

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

301 SOUTH UNION BLVD. • COLORADO SPRINGS, CO 80910-3123
(719) 575-8635 FAX (719) 578-3188

P LG

ONSITE WASTEWATER SYSTEM INSPECTION FORM

5719009005

Permit # 0023209

Date 7/30/09

APPROVED*: Yes ☒ No ☐ Environmental Health Specialist: Sarah E Brusthern

Address: 0 Indian Village Hts Owner: Cordell Tomlin

Legal Description: Lot 51 Indian Village Filing #3

Residence ☒ # Bedrooms 2 Commercial ☐ System Installer: Owner Installed: Cordell Tomlin

SEPTIC TANK: Commercial ☒ Noncommercial ☐ Construction Material: Concrete Capacity (Gallons) 1250

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 Dept #1 #2
Size (L x W) #1 #2 Total Sq. Ft.

ROCKLESS SYSTEMS:

Standard Chamber: Type Stand Infil # Chambers 28 Sq. Ft./Chamber 15.5 Bed ☒ Trench

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

Reduction Allowed 25 % Sq. Ft. Required 570 Depth (Range) 24-38"

Sq. Ft. Installed 434 Equivalent Sq. Ft. Installed with Reduction 578

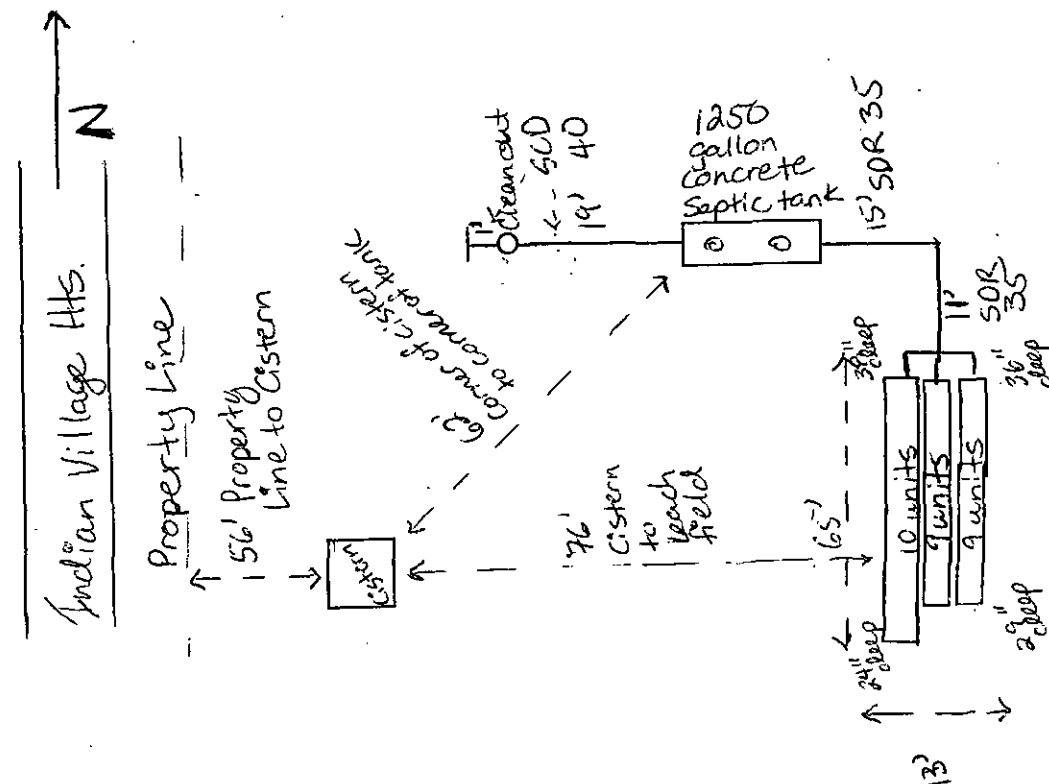
Engineer Design: Y ☒ N ☐ Engineering Firm

Approval letter provided? Y N

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

* Approval will be revoked if in the future the well is found to be within 50 feet of the septic tank and/or less than the required setback to the leach field.

NOTES: Not drawn to scale. The septic tank meets the requirement of a 3-bedroom. The leach field meets the requirement of a 2-bedroom house.



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: CORDELL TOMLIN	PERMIT NUMBER: 0023209
ADDRESS: 6490 INDIAN VILLAGE HTS	
CITY, STATE, ZIP: PUEBLO, CO 81008	DATE PERMITTED : 07/22/2009
PHONE NUMBER: (719) 963-5950 (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: 07/22/2010
Expires twelve months from date of issue

Michelle Gerard 578-3278

WATER SOURCE: Cistern

MINIMUM SEPTIC TANK SIZE:	1000	GALLONS	MINIMUM ABSORPTION AREA REQUIRED	570	SQ FT
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PLANNING DEPARTMENT	<input checked="" type="checkbox"/>	ENUMERATION	<input checked="" type="checkbox"/>	FLOOD PLAIN	<input checked="" type="checkbox"/>	WASTEWATER	<input checked="" type="checkbox"/>
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COMMENTS:

* FOR INSPECTIONS CALL 719-575-8699 BEFORE 8:30 A.M. OF THE DAY TO BE INSPECTED.
(WEEKENDS & HOLIDAYS EXCLUDED)
LEAVE THE ENTIRE SEWAGE DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION

PLACE LEACH FIELD IN AREA OF PERCOLATION TEST DATED JULY 7-8, 2009. OBSERVE ALL SETBACKS INCLUDING SEPTIC TANK, ABSORPTION FIELD, AND EFFLUENT LINES (ENCROACHMENT PER REGULATIONS) AT LEAST 25 FEET FROM ANY CISTERN, 10 FEET FROM ALL PROPERTY LINES, AND 100 FEET FROM ANY WELL TO LEACH FIELD. INSTALLATION SHOULD BE AT PREFERRED DEPTH OF 36 INCHES BELOW NATIVE GROUND SURFACE.

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:

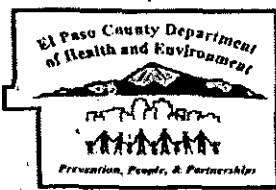
Called *7/27/09 PC* Mailed

Final Inspection Requested:

BY: *Cordell Tomlin (owner)* Date Called In: *07-30-09*

Phone # *719 963-3950*

Septic Site will be ready: *Now*

**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. 23209 PR***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 CORDELL TOMLIN Daytime Phone 9635950Address of Property (6490) Indian Village HTS City & Zip Pueblo, CO 81008Legal Description LOT 51 INDIAN VILLAGE FILING #3Owner's MAILING Address 360 BLUE WINDSOR City, State & Zip COLE SP CO 80906Lot Size 5.3 ACRES Tax Schedule # 57190-09-005Type of Building: ☐ Frame ☐ Modular ☒ Mobile ☐ Commercial ☐ Manufactured ☐ OtherWater Supply: ☐ Well or Spring ☒ Cistern ☐ Public Inside City Limits: ☒ No ☐ Yes-City☐ MAIL PERMIT - OR - ☒ PICK UP PERMIT ☐ FAX - FAX TO AND #**MAXIMUM POTENTIAL NUMBER OF BEDROOMS** 2Percolation 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 7-21-09*You will be notified by telephone when your permit is ready for pick up. Please allow a minimum of 10 days for new septic systems.***DEPARTMENT OF HEALTH USE ONLY**1,000 gallons
Minimum Tank Capacity570 ft²
Minimum Absorption Area7-22-2009
Date of Site Inspection**REMARKS**

PLACE LEACH FIELD IN AREA OF PERCOLATION TEST DATED JULY 7-8, 2009. OBSERVE ALL SETBACKS INCLUDING SEPTIC TANK, ABSORPTION FIELD, AND EFFLUENT LINES (ENCROACHMENT PER REGULATIONS) AT LEAST 25 FEET FROM ANY CISTERN, 10 FEET FROM ALL PROPERTY LINES, AND 100 FEET FROM ANY WELL TO LEACH FIELD. INSTALLATION SHOULD BE AT PREFERRED DEPTH OF 36 INCHES BELOW NATIVE GROUND SURFACE.

ms

EHS INSPECTOR Michelle GirardDATE 7/23/2009APPROVED ☒DENIED ☐

578-3278

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 + \$23.00 State Surcharge = \$339.00

Minor repair permit: \$131.00 + \$23.00 State Surcharge = \$154.00

DATE TO LAND DEVELOPMENT/WASTEWATER: _____

DATE TO FLOODPLAIN/ENUMERATIONS: _____

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**.

_____ Well(s)	_____ Adjacent property well(s)	_____ Subsoil drain
<u>CT</u> Cistern	_____ Water line	

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)	_____ Natural drainage course(s)

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

