

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

Permit # 0N0004799  
Date 8/1/03

**P**

APPROVED: YES  NO  #6117007021

ENVIRONMENTALIST Krueger

Address 17820 QUEENSMERE DR.

Owner TKO DESIGN AND CONSTRUCTION

Legal Description LOT 197 BENT TREE TR  
Residence , # of bedrooms 6; Commercial ; System Installer BOB FLETCHER

**SEPTIC TANK:**

Commercial ; Noncommercial , L     , W     , WD       
Construction Material CONCRETE, capacity 2250 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     

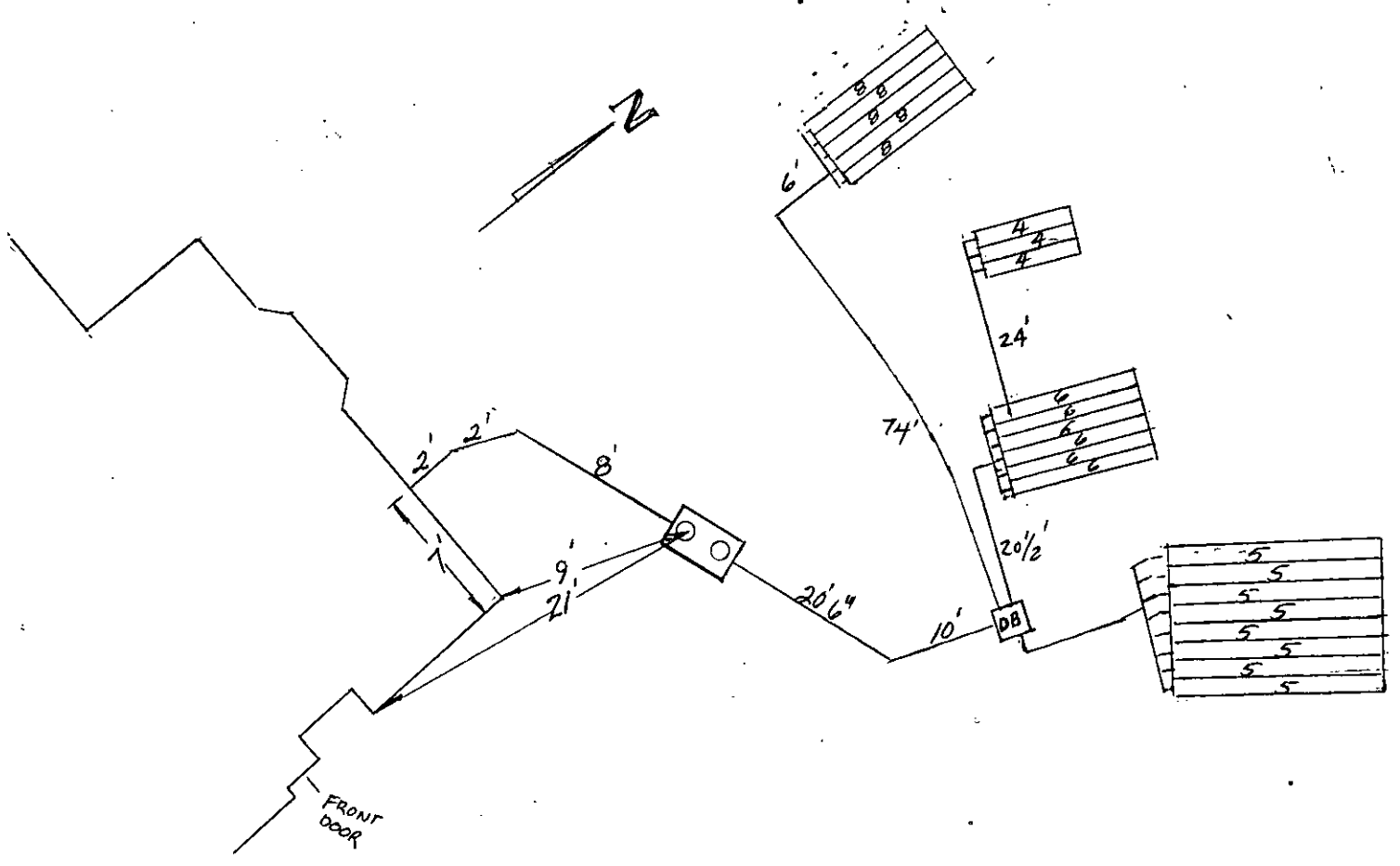
**Rockless Systems:**

Chamber: Type BIO DIFFUSER, number of chambers 128, bed , trench  
sq. ft./section 15.5, reduction allowed 35%, sq. ft. required 2286  
total sq. ft. installed 3052, depth of installation 24"-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:**

SEPTIC TANK LARGE  
ENOUGH FOR 7 BR HOUSE



GARY

EL PASO COUNTY  
DEPARTMENT OF HEALTH AND ENVIRONMENT  
301 S Union Blvd, Colorado Springs, Colorado 719-575-8636

INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

OWNER NAME: TKO DESIGN AND CONSTRUCTION PERMIT NUMBER: ON0004799  
ADDRESS: 17820 QUEENSMERE DR DATE PERMITTED: 03/18/2003  
CITY, STATE, ZIP: MONUMENT CO 80132 PHONE NUMBER: 7194810032  
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.

*Rosemary C. Baker-Martin*

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT EXPIRATION DATE :  
Expires twelve months from date of issue

*Luague*

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: 2,000 GALLONS MINIMUM ABSORPTION AREA REQUIRED 2,286 SQ FT

PLANNING DEPARTMENT  ENUMERATION  FLOOD PLAIN  WASTEWATER

COMMENTS:

INSTALL IN AREA OF PERCOLATION TEST. (TEST IS 3 YEARS OLD BUT HOLES AND STAKES ARE STILL VISIBLE).  
BOTTOM OF LEACH FIELD TO BE AROUND 34 INCHES. WELL SHALL BE AT LEAST 128 FEET FROM LEACH FIELD.

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 3/21/03 JAK Mailed  
Final Inspection Requested: BY: Bob Fletcher Date Called In: 3/1/03 8:15  
Phone # 491-6373 Septic Site will be ready: Now

Inspector Cary

District \_\_\_\_\_

Record I.D. 4799

# 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 WASTEWATER TREATMENT SYSTEM PERMIT

NEW CONSTRUCTION     MINOR REPAIR     MAJOR REPAIR/ADD

Owner TKO DESIGN & CONST LLC Daytime Phone 719-481-0032  
 Address of Property RANDY OTTAWAY 17820 QUEENSMERE DR. City & Zip MONUMENT, CO. 80132  
 Legal Description LOT 197 BENT TREE IV  
 Owner's MAILING Address P.O. 1204 City, State & Zip MONUMENT, CO. 80132  
 Lot Size 2.5 ACRES Tax Schedule # 61170-07-021

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 NUMBER OF BEDROOMS <u>6</u>			
Percolation Test Attached <u>Y</u> N	Basement <u>Y</u> N	Garbage Disposal <u>Y</u> N	Clothes Washer <u>Y</u> 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 [Signature] Date 3/14/03  
You will be notified by telephone when your permit is ready for pick up. Please allow a minimum of 10 days for new septic.

### DEPARTMENT OF HEALTH USE ONLY

2000 Minimum Tank Capacity    ~~2286~~ 2286 Minimum Absorption Area    3/17/03 Date of Site Inspection

REMARKS INSTALL IN AREA OF PERC TEST (TEST IS 3 YRS OLD BUT HOLES & STAKES ARE STILL VISIBLE). BOTTOM OF LEACH FIELD TO BE AROUND 34". WELL SHALL BE AT LEAST 128' FROM LEACH FIELD.

EHS INSPECTOR [Signature] DATE 3/17/03 APPROVED DENIED

### FEES AS OF 11/1/02:

NEW CONSTRUCTION    \$432.00 + Planning Department Surcharge of \$30. = \$462.00  
 MAJOR REPAIR/ADDITION    \$342.00  
 MINOR REPAIR/ADDITION    \$162.00

DATE TO PLANNING / WASTEWATER: 03/17/03  
 DATE TO FLOODPLAIN/ENUMERATIONS \_\_\_\_\_

PLEASE COMPLETE THE BACK OF THIS FORM

- 1) We require an original of your **PERCOLATION (PERC) TEST** with an original professional engineer's (PE) stamp and signature as well as a map of the percolation test hole locations with measurements from a fixed reference point.
- 2) **PROPERTY ADDRESS OR LOT NUMBER MUST BE POSTED AND CLEARLY VISIBLE FROM ROAD. PERC HOLES MUST BE CLEARLY MARKED OR AN ADDITIONAL CHARGE FOR A RETURN TRIP TO THE SITE MAY BE ASSESSED.**
- 3) A **PLOT PLAN** must be drawn (not to scale) on an 8 ½ 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) alternate septic system site	
- 4) 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	
- 5) 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)

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

I-25 NORTH EXIT MONUMENT HWY 105  
 EAST ON HIGHWAY 105 RIGHT ON SCOTTSWOOD.  
 LEFT ON QUEENSMERE