

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

Permit # 0N0004805
Date 5-14-2004

APPROVED: Yes No Environmental Health Specialist: Brad Wallace

Address 2148 White Cliff Way Owner Goetzmann Homes
Legal Description LOT 64, Kings Oak, Filing # 5
Residence # Bedrooms 4 Commercial System Installer J+K

SEPTIC TANK:

Commercial Noncommercial Construction Material Pre-Cast 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 In Filtrators #Chambers 79 Sq. Ft./Chamber 15.5 Bed Trench _____

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

Reduction Allowed 35 % Sq. Ft. Required 1,222 Depth (Range) 20" → 36"

Sq. Ft. Installed 1,224 Equivalent Sq. Ft. Installed with Reduction 1,783 FT²

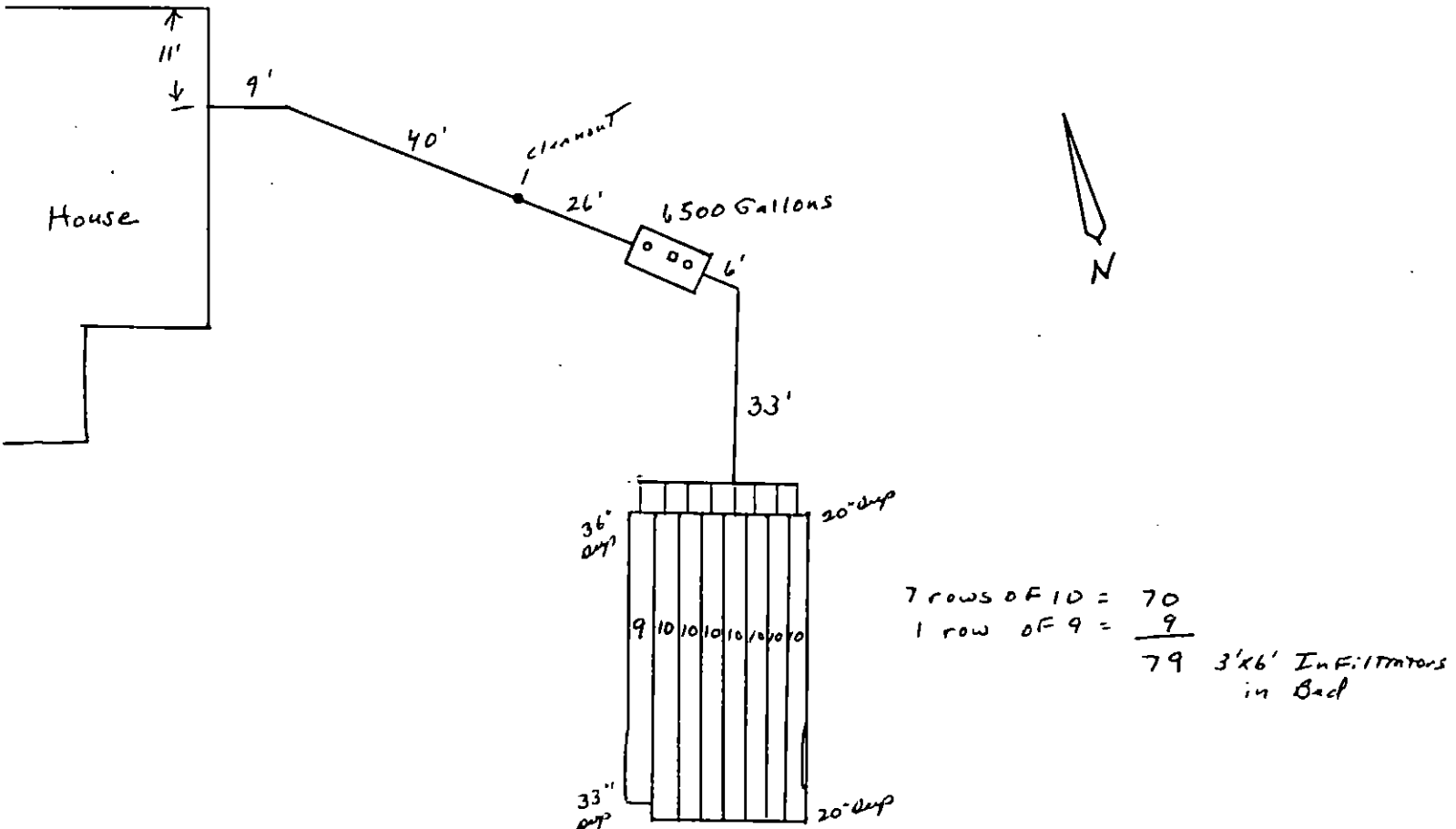
Engineer Design: Y Engineering Firm _____

Approval letter provided? Y N

Well installed at time of septic system inspection? Y 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: Engineer recommended that a reduction not be taken for chambers, this was done.



BRAD

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: GOETZMANN CUSTOM HOMES INC
ADDRESS: 2148 WHITECLIFF WAY
CITY, STATE, ZIP: MONUMENT CO 80132
INSTALLED BY:

PERMIT NUMBER: ON0004805
DATE PERMITTED: 03/25/2003
PHONE NUMBER: 7195489959

This permit is issued in accordance with 25-10-107 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 construction has not commenced prior to the expiration date of the building permit, the ISDS permit shall expire at the same time as the building permit. This permit is 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.

Rosemary C. Baker-Martin

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT EXPIRATION DATE:
Expires twelve months from date of issue

Sidney Darden 578-3167
ENVIRONMENTALIST / PHONE NUMBER*

* NOTE: 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.

WATER SOURCE: WELL

MINIMUM SEPTIC TANK SIZE: 1,500 GALLONS

MINIMUM ABSORPTION AREA REQUIRED 1,222 SQ FT

PLANNING DEPARTMENT

ENUMERATION

FLOOD PLAIN

WASTEWATER

COMMENTS:

CONSTRUCT THE LEACH FIELD IN THE SPECIFIC LOCATION OF THE PERCOLATION TEST AND AT THE APPROXIMATE DEPTH OF THE PERCOLATION HOLES, 30" DEEP. THE ENGINEER HAS RECOMMENDED NO REDUCTION FOR THE USE OF CHAMBERS. MAINTAIN ALL MINIMUM SEPARATIONS.

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 ADMINISTRATIVE USE ONLY

Permit Ready: 3/26/03 *JAK* Called Mailed

Final Inspection Requested: BY: John - JAK

Date Called In: 5/14/03 4:23

Phone # 491-4321

Septic Site will be ready: NRJ

Inspector _____

Record I.D. 4805

EL PASO COUNTY ENVIRONMENTAL HEALTH SERVICES

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 578-3126 • Fax: (719) 578-3188

APPLICATION FOR AN ON-SITE TREATMENT SYSTEM:

NEW CONSTRUCTION MINOR REPAIR MAJOR REPAIR/ADD P.E. DESIGN

Owner Goetzmann Custom Homes, Inc Daytime Phone 548-9959
 Address of Property 2148 White Cliff Way City & Zip Monument, 80132
 Legal Description Lot 64, King's Deer Filing #5
 Owner's MAILING Address P.O. Box 331 City, State & Zip Monument CO 80132
 Lot Size 2.505 Acres Tax Schedule # 6104006020
 Septic Contractor J & K EXCAVATING Daytime Phone # 481-2417

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 THERE IS AN ADDITIONAL RESIDENCE ON THIS PROPERTY

MAXIMUM POTENTIAL BEDROOMS <u>4</u>			
Percolation Test Attached <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Garbage Disposal <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Basement <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Clothes Washer <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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 SIGNATURE [Signature] President Goetzmann Custom Homes Date 3/18/03

DEPARTMENT OF HEALTH USE ONLY

1222 Minimum Absorption Area 1500 Minimum Tank Capacity 3-24-03 Date of Site Inspection

REMARKS Construct the backfill in the specific location of the perc test and at the approximate depth of the perc holes, 30" deep. The engineer has recommended no reduction for the use of chambers. Maintain all minimum separations.

EHS INSPECTOR Sid Darden DATE 3-24-03 APPROVED DENIED

FEE AS OF 8/1/00: NEW CONSTRUCTION \$315. + County Surcharge of \$30. = \$345.00
 MAJOR REPAIR/ADDITION \$150 DATE TO PLANNING / WASTEWATER: 3/20/03
 MINOR REPAIR/ADDITION \$75 DATE TO FLOODPLAIN: _____

- 1) We require an original of your PERCOLATION (PERC) TEST with an original professional engineer's (PE) stamp and signature as well as a plot of the percolation test holes.
- 2) **PROPERTY ADDRESS OR LOT NUMBER MUST BE POSTED AND CLEARLY VISIBLE FROM ROAD. PERC HOLES MUST BE CLEARLY MARKED.**
- 3) A PLOT PLAN must be drawn (not to scale) on an 8 ½ x 11 sheet of paper. The plot plan must include:

<input checked="" type="checkbox"/> 1) a north bearing	<input checked="" type="checkbox"/> 4) all buildings (proposed or existing)	<input checked="" type="checkbox"/> 7) driveway (proposed or existing and name of adjoining street)
<input checked="" type="checkbox"/> 2) property lines	<input checked="" type="checkbox"/> 5) proposed septic system site	
<input checked="" type="checkbox"/> 3) property dimensions	<input checked="" type="checkbox"/> 6) alternate septic system site	
- 4) Initial any of the following features that apply to your property and INCLUDE them on your PLOT PLAN:

/// Well(s)	<u>N/A</u> Adjacent property well(s)	/// Subsoil drain
<u>N/A</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.

<u>N/A</u> Spring(s)	<u>N/A</u> Lake(s)
<u>N/A</u> Pond(s)	<u>N/A</u> Stream(s)
<u>N/A</u> Dry Gulch(es)	<u>N/A</u> Natural drainage course(s)

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

I 25 N. to Monument Exit
 Go East ^{ON Hwy 105} to Roller Coaster
 Go Left on Roller Coaster to Royal Troon
 Go Right on Royal Troon to White Cliff
 Go Right on White Cliff