

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT Permit # 5457
INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION FORM Date 4/22/04

#6105005011

APPROVED: Yes ☒ No ☐ Environmental Health Specialist: D. Firley

Address 19785 Kershaw Ct. Owner Custom Properties

Legal Description Lot 17, Kings Deer Highlands, Filing #4

Residence ☒ # Bedrooms 5 Commercial ☐ System Installer Murray

SEPTIC TANK:

Commercial ☐ Noncommercial ☒ Construction Material precast concrete Capacity Gallon 2250

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 Quick 4 #Chambers 7 Sq. Ft./Chamber 10 Bed _____ Trench ☒

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

Reduction Allowed 40 % Sq. Ft. Required 1179 Depth (Range) 24"-36"

Sq. Ft. Installed _____ Equivalent Sq. Ft. Installed with Reduction 1183

Engineer Design: Y ☒ Engineering Firm _____

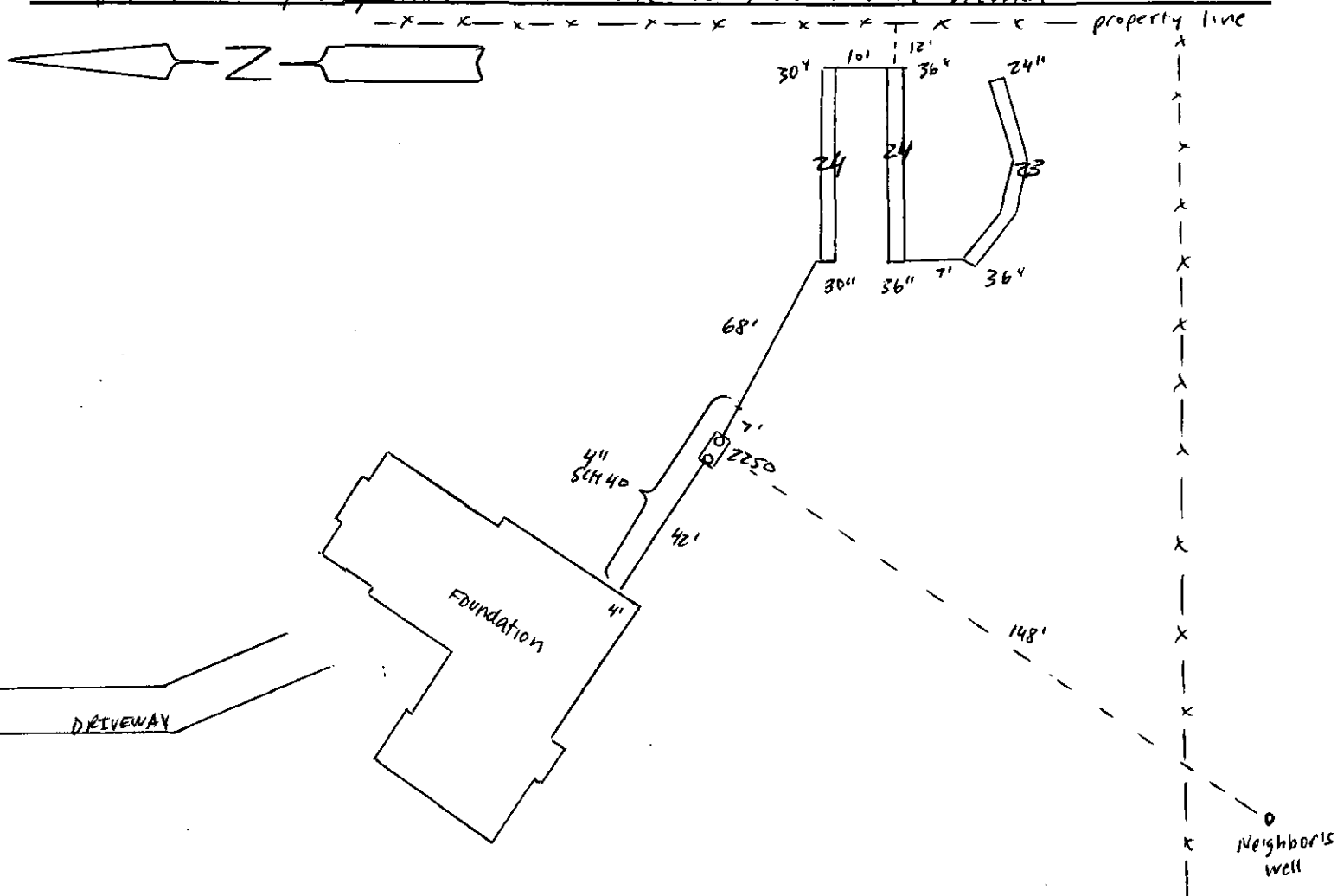
Approval letter provided? Y ☐ N ☐

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: pipe = 4" SDR35, 4" SCH 40 Specified on drawing

* Septic tank capacity can accommodate a 7 bedroom home.



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: CUSTOM PROPERTIES
ADDRESS: 19785 KERSHAW CT
CITY, STATE, ZIP: MONUMENT CO 80132
INSTALLED BY:
PERMIT NUMBER: ON0005457
DATE PERMITTED: 3/1/2004
PHONE NUMBER: 7193376857

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

Brian Walker 578-3127
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 : 1,750 GALLONS MINIMUM ABSORPTION AREA REQUIRED 1,179 SQ FT

PLANNING DEPARTMENT ☒ ENUMERATION ☒ FLOOD PLAIN ☒ WASTEWATER ☒

COMMENTS:

LEACH FIELD WAS SIZED WITHOUT A GARBAGE DISPOSAL INSIDE HOME. INSTALL LEACH FIELD IN AREA OF PERC TEST. LEACH FIELD SHALL NOT BE INSTALLED DEEPER THAN 3' BELOW NATIVEGROUND SURFACE, ACCORDING TO ENGINEER. ALL WELLS MUST BE AT LEAST 110 FEET FROM LEACH FIELD. RUNOFF FROM ABOVE MUST NOT FLOW INTO LEACH FIELD AREA SO THE EXISTING BERM SHOULD BE PRESERVED.

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: 3/1/04 Called _____ Mailed _____

Final Inspection Requested: BY: Mike Murray

Date Called In: 4/21/04 2:45

Phone # 331-7323

Septic Site will be ready: now

683-2442

EL PASO COUNTY ENVIRONMENTAL HEALTH SERVICES

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 578-3125 • Fax: (719) 578-3188

ALL PAYMENTS ARE DUE AT TIME OF SUBMITTAL IN CASH OR CHECK*APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT**☒ **NEW CONSTRUCTION** ☐ **MINOR REPAIR** ☐ **MAJOR REPAIR/ADD**

Owner CUSTOM PROPERTIES Daytime Phone 719 337-6857
 Address of Property 19785 KERSHAW COURT City & Zip MONUMENT 80132
 Legal Description LOT 17, KINGS DOOR HIGHLANDS #4
 Owner's MAILING Address 4650 WHISTLER POINT City, State & Zip Colo. Spgs. 80918
 Lot Size 2.5 ACRES Tax Schedule # 6105005011
 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 NUMBER OF BEDROOMS 5Percolation Test Attached ☒ NBasement ☒ NGarbage Disposal Y ☒ NClothes Washer ☒ 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]Date 2-23-04You 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**1,750 Gallons
Minimum Tank Capacity1179 FT²
Minimum Absorption Area2-25-04
Date of Site Inspection

REMARKS Leach Field was sized without a garbage disposal inside home. Install Leach Field in area of perc test. Leach Field shall not be installed deeper than 3' below native ground surface, according to engineer. All wells must be at least 110 ft from Leach Field. Runoff from above must not flow into Leach Field area so the existing berm should be preserved.
GPS of Profile [N 39° 7.500' W 104° 7.691']

EHS INSPECTOR [Signature]DATE 2-25-04☒ **APPROVED**☐ **DENIED****FEES AS OF 01/01/04:**

NEW CONSTRUCTION \$483.00 + Planning Department Surcharge of \$30. = \$513.00
 MAJOR REPAIR/ADDITION \$489.00
 MINOR REPAIR/ADDITION \$263.00

DATE TO PLANNING / WASTEWATER: 2/24/04

DATE TO FLOODPLAIN/ENUMERATIONS _____

PLEASE COMPLETE THE BACK OF THIS FORM

- 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 hole locations with measurements from a fixed reference point.
- 2) **PROPERTY ADDRESS 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 sheet of paper. The plot plan must include:
- | | | |
|------------------------|---|---|
| 1) a north bearing | 4) all buildings (proposed or existing) | 7) driveway (proposed or existing and name of adjoining street) |
| 2) property lines | 5) proposed septic system site | |
| 3) property dimensions | 6) alternate septic system site | |
- 4) Initial any of the following features that apply to your property and **INCLUDE** them on your **PLOT PLAN**.
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Well(s) | <input checked="" 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

HIWAY 105 EAST FROM I-25 TO ROLLER COASTERS RD,
GO NORTH TO KUKSNAW CT., GO EAST APPROX 1/4 MI.
TO ADDRESS (ON SOUTH SIDE)