

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

Permit # 0N0001801
Date 2-15-2001

P

APPROVED: YES ☒ NO ☐ #6117006011

ENVIRONMENTALIST Bred Wallace

Address 1460 Royal Crest Court Owner Terry S Vincent

Legal Description LOT 69, Bent Tree II
Residence ☒ , # of bedrooms 6 ; Commercial ☐ ; System Installer Ray's Diggins

SEPTIC TANK: EXISTING
Commercial ☐ ; Noncommercial ☐ L W WD
Construction Material Pre-Cast 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 Infiltrators , number of chambers 66 , bed ☒ , trench
sq. ft./section 15.5 , reduction allowed 35 % , sq. ft. required 1,558 Ft
total sq. ft. installed (573 New) (2666 Total) depth of installation 38" → 42"

Engineer Design Y or N , Designing Engineer

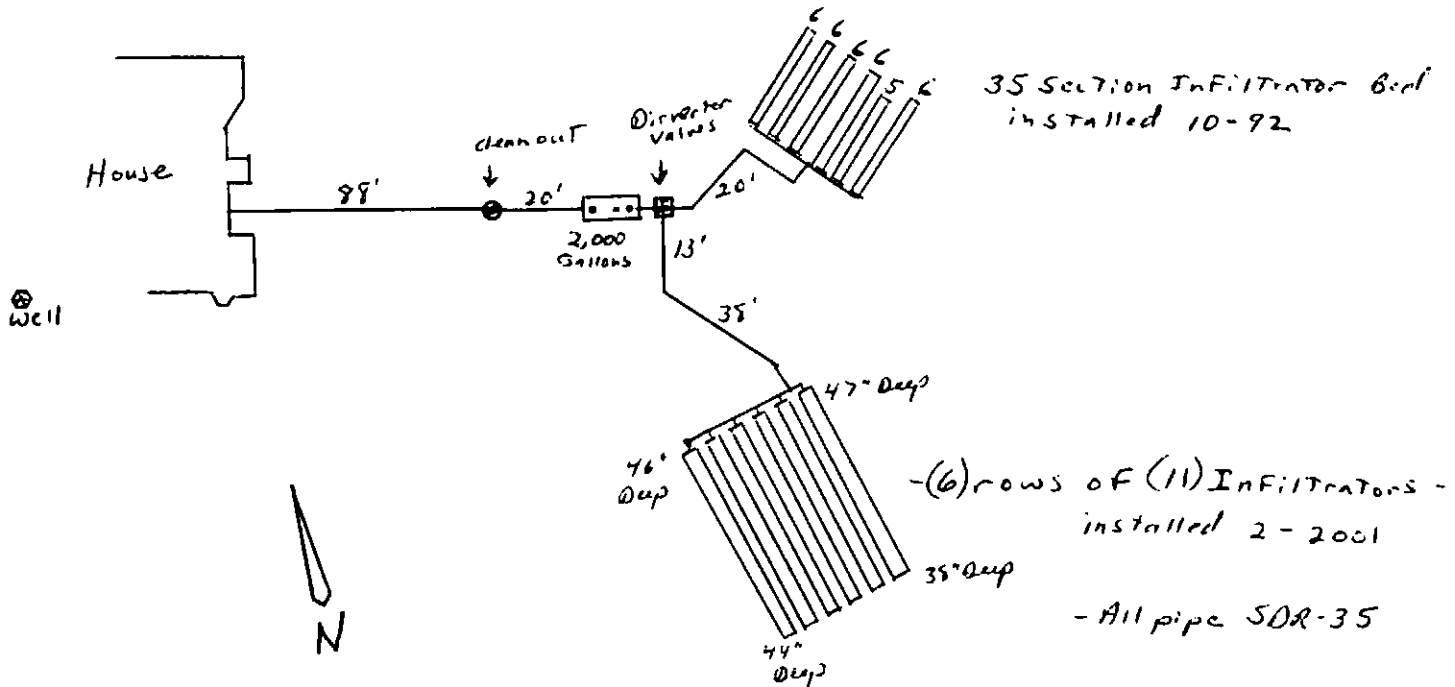
Approval letter provided? Y or N

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:



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: ON0001801

OWNER NAME: TERRY S VINCENT

DATE PERMITTED: 4/27/00

ADDRESS: 1460 ROYAL CREST CT

CITY, STATE, ZIP: MONUMENT

80132

PHONE NUMBER: 7194818423

INSTALLED BY:

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.

PERMIT FEE(NON REFUNDABLE) :

New Permit-----\$ 300.00

ISDS Repair -\$ 50.00

Voided/Altered permit --\$ 25.00

Jisha Dower
DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT EXPIRATION DATE :

Expires twelve months from date of issue

Pamela Switzer 578-3146
ENVIRONMENTALIST / PHONE NUMBER

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

MINIMUM SEPTIC TANK SIZE: _____ GALLONS

MINIMUM ABSORPTION AREA REQUIRED

SQ FT

PLANNING DEPARTMENT ☒

ENUMERATION ☒

FLOOD PLAIN ☒

WASTEWATER ☒

COMMENTS:

AVOID AREA NORTH OF EXISTING ABSORPTION AREA (PREVIOUS PERC TEST REVEALED BEDROCK AT 4 FEET.) CURRENT CODE REQUIRES 1558 SQUARE FEET OF ABSORPTION AREA. THIS WOULD REQUIRE AN ADDITION OF 724 SQUARE FEET OR THE ADDITION OF A VALVE AND 1558 SQUARE FEET.

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.

MAILED 4/28/00

Inspector

RandyRecord I.D. 1801

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 ☐ P.E. DESIGN

Owner

Terry S. Vincent

Daytime Phone

481-8423

Address of Property

1460 ROYAL CREST CT.

City & Zip

MONUMENT

Legal Description

Lt. 69 Bent Tree II Sub El PASO CTY

Tax Schedule #

6170-06-011

Lot Size

3.2 ac

Septic Contractor

Inside City Limits

☒ No☐ Yes-City

Water Supply

☒ Well or Spring☐ Cistern☐ Public

Type of Building

☒ Frame☐ Modular☐ Mobile☐ Commercial☐ Manufactured☐ Other

Owner's MAILING Address

1460 ROYAL CREST CT

City, State & Zip

MONUMENT CO.☒ MAIL PERMIT OR ☐ PICK UP PERMIT ☐ THERE IS AN ADDITIONAL RESIDENCE ON THIS PROPERTY

MAXIMUM POTENTIAL BEDROOMS

6

Percolation Test Attached Y N

Garbage Disposal Y NBasement Y NClothes Washer Y 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

Terry VincentDate 4-24-00

DEPARTMENT OF HEALTH USE ONLY

Minimum Absorption Area

Minimum Tank Capacity

Date of Site Inspection

REMARKS

Avoid Area North of Existing Absorption Area (previous perc test revealed Bedrock @ 4ft). Current code requires 1558 ft² of Absorption Area. This would require an addition of 724 ft² of the Addition of a valve and 1558 ft²

EHS INSPECTOR

Durston

DATE

4-27-00

APPROVED

DENIED

FEE / NO FEE

DATE TO PLANNING / WASTEWATER 4-26-00

- 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.
- | | | |
|---------------|---------------------------------|---------------------|
| _____ Well(s) | _____ Adjacent property well(s) | _____ Subsoil drain |
| _____ Cistern | _____ Water line | |
- 4) Initial any of the following that are within 100 feet of your proposed septic system and include on your plot plan.
- | | |
|---------------------|----------------------------------|
| _____ Spring(s) | _____ Lake(s) |
| _____ Pond(s) | _____ Stream(s) |
| _____ Dry Gulch(es) | _____ 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**