7038

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT Permit # 7192
INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION FORM Date 7-21-93

APPROVED: YES X NO #6119004009 ENVIRONMENTALIST R Swepston P

Address 425 CIMARRON RD Owner James + Katherine Bawley

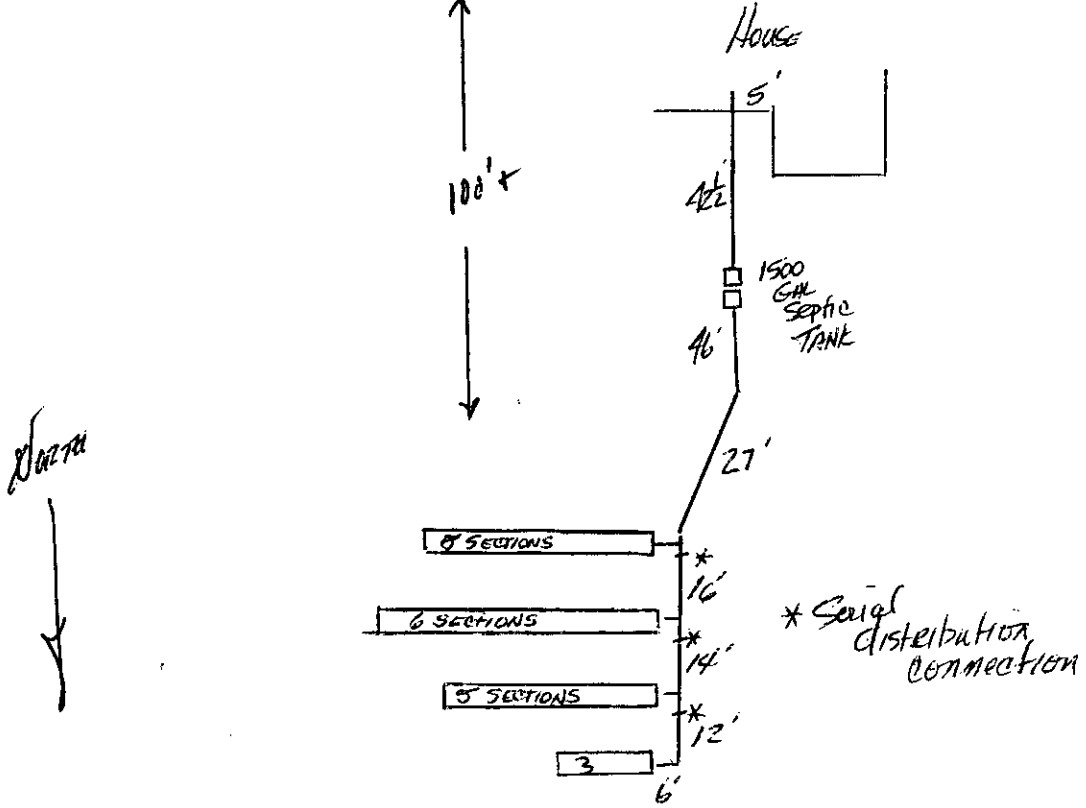
Legal Description Lot 26 Arrowwood Estates
Residence X, # of bedrooms 4; Commercial ____; System Installer ____

SEPTIC TANK
Commercial X; Noncommercial ____, L ____, W ____, WD ____
Construction Material Concrete, capacity ____ 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:
Pipe: diameter of pipe ____, total length ____, sq. feet ____
Chamber: Type Infiltrator, number of chambers 19, bed ____, trench X
sq. ft./section 18, reduction allowed 50 %, total sq. ft. installed 684

Engineer Design ____, Designing Engineer ____.
Approval letter provided? ____
Well 50 feet from tank ____ 100 feet from leach field ____
Well installed at time of septic system inspection YES ____ NO* X 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.

well 11/23/93 Mitro



CIMARRON

7192

Acres 2½

Water Supply well

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

301 South Union Blvd. • Colorado Springs, Colorado • 578-3125

Permit _____

Receipt No. 0363

PAID 4-9-93

PERMIT

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

Issued to JAMES &KATHERINE BAWLEY Date 6-16-93

Address of Property 425 CIMMARON STRLET, LOT 26, ARROWWOOD ESTATES Phone 481-4131

(Permit valid at this address only)

Sewage-Disposal System work to be performed by KEN KOTTKE Phone 481-3174

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 twelve (12) 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)

John B. Lamb, M.D.
DIRECTOR, DEPARTMENT OF HEALTH AND ENVIRONMENT

6-16-94
DATE OF EXPIRATION

ENVIRONMENTALIST

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

SEPTIC TANK:	TRENCH SYSTEM:	BED SYSTEM:	SEEPAGE PIT SYSTEM:
1500 gallons	total square feet * 549 _____ ft. of trench _____ inches wide _____ ft. of trench _____ inches wide	total square feet _____	total square feet _____ _____ rings or _____ diam. x _____ w/d

NOTES: *6/16-93. LOCATE SYSTEM IN AREA OF PERCOLATION TEST DATED 6/12/93. MEET MINIMUM DISTIANCES, RECOMMEND 60 PER CENT INCREASE IN LEACH AREA FOR GARBAGE DISPOSAL & WASHER. PERMIT #7038 IS HEREBY VOID BECAUSE OF NEW PERC. TEST

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.

El Paso County Health Department
501 North Foote Avenue
Colorado Springs, CO 80909-4593
(303) 578-3125

520-6600

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

NAME OF OWNER James & Katherine Bartley HOME PHONE 488-3936 WORK PHONE 481-4131

ADDRESS OF PROPERTY 425 Cimmeron Rd, Monument DATE 3-31-93

LEGAL DESCRIPTION OF PROPERTY Lot No. 26, Arrowwood Estates, Monument, CO

TAX SCHEDULE NUMBER SYSTEM CONTRACTOR Ken Kothe PHONE 481-3174

OWNER'S ADDRESS IF DIFFERENT 520 Portland Rd, Monument, CO

TYPE OF HOUSE CONSTRUCTION Frame SOURCE AND TYPE OF WATER SUPPLY well

SIZE OF LOT 2½ acre MAXIMUM POTENTIAL NUMBER OF BEDROOMS 4 BASEMENT (yes or no) yes

PERCOLATION TEST RESULTS ATTACHED (yes or no) yes

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. (ANSWER QUESTIONS ON BACK OF FORM).

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 knowlege 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 James H. Bartley

#7/92

HEALTH DEPARTMENT USE ONLY

PERMIT NUMBER ~~7038~~ Void RECEIPT NUMBER 0363 DATE TO LAND USE DEPARTMENT attached (OK) walking through Planning

ABSORPTION AREA *649 ~~1200~~ TANK CAPACITY 1500 DATE OF SITE INSPECTION 4/6/93

REMARKS: ~~Must meet 1990 EPS installation guidelines, leach area to be in area of perc test but away from hole #3. Keep out of low area to west. MWP 6/16/93~~

*4/16/93. Locate system in area of perc dated 4/12/93. Meet minimum distances, recommend 60% increase in leach area

APPLICATION IS APPROVED (✓) DENIED ( ) DATE 4/6/93 ENVIRONMENTALIST Walter W. Pantley

for garbage disposal & washer. Permit #7038 is hereby void because of new perc test.

ANSWER THE FOLLOWING ITEMS AND/OR INCLUDE ON PLOT PLAN.

PROPERTY LINES ✓

PROPERTY DIMENSIONS ✓

LOCATION OF PROPOSED SEPTIC SYSTEM ✓

LOCATION OF WELL ✓

LOCATION OF ADJACENT WELLS _____

BUILDINGS ✓

PROPOSED BUILDINGS ✓

WATER SUPPLY LINE _____

CISTERNS _____

SPRINGS _____

LAKES _____

PONDS _____

WATER COURSES _____

STREAMS _____

DRY GULCHES _____

SUBSOIL DRAINS _____

DIRECTIONS TO PROPERTY FROM MAIN HIGHWAYS:

Hwy 105 East

Rt on S. Arrowwood Drive

To Cimmaron St.