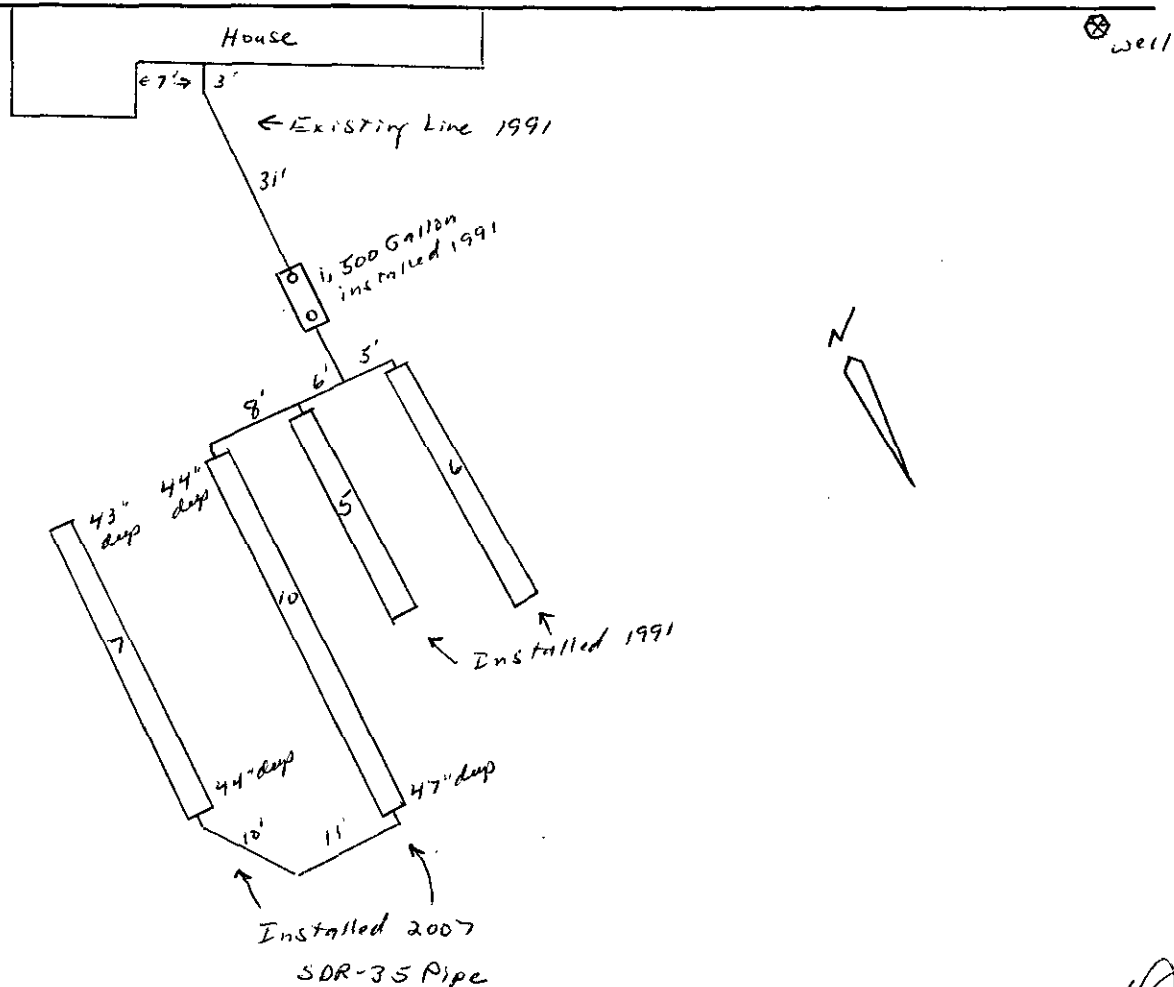
ROCKLESS SYSTEMS:

Standard Chamber: Type Infiltrator #Chambers 17 Sq. Ft./Chamber 15.5 Bed _____ Trench X
High Profile Units: Type Chamber _____ #Chambers _____ Sq. Ft./Chamber _____ Bed _____ Trench _____
Reduction Allowed 40 % Sq. Ft. Required _____ Depth (Range) 43" - 47"
Sq. Ft. Installed _____ Equivalent Sq. Ft. Installed with Reduction 439 FT² + 206 FT² = 645 FT²
Engineer Design: Y ☒ Engineering Firm _____
Approval letter provided? Y ☐ N ☒

Well installed at time of septic system inspection? ☒ 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: Septic Tank and Leach Field sized for a 4 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:	VERONICA MCKAGUE	PERMIT NUMBER:	679
ADDRESS:	8465 COCHISE RD	DATE PERMITTED :	07/20/2007
CITY, STATE, ZIP:	COLORADO SPRINGS, CO 80908		303-875-7091
INSTALLED BY :		PHONE NUMBER :	719-575-8635

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

ENVIRONMENTALIST/PHONE NUMBER*

WATER SOURCE: Well or Spring

MINIMUM SEPTIC TANK SIZE:	EXISTING 1500 GALLONS	MINIMUM ABSORPTION AREA REQUIRED	SEE REMARKS SQ FT
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PLANNING DEPARTMENT

☒ 1A

ENUMERATION

☒ 1A

FLOOD PLAN ☒ 1A

WASTEWATER ☒ 1A

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

AREA SHOWN IN DRAWING WHERE TRENCHES INSTALLED HAS BEEN PLANTED WITH SEVERAL CONIFER TREES, HOUSE IS VACANT. THERE WAS NO GREENING DEPRESSIONS OR WAY TO SEE FROM SURFACE IF TRENCHES STILL FUNCTIONING PROPERLY. OWNER MAY ADD DESIRED SQUARE FEET DIRECTLY TO LEACH FIELD. AN ADDITION OF 14 STANDARD CHAMBERS IS RECOMMENDED IF OWNER DESIRES TO INCREASE TO CURRENT REGULATION SIZE OF 644 SQUARE FEET. EXISTING SYSTEM IS INSTALLED AT MAXIMUM DEPTH. EXCAVATION MORE THAN 4 FEET DEEP WILL REQUIRE A PROFILE HOLE OF 9 FEET. DO NOT EXCEED 5 FEET DEEP.

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 _____

Final Inspection Requested:

BY: Jackie/Down to Earth Date Called In: _____

Phone # 495-3660

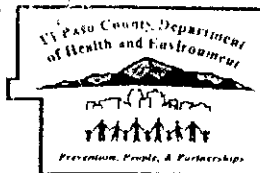
Septic Site will be ready: _____

7-27-07
F-6722

7/24/07

N.O.A.

Call w/ Time



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. 679

***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

Veronica A. McKague

Daytime Phone

303.875-7091/27 chambers

Address of Property

8465 Cochise Rd.

City & Zip

Colorado Springs, Co. 80908

Legal Description

Lot 5, Block 3 Bar JBA Acres

Owner's MAILING Address

1437 Roslyn St.

City, State & Zip

Denver, Co. 80220

Lot Size

4.0 acres

Tax Schedule #

53040-01-002

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

☒ PERMIT TO INSTALL

☐ FAX - FAX TO AND #

Loren Ayers (C) 360-0318

MAXIMUM POTENTIAL NUMBER OF BEDROOMS

4

598-2337

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

Veronica McKague

Date

6/20/07

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

Existing 1500

See Remarks

20 July 2007

Minimum Tank Capacity

Minimum Absorption Area

Date of Site Inspection

REMARKS Area shown in drawing where trenches installed has been planted with several conifer trees. House is vacant. There was no greening, depressions or any way to see from surface if trenches still functioning properly. Owner may add desired sq. ft. directly to existing leach field. An addition of 14 standard chambers is recommended if owner desires to increase to current regulation size of 644 ft². Existing system is installed at max. depth of 4 ft. Excavation more than 4 ft. deep will require a profile hole of 9'.

EHS INSPECTOR

Janet Christman

DATE

6/23/07

APPROVED

DENIED

Do not exceed 5 ft deep.

CURRENT FEES AS APPROVED BY EL PASO COUNTY BOARD OF HEALTH

New Permit: \$304.50 + Planning Department Surcharge of \$137.50 = \$442.00

Major repair permit: \$316.00

DATE TO LAND DEVELOPMENT/WASTEWATER:

Minor repair permit: \$131.00

DATE TO FLOODPLAIN/ENUMERATIONS:

PLEASE COMPLETE THE BACK OF THIS FORM

8465 Cochise Rd

530400002

E

07-27-2007

- 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 1/2 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 |
| 2) property lines | 6) alternate septic system site | to two property lines. |
| 3) property dimensions | 7) driveway (proposed or | |
| 4) all buildings (proposed or | existing and name of adjoining | |
| existing) | street) | |

- 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

East on Woodmen. Take left on Maurick.
Left on Hon Kenosha. Right on Cochise.
Last house on the right. (Bright yellow
house.)

Left on Mohawk (Traffic light)
Left on Kenosha
Right on Cochise