

elb

SEWAGE DISPOSAL INSPECTION FORM

PERMIT NUMBER 4111

APPROVAL:
YES NO

6107002021

DATE August 11, 1986

ENVIRONMENTALIST Sid Darden

LOCATION (street number) 18660 Deenfield Rd → ~~18705 Arrowwood Dr.~~ OCCUPANT Doug Abbotts

LEGAL DESCRIPTION Lot 47, Arrowwood III

TYPE OF CONSTRUCTION Residential, wood frame. NO. OF BEDROOMS 3

SYSTEM INSTALLED BY Fletcher Drilling - Al Geiger

COMMERCIAL MFG. _____ SIZE 1250 GAL

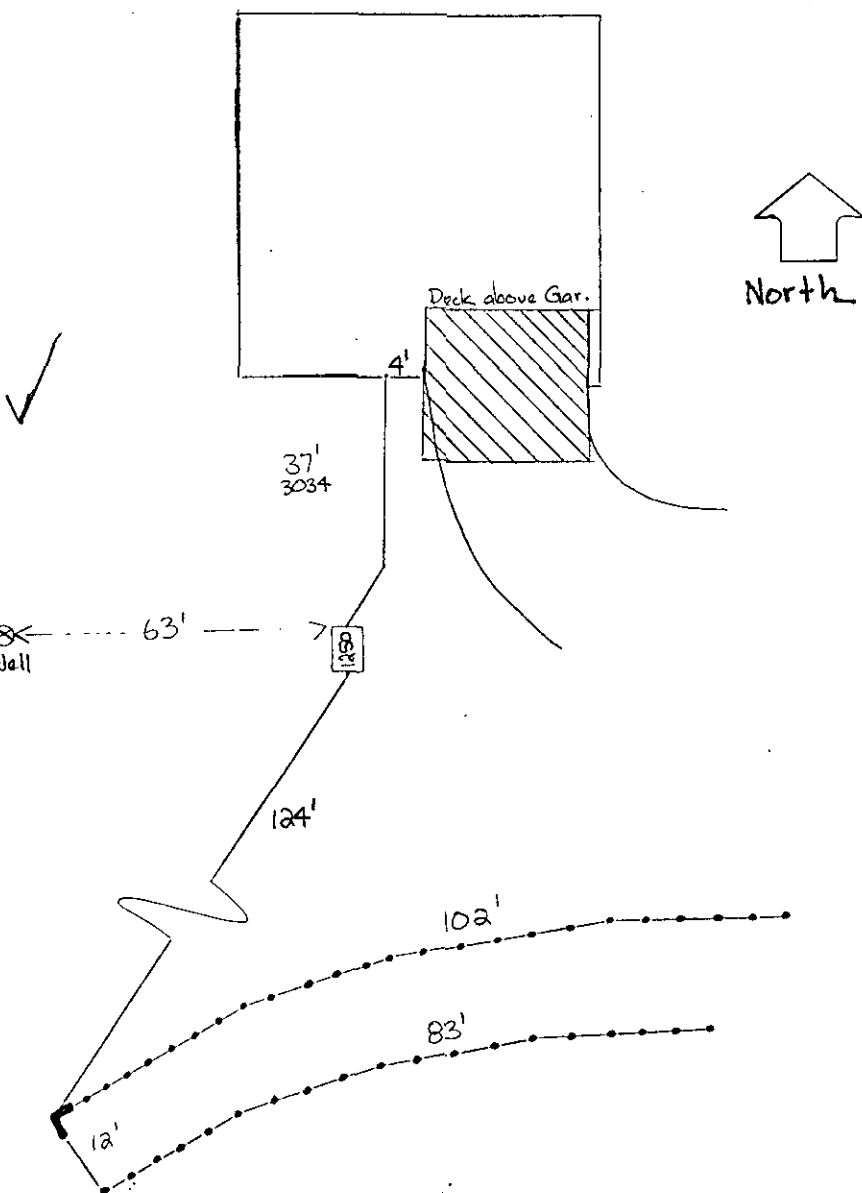
TYPE OF MATERIAL Pre-cast concrete. NO. COMPARTMENTS 2

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

DISPOSAL FIELD: BED OR TRENCH DEPTH 36" WIDTH 36" LENGTH 185' SQ. FT. 555

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

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



[Handwritten signature]

Acres 2 1/2 ~~X2500X~~ EL PASO COUNTY • COUNTY HEALTH DEPARTMENT Permit 4211
501 North Foote Avenue • Colorado Springs, Colorado • 578-3125

Water Supply Well PERMIT Receipt No. 6062

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

Issued To Mr. & Mrs. Doug Abbotts Date 7/28/86

Address of Property 18705 Arrowwood Drive, Lot 47, Arrowwood III Phone 481-3286
(Permit valid at this address only)

Filing 1, Monument, CO.

Sewage-Disposal System work to be performed by Bob Fletcher Phone 481-2600

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 ACREAGE REQUIREMENTS—

\$150.00
PERMIT FEE (NOT REFUNDABLE)

[Signature]
DIRECTOR, COUNTY HEALTH DEPARTMENT
[Signature]
ENVIRONMENTALIST

7/28/87
DATE OF EXPIRATION

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

SEPTIC TANK:	TRENCH SYSTEM:	BED SYSTEM:	SEEPAGE PIT SYSTEM:
<u>1250</u> gallons	total square feet <u>540</u> <u>180</u> ft. of trench <u>36</u> inches wide ft. of trench _____ inches wide	total square feet _____	total square feet _____ rings or _____ diam.x _____ w/d

NOTES: Keep leachfield in area of perc test and 100 ft. from any well. Trees in area of leachfield may need to be removed as required. Keep leachfield 10' back from easterly 30 ft. of lot 47 (road easement).

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.

El Paso County Health Department
501 North Foote Avenue
Colorado Springs, CO 80909-4598
(303) 578-3125

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

NAME OF OWNER MR & MRS DOUG ABBOTTS HOME PHONE 481-3286 WORK PHONE 1-370-7741

ADDRESS OF PROPERTY 18705 ARROWWOOD DR DATE 7/18/86

LEGAL DESCRIPTION OF PROPERTY LOT 47, ARROWWOOD III, FILING # I

TAX SCHEDULE NUMBER 61070-02-021 SYSTEM CONTRACTOR BOB FLETCHER PHONE 481-2600

OWNER'S ADDRESS IF DIFFERENT SAME

TYPE OF HOUSE CONSTRUCTION FRAME SOURCE AND TYPE OF WATER SUPPLY WELL

SIZE OF LOT 2 1/2 ACRES MAXIMUM POTENTIAL NUMBER OF BEDROOMS 3 BASEMENT (yes) or 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 Karen L. Abbotts

HEALTH DEPARTMENT USE ONLY

PERMIT NUMBER 4111 RECEIPT NUMBER 6062 DATE TO LAND USE DEPARTMENT 7/18/86

ABSORPTION AREA 540 FT² TANK CAPACITY 1250 Gal DATE OF SITE INSPECTION 7/22/86

REMARKS: 180 linear feet of 36" wide trench. Keep leachfield in area of perc test and 100 feet from any well. Trees in area of leachfield may need to be removed as required. Per land use, keep leach field 10' back from easterly 30 feet of lot 47 (road easement)

APPLICATION IS APPROVED DENIED DATE July 23, 1986 ENVIRONMENTALIST Sid Darden