

EL PASO COUNTY HEALTH DEPARTMENT
COLORADO SPRINGS, COLORADO

SEWAGE DISPOSAL INSPECTION FORM

PERMIT NUMBER 3384

APPROVAL:
YES X NO

6107001024

DATE Sept. 23, 1985

ENVIRONMENTALIST Sid Darden

LOCATION (street number) 370^E Stirrup Tr. OCCUPANT Norman

LEGAL DESCRIPTION Lot 35, Arrowwood III (2nd Filing)

TYPE OF CONSTRUCTION Wood Frame NO. OF BEDROOMS 3

SYSTEM INSTALLED BY Dean Black

COMMERCIAL MFG. Pre-cast concrete SIZE 1250 GAL

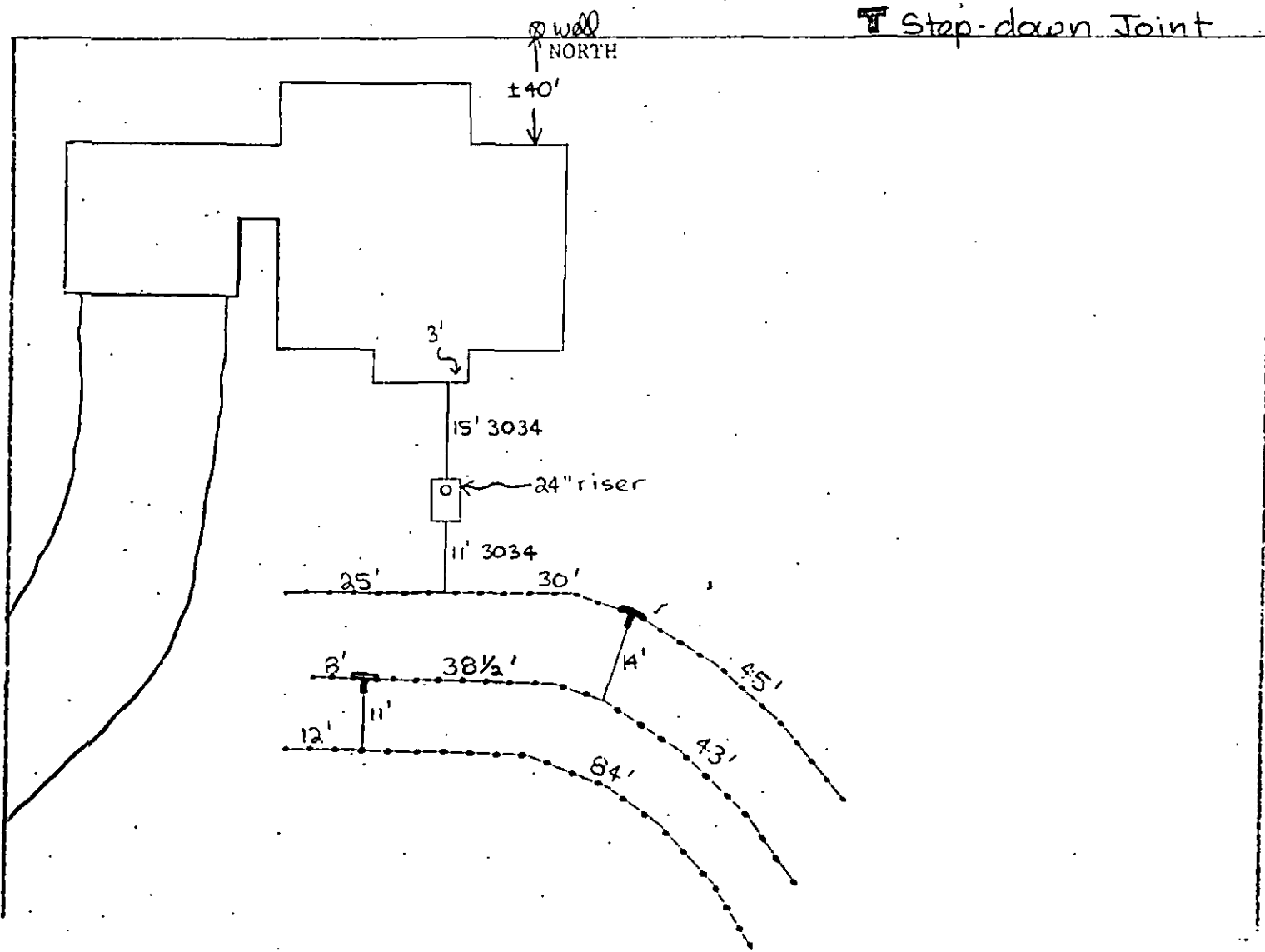
TYPE OF MATERIAL concrete NO. COMPARTMENTS 2

WIDTH LENGTH DEPTH (total) LIQ. CAP. 1250 gallons

DISPOSAL FIELD: BED OR TRENCH DEPTH 24-36" WIDTH 36" LENGTH 285 SQ. FT. 855

DISTANCE BETWEEN LINES 11'-14' ROCK river DEPTH 12" UNDER 6" OVER 2"

LEACHING PITS (NO.) LINING MATERIAL CAPACITY SQ. FT.



Acres 2.6 **EL PASO COUNTY • COUNTY HEALTH DEPARTMENT** Permit 328A
501 North Foote Avenue • Colorado Springs, Colorado • 578-3125
Water Supply Well Receipt No. 5937
PERMIT

TO CONSTRUCT, ALTER, REPAIR or MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Issued To Keith Patti Norman Date 6/18/85
Address of Property 370 Stirrup Trail, Monument, CO. Phone 578-5400
Lot 35, Arr (Permit valid at this address only) **2nd. Filing**
Sewage-Disposal System work to be performed by Luke Hoogeboom Phone _____

This Permit is issued in accordance with 25-10-106 Colorado Revised Statutes 1973, as amended. PERMIT EXPIRES upon completion-installation of sewage-disposal system or at the end of six (6) months from date of issue—whichever occurs first—(unless work is in progress). This permit is revokable if all stated requirements are not met.

—THIS PERMIT DOES NOT DENOTE APPROVAL OF ZONING AND AERAGE REQUIREMENTS—

\$150.00

PERMIT FEE (NOT REFUNDABLE)

December 18, 1985

DATE OF EXPIRATION

DIRECTOR, COUNTY HEALTH DEPARTMENT

Timothy L. Gordon
ENVIRONMENTALIST

NOTE: LEAVE ENTIRE SEWAGE DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION. 48 HOUR ADVANCE NOTICE REQUIRED.

SEPTIC TANK:	TRENCH SYSTEM:	BED SYSTEM:	SEEPAGE PIT SYSTEM:
total square feet <u>831</u>	total square feet _____	total square feet _____	total square feet _____
<u>1250</u> gallons	<u>227</u> ft. of trench <u>36</u> inches wide	_____	_____
_____ ft. of trench _____ inches wide	_____ ft. of trench _____ inches wide	_____	_____ rings or _____ diam. x _____ w/d

NOTES: Need to see tank excavation before tank is set to check for ground-water

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 times for the purpose of making such inspections as are necessary to determine compliance with requirements of this law.

Sid

APPLICATION FOR A PERMIT TO CONSTRUCT, REMODEL, OR INSTALL A SEWAGE DISPOSAL SYSTEM

NAME OF OWNER KEITHA PATTI NORMAN HOME PHONE 593-7386 WORK PHONE 578-5400
ADDRESS OF PROPERTY 370 Stirrup Trail Monument DATE 6-3-85
LEGAL DESCRIPTION OF PROPERTY TRACT #35, ARROWWOOD III, 2nd Filing, according to recorded
BOOK 1955, page 48, EL PASO CITY, CO. PLAT THEREOF IN BOOK D-2, Page 44, as per Engr. Statement
TAX SCHEDULE NUMBER 61070-01-029 SYSTEM CONTRACTOR LUKE HOOGBOOM PHONE _____
OWNER'S ADDRESS IF DIFFERENT 6930 Peyote Way, #B
TYPE OF HOUSE CONSTRUCTION NEW SOURCE AND TYPE OF WATER SUPPLY Dawson - Nontributary
SIZE OF LOT 2.6 ac MAXIMUM POTENTIAL NUMBER OF BEDROOMS 3 BASEMENT (yes or no) (no)
PERCOLATION TEST RESULTS ATTACHED (yes) or no

A plot plan and accompanying information are essential; it may be drawn on the back of this application or be attached. Please include by measured distance the location of wells including neighbors' wells, springs, water supply lines, cisterns, buildings, proposed structures, property lines, property dimensions, subsoil drains, lakes, ponds, water courses, streams, and dry gulches. Please show the location of the proposed septic system by directions and distances from actual and/or proposed dwellings, structures, or fixed reference objects. Give complete directions to the property from major highways.

Applicant acknowledges that 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 the applicant for purposes of evaluation of 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 under Article 10, Title 25, C.R.S. 1973 as amended. The undersigned hereby certifies that all statements made, information and reports submitted by the applicant are or will be 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 Health Dept. in evaluating the same for purposes of issuing the permit applied for herein. I further understand that 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.

SIGNATURE

Patti Norman

Zoned A-6

HEALTH DEPARTMENT USE ONLY

PERMIT NUMBER _____ RECEIPT NUMBER _____ DATE TO LAND USE DEPARTMENT 6/4/85

ABSORPTION AREA 831 Ft² TANK CAPACITY 1250 GAL DATE OF SITE INSPECTION 6/6/85

REMARKS: 277 linear feet of 36" wide trench. Need to see tank
excavation before tank is set to check for ground-
water.

APPLICATION IS APPROVED (x) DENIED () DATE June 7 '85 ENVIRONMENTALIST Sid Darden