

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

Permit # 4552
 Date 3/14/03

APPROVED: YES NO 6110003005

ENVIRONMENTALIST D. Firley/Wallace

Address 19680 Glen Shadows Dr. Owner Roger Brewer

Legal Description Lot 15, Hawk Ridge West Subd.
 Residence , # of bedrooms 3; Commercial _____; System Installer Bob Fletcher

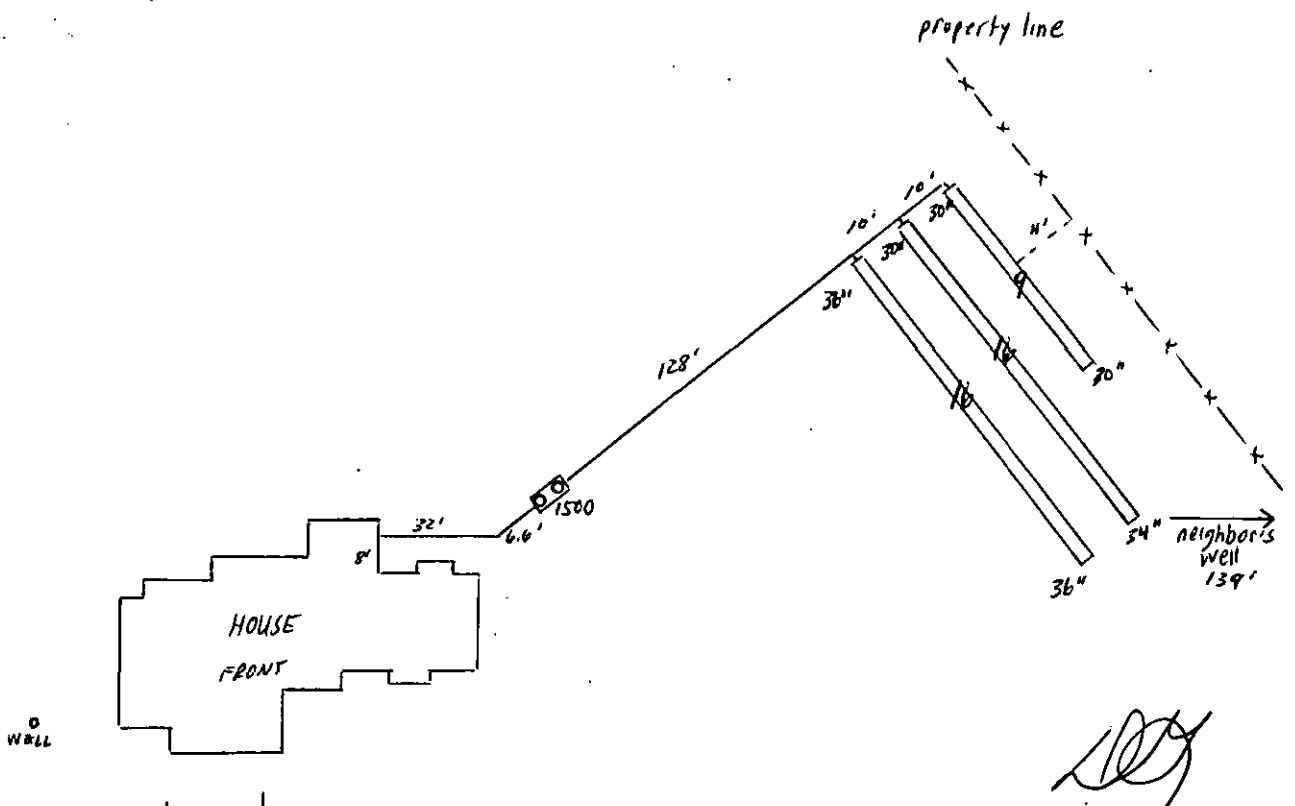
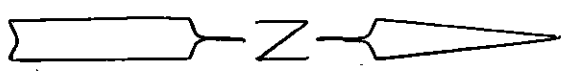
SEPTIC TANK:
 Commercial ; Noncommercial _____, L _____, W _____, WD _____
 Construction Material precast concrete, capacity 1500 gallons.

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 biofilter, number of chambers 41, bed _____, trench
 sq. ft./section 15.5, reduction allowed 40%, sq. ft. required 1059
 total sq. ft. installed 1059, depth of installation 30"-36"
 Engineer Design Y or N, Designing Engineer _____
 Approval letter provided? Y or N _____
 Well 50 feet from tank or N _____ 100 feet from leach field or N _____
 Well installed at time of septic system inspection 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: pipe = 4" SDR35

* septic tank capacity is adequate for a 4 bedroom home



BRAD DAVE

INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

OWNER NAME: ROGER BREWER
ADDRESS: 19680 GLEN SHADOWS DR
CITY, STATE, ZIP: COLORADO SPRINGS CO 80908
INSTALLED BY:

PERMIT NUMBER: ON0004552
DATE PERMITTED: 10/16/2002
PHONE NUMBER: 7194889293

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

Sid 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 : 1,250 GALLONS MINIMUM ABSORPTION AREA REQUIRED 1,059 SQ FT

PLANNING DEPARTMENT ENUMERATION FLOOD PLAIN WASTEWATER

COMMENTS:
SIZED FOR 3 BEDROOMS ONLY. CONSTRUCT LEACH FIELD IN THE PERCOLATION TEST LOCATION AND AT THE APPROXIMATE DEPTH OF THE PERCOLATION HOLES, 34 INCHES DEEP. MAINTAIN ALL MINIMUM SEPARATIONS, ESPECIALLY TO THE WEST PROPERTY LINE.

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: _____ Called 10/22/02 Mailed JK

Final Inspection Requested: BY: B. D. Fletcher
Phone # 491-6373

Date Called In: 1/30/03 7:18 AM
Septic Site will be ready: perkins

Inspector _____

004

Record I.D. 4552

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 ROGER BREWER Daytime Phone 719 488 9293
 Address of Property 19680 GLEN SHADOWS DR City & Zip COLO SPGS 80908
 Legal Description LOT 15 HAWK RIDGE WEST PLAT 10756 (BLACK FOREST NEAR HWY 83 AND COUNTY LINE RD)
 Owner's MAILING Address 215 TALUS RD City, State & Zip MONUMENT, CO 80132
 Lot Size 5.0 ACRES Tax Schedule # 61100-03-005
 Septic Contractor TBD Daytime Phone # _____

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>3</u>			
Percolation Test Attached <input checked="" type="radio"/> Y <input type="radio"/> N	Garbage Disposal <input checked="" type="radio"/> Y <input type="radio"/> N	Basement <input checked="" type="radio"/> Y <input type="radio"/> N	Clothes Washer <input checked="" type="radio"/> Y <input type="radio"/> 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 *Roger Brewer* Date 10-11-02

DEPARTMENT OF HEALTH USE ONLY

1059 Minimum Absorption Area 1250 Minimum Tank Capacity 10/15/02 Date of Site Inspection

REMARKS Sized for 3 bedrooms only. Construct leachfield in the perc test location and at the approximate depth of the perc holes 34 inches deep. Maintain all minimum separations, especially to the West property line.

Pending landuse Flood plain and Enumeration approvals.
 EHS INSPECTOR Sid Darden DATE 10/15/02 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: 11/15/02
 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. The percolation test holes. **MUST BE POSTED AND CLEARLY VISIBLE FROM ANY MARKED.**
- 2) **PROPERTY ADDRESS AND ROAD. PERC HOLDING** **MUST BE POSTED AND CLEARLY VISIBLE FROM ANY MARKED.**
- 3) A **PLOT PLAN** must be drawn on an 8 1/2 x 11 sheet of paper. The plot plan must include:
 - 1) a north bearing
 - 2) property lines
 - 3) property dimensions
 - 4) proposed or existing septic system site
 - 5) driveway (proposed or existing and name of adjoining street)
- 4) Initial any of the following on your **PLOT PLAN**:
 - Well(s) (Proposed) _____ property well(s)
 - _____ Cistern _____ Subsoil drain
- 5) Initial any of the following on your **PLOT PLAN**:
 - _____ Spring(s) _____ Lake(s)
 - _____ Pond(s) _____ Stream(s)
 - _____ Dry Gulch _____ Natural drainage course(s)

EL PASO COUNTY HEALTH
 ENV. HLTH/AIR QUALITY
 (719) 575-8436
 DATE 10.11.202 FRI
 NON-ADD 1016
 ISDS 315 \$315.00
 CO SURCHARGE \$30.00
 SUBTOTAL \$345.00
 TOTAL \$345.00
 CHECK \$345.00
 JOYCE NO. 000002
 TIME 00:14 0001

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

I-25 NORTH TO COUNTY LINE RD
 EAST ON COUNTY LINE RD APPROX 8 MILES
 CROSS OVER HWY 83, THEN FIRST RIGHT ONTO
 BENEWING WING TRIP (HAWK RIDGE SUBDIVISION)
 APPROX 3/4-1 MILE ON ~~WING TRIP~~ ^{BENEWING} TO
 RIGHT TURN ONTO GLEN SHADOWS
 LOT STARTS AT ELECTRIC BOX ABOUT 200' PAST THE WINDMILL