

#6120007006

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

Permit # 627

Date 3/13/08

483  
3/13/08  
P

APPROVED: Yes ☒ No ☐ Environmental Health Specialist: Elizabeth Walradt

Address 1105 Brenthaven Ct. monument 80132 Owner The Dubois

Legal Description Lot 1621 Sub Bent-tree III

Residence ☒ # Bedrooms 6 Commercial ☐ System Installer Kuran

**SEPTIC TANK:**

Commercial ☒ Noncommercial ☐ Construction Material concrete Capacity Gallon 2250

**DISPOSAL FIELD:**

Trench: Depth (Range) \_\_\_\_\_ Width \_\_\_\_\_ Total Length \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

Bed: Depth (Range) \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

Depth of Rock \_\_\_\_\_ Under PVC \_\_\_\_\_ Type of cover on Rock \_\_\_\_\_

**DRYWELLS:** # of Pits \_\_\_\_\_ Rings (Pit 1) \_\_\_\_\_ Rings (Pit 2) \_\_\_\_\_ Working Depth #1 \_\_\_\_\_ #2 \_\_\_\_\_

Size (L x W) #1 \_\_\_\_\_ #2 \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

**ROCKLESS SYSTEMS:**

Standard Chamber: Type Biodiffusers #Chambers 119 Sq. Ft./Chamber 15.5 Bed ☒ Trench \_\_\_\_\_

High Profile Units: Type Chamber \_\_\_\_\_ #Chambers \_\_\_\_\_ Sq. Ft./Chamber \_\_\_\_\_ Bed \_\_\_\_\_ Trench \_\_\_\_\_

Reduction Allowed 35 % Sq. Ft. Required 2444 Depth (Range) 24" - 48"

Sq. Ft. Installed \_\_\_\_\_ Equivalent Sq. Ft. Installed with Reduction 2459

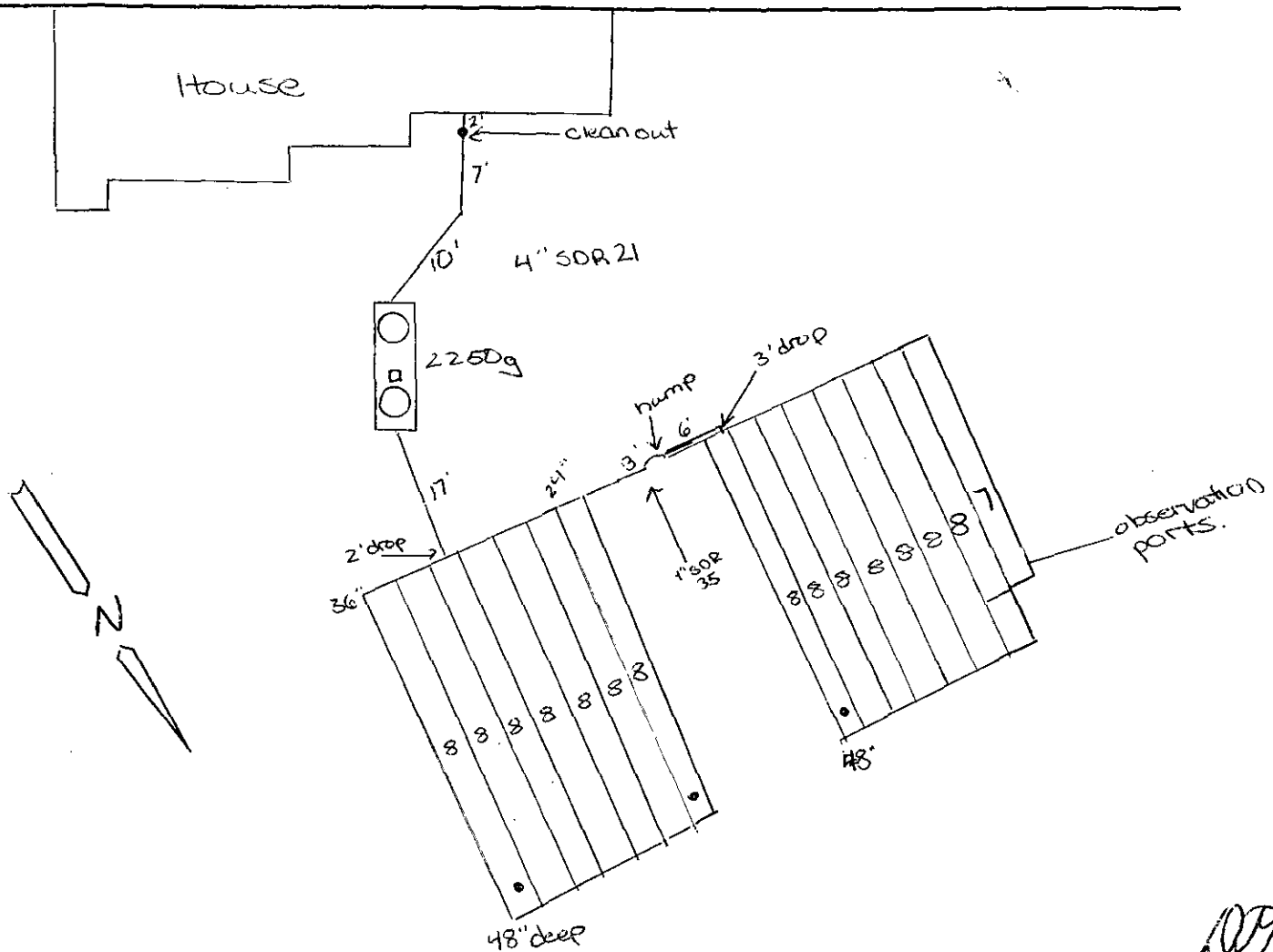
Engineer Design: Y ☒ Engineering Firm \_\_\_\_\_

Approval letter provided? Y ☐ N ☒

Well installed at time of septic system inspection? Y ☒ 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:** Drawing not to scale. Tank is adequate for a 7 (seven) bedroom. Each field is sized for a 6 (six) bedroom.



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: THE DUBOIS  
ADDRESS: 1105 BRENTHAVEN CT  
CITY, STATE, ZIP: MONUMENT, CO 80132  
INSTALLED BY :

PERMIT NUMBER: 627  
DATE PERMITTED : 06/25/2007  
PHONE NUMBER : ~~719-575-8635~~ **477-9460**

This permit is issued in accordance with 25-10-207 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 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 EXPIRATION DATE:

Expires twelve months from date of issue

  
Elizabeth Walradt ~~575-3127~~ **575-8965**  
ENVIRONMENTALIST/PHONE NUMBER\*

WATER SOURCE: Well or Spring

MINIMUM SEPTIC TANK SIZE: 2000 GALLONS MINIMUM ABSORPTION AREA REQUIRED 2444 SQ FT

PLANNING DEPARTMENT ☐ ENUMERATION ☐ FLOOD PLAN ☐ WASTEWATER ☐

**COMMENTS:**

\* 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

INSTALL LEACH FIELD IN AREA OF PERCOLATION TEST. MAXIMUM DEPTH OF LEACH FIELD IS 48 INCHES (BEDROCK AT 8 FEET), WITHOUT ADDITIONAL ENGINEERING. PREFERRED MAXIMUM DEPTH OF LEACH FIELD IS 36 INCHES. LEACH FIELD MUST BE AT LEAST 10 FEET FROM PROPERTY LINE AND 128 FEET FROM ANY WELL. GPS N 39 DEGREES 04.760 MINUTES W 104 DEGREES 48.729 MINUTES +/- 17 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.

FOR ADMINISTRATOR USE ONLY

Permit Ready:

6/27/07 Called

Mailed

Final Inspection Requested:

BY: Janet/Kunau Drilling

Date Called In: 03/13/08

Phone # 683-3720

Septic Site will be ready: Now

## EL PASO COUNTY DEPARTMENT OF HEALTH &amp; ENVIRONMENT

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 575-8635 • Fax: (719) 578-3188

\*ALL PAYMENTS ARE DUE AT TIME OF SUBMITTAL IN CASH OR CHECK

## APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

☒ NEW CONSTRUCTION ☐ MINOR REPAIR ☐ MAJOR REPAIR/ADD

Owner THE DUBOIS/NIGHT HAWK DESIGN Daytime Phone 719-477-9460  
Address of Property 1105 BRENTHAVEN COURT City & Zip MONUMENT 80132  
Legal Description LOT 1621 SUB. BENT-REE III  
Owner's MAILING Address 6/NIGHT HAWK DESIGN 4925 SAPPHIRE City, State & Zip C/S CO. 80918  
Lot Size 2.5 ACRES Tax Schedule # 6120007006

Type of Building: ☒ Frame ☐ Modular ☐ Mobile ☐ Commercial ☐ Manufactured ☐ OtherWater 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 PROPERTYMAXIMUM POTENTIAL NUMBER OF BEDROOMS 6Percolation Test Attached ☒ Y ☐ NBasement ☒ Y ☐ NGarbage Disposal ☒ 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 [Signature]Date 6/22/07You 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 g  
Minimum Tank Capacity2444 ft<sup>2</sup>  
Minimum Absorption Area6/22/07  
Date of Site Inspection

REMARKS Install leach field in area of perc test. maximum depth of leach field is 48" (Bedrock at 8'), therefore without additional engineering. Preferred max depth is 36". Leach field must be at least 10ft from property line and 128ft from any well.

GPS N 39°04.760' W 104°48.729' T 17ftEHS INSPECTOR [Signature]DATE 6/22/07APPROVED [Signature]

DENIED

## FEES AS OF 02/22/2006:

NEW CONSTRUCTION \$350.00 + Planning Department Surcharge of \$118.00. 442

MAJOR REPAIR/ADDITION \$430.00

MINOR REPAIR/ADDITION \$179.00

DATE TO PLANNING / WASTEWATER: 6/22/2007DATE TO FLOODPLAIN/ENUMERATIONS [Signature]

PLEASE COMPLETE THE BACK OF THIS FORM

- 1) We require an original of your **PERCOLATION (PERC) TEST** with an original professional engineer (PE) stamp and signature as well as a plot 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**.
- |               |                                 |                     |
|---------------|---------------------------------|---------------------|
| _____ Well(s) | _____ Adjacent property well(s) | _____ Subsoil drain |
| _____ Cistern | _____ Water line                |                     |
- 5) 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) |

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



~~Hogbin~~ Hwy  
COLONIAL PARK  
BRENT HAVEN