

6108004032

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

Permit # 10N001663 P
Date 3/9/00

APPROVED: YES X NO

ENVIRONMENTALIST B. Swerby

Address 18670 Brockembury Ct. Owner Dynn + Chris Weber

Legal Description Lot 10 Felina 3
Residence X, # of bedrooms 5; Commercial ; System Installer Cone

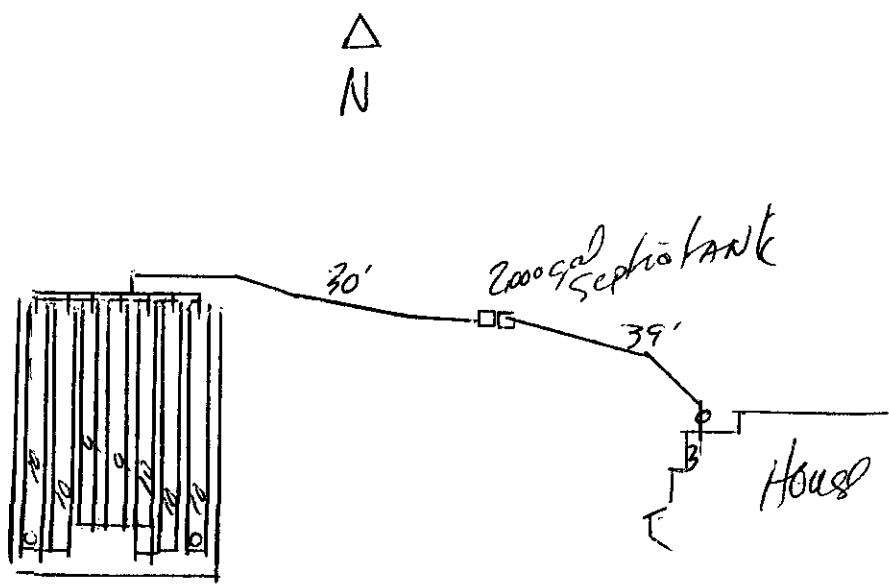
SEPTIC TANK:
Commercial X; Noncommercial L , W , WD
Construction Material Concrete, capacity 2000 gallons.

DISPOSAL FIELD:
Rock Systems:
Trench: depth , width , total length , sq. feet
Bed: depth , length , width , sq. feet
Rock type , depth , under PVC , over PVC
Seepage Pits: # of pits , total # of rings , working depth(s)
size of pit(s) L X W , lining material , total sq. feet

Rockless Systems:
Chamber: Type infiltrator, number of chambers 60, bed Y, trench
sq. ft./section 16.5, reduction allowed %, sq. ft. required 1620
total sq. ft. installed 1620, depth of installation 2-3 ft
Engineer Design Y or N , Designing Engineer

Approval letter provided? Y or N
Well 50 feet from tank Y or N 100 feet from leach field Y or N
Well installed at time of septic system inspection Y or N 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:



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EL PASO COUNTY

DEPARTMENT OF HEALTH AND ENVIRONMENT
301 S Union Blvd, Colorado Springs, Colorado 719-578-3126

INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

WATER SOURCE: WELL

PERMIT NUMBER: ON0001663

OWNER NAME: LYNN & CHRIS WEBER

DATE PERMITTED: 3/31/00

ADDRESS: 18670 BROCKENBURY CT

CITY, STATE, ZIP: MONUMENT 80132

PHONE NUMBER: 7196377053

INSTALLED BY: CLINE, CHAD (HARTMAN CO)

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.

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT FEE(NON REFUNDABLE) :

New Permit----\$ 300.00

ISDS Repair -\$ 50.00

Voided/Altered permit --\$ 25.00

PERMIT EXPIRATION DATE :

Expires twelve months from date of issue

ENVIRONMENTALIST / PHONE NUMBER

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

MINIMUM SEPTIC TANK SIZE: 1,750 GALLONS

MINIMUM ABSORPTION AREA REQUIRED 1,610 SQ FT

PLANNING DEPARTMENT

ENUMERATION

FLOOD PLAIN

WASTEWATER

COMMENTS:

LOCATE IN AREA OF PERC. TEST. WELL TO BE A MINIMUM OF 110 FEET FROM ABSORPTION AREA.
NOTE PROPERTY LINE LOCATIONS.

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

CALLED 4-3-00 & MAILED

Inspector Nandy

Record I.D. 11663

EL PASO COUNTY ENVIRONMENTAL HEALTH SERVICES

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

APPLICATION FOR A NEW REMODEL REPAIR OR ADDITION TO AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Owner Lynn & Chris Weber Daytime Phone 637-7053
Address of Property 18670 Brockendbury Ct. City & Zip Monument, 80132
Legal Description Lot 10 Filing 3, Kings Deer Highlands
Tax Schedule # 6108004032 Lot Size 2.59 septic Contractor/Phone 303-660-0238-Hartman
Inside City Limits No Yes-City _____ Water Supply Well or Spring Cistern Public
Type of Building Frame Mobile Modular Other _____
Owner's Mailing Address 19490 Misty Morning Dr. City, State & Zip Monument, CO 80132

MAXIMUM POTENTIAL BEDROOMS 5
Basement N Percolation Test Attached N Garbage Disposal N Clothes 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 Christina E. Weber Date 2/25/00

DEPARTMENT OF HEALTH USE ONLY

1610 AC Minimum Absorption Area 175 gal Minimum Tank Capacity 3-27-00 Date of Site Inspection

REMARKS locate in area of perc test. Well to be 4' min. at 110' from ~~septic tank~~ absorption Area. Note property line locations

EHS INSPECTOR _____ DATE _____ APPROVED _____ DENIED _____
PERMIT # _____ FEE NO FEE DATE TO PLANNING DEPT 3/20/00
DATE TO WASTEWATER DISTRICT _____

- 1) We require a copy of your percolation **(PERC) TEST** with an original professional engineer's (PE) stamp and signature.
- 2) A **PLOT PLAN** must be drawn (not to scale) on a 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) designated alternate septic system site	
- 3) 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 type="checkbox"/> Adjacent property well(s)	<input checked="" type="checkbox"/> Subsoil drain
<input type="checkbox"/> Cistern	<input type="checkbox"/> Water line	
- 4) 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)
- 5) **PROPERTY ADDRESS OR LOT NUMBER MUST BE POSTED AND CLEARLY VISIBLE FROM ROAD. PERC HOLES MUST BE CLEARLY MARKED.**

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

I-25 to Hwy 105 GO EAST
 Hwy 105 to ROLLER COASTOR TURN NORTH
 1/4 mile to Trumpeters Ct. turn left
 1/4 mile to Brockembury TURN RIGHT
 2nd lot on left.
 SEE EQUITY custom HOME Siga