

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

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

0/20/10
P. 1/9

ONSITE WASTEWATER SYSTEM INSPECTION FORM

5719009006

Permit # 0024013

Date 6/2/10

APPROVED*: Yes ☒ No ☐ Environmental Health Specialist: Sarah Brustkern

Address 0 Indian Village Hts Pueblo, CO 81008 Owner Cordell Tomlin

Legal Description Lot 50 Indian Village Filing

Residence ☒ # Bedrooms 2 Commercial ☐ System Installer Owner

SEPTIC TANK: Commercial ☒ Noncommercial ☐ Construction Material Concrete Capacity (Gallons) 1500

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 Standard Infil # Chambers 45 Sq. Ft./Chamber 15.5 Bed ☒ Trench

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

Reduction Allowed 25 % Sq. Ft. Required 926 Depth (Range) 34-38" deep

Sq. Ft. Installed 697 Equivalent Sq. Ft. Installed with Reduction 930

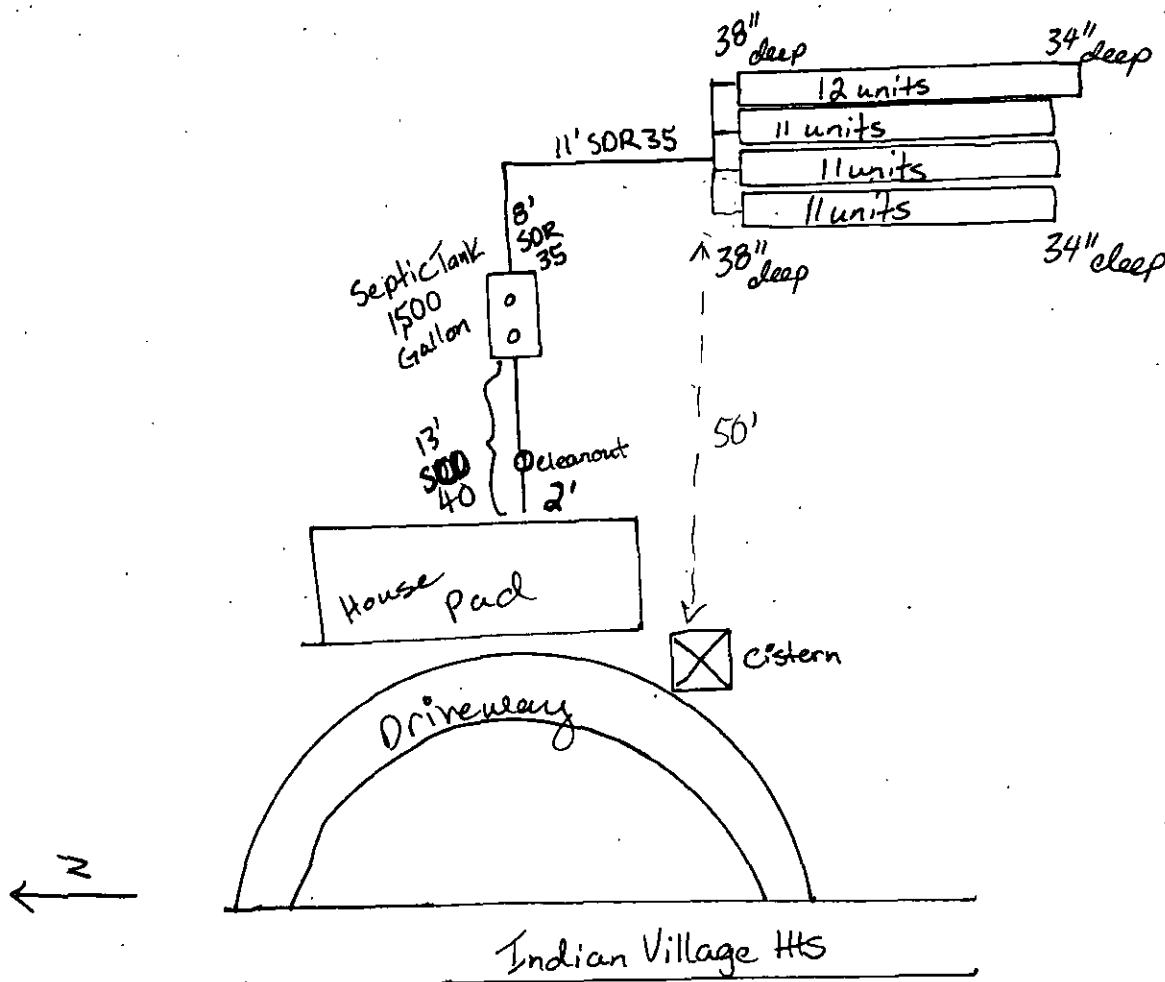
Engineer Design: Y ☒ Engineering Firm

Approval letter provided? Y ☐ N

Well installed at time of septic system inspection? Y ☒ Public Water? No, 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: Septic tank and leach field meet the requirements of a 2-bedroom house.
Not drawn to scale.



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

COPY

OWNER NAME: CORDELL TOMLIN PERMIT NUMBER: 0024013
ADDRESS: 6510 INDIAN VILLAGE HTS
CITY, STATE, ZIP: PUEBLO, CO 81008 DATE PERMITTED: 04/05/2010
PHONE NUMBER: ~~(480)~~ 963-5950 (Home Phone)
719

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: 04/05/2011
Expires twelve months from date of issue

David E Brustkern
578-3112 4/7/10

WATER SOURCE: Cistern

MINIMUM SEPTIC TANK SIZE: 1000 GALLONS MINIMUM ABSORPTION AREA REQUIRED 926 SQ FT

PLANNING DEPARTMENT ☒ ENUMERATION ☒ FLOOD PLAIN ☒ WASTEWATER ☐

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

INSTALL LEACH FIELD IN AREA OF PERC TEST. PREFERRED MAXIMUM DEPTH OF INSTALLATION IS 34 INCHES BELOW NATIVE SOIL, MAX DEPTH OF INSTALLATION IS 60 INCHES BELOW NATIVE SOIL. ANY PIPE TO BE DRIVEN OVER SHALL BE SCHEDULE 40. THE LEACH FIELD SHALL NOT EXPERIENCE ANIMAL OR VEHICLE TRAFFIC. ALL MINIMUM HORIZONTAL SET BACKS MUST BE MET. BOTH THE SEPTIC TANK AND LEACH FIELD MUST BE A MINIMUM OF 25 FEET FROM THE CISTERN.

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

719 *consulted per customer* 4/14/2010
~~480~~-963-5950 Mailed *corrected Harrison*

Final Inspection Requested:

BY:

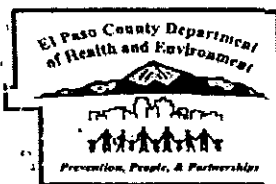
4/7/10 4:15 PM

Date Called In:

Phone #

Left message
DW

Septic Site will be ready:



EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 •

(719) 575-8635 • Fax: (719) 578-3188

A/1/2010

Assign = Rhonda

Record ID 0024013

***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

719 (480) 963-5950
Daytime Phone

Address of Property 6510 INDIAN VILLAGE HTS City & Zip PUEBLO 81008

Legal Description LOT 50 INDIAN VILLAGE FILING

Owner's MAILING Address P.O. Box 8824 City, State & Zip SCOTTSDALE AZ 85252

Lot Size 6 ACRES Tax Schedule # 57190-09-006

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 #

MAXIMUM POTENTIAL NUMBER OF BEDROOMS 2

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

CR Tomlin

Date 3/30/2010

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

1000 gallons
Minimum Tank Capacity

926 ft²
Minimum Absorption Area

4/6/10
Date of Site Inspection

REMARKS Install leach field in area of perc test. Preferred maximum depth of installation is 34 inches below native soil, max depth of installation is 60 inches below native soil. Any pipe to be driven over shall be SCD40. The leach field shall not experience animal or vehicle traffic. All minimum horizontal set backs must be met. Both the septic tank and leach field must be a minimum of 25 feet from the cistern.

EHS INSPECTOR

Lorah E. Brubaker

DATE 4/6/10

APPROVED ☒

DENIED ☐

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: 4/5/2010

DATE TO FLOODPLAIN/ENUMERATIONS: 4/5/2010

Dec. Rhonda
3/31/2010 Wed
4:04 PM

- 1) We require an original of your **PERCOLATION (PERC) TEST** with an original license, stamp and signature as well as a plot of the percolation test hole locations with measurements from a (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 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 checked="" 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**

