

6122003005

EL PASO COUNTY HEALTH DEPARTMENT  
COLORADO SPRINGS, COLORADO

SEWAGE DISPOSAL INSPECTION FORM

PERMIT NUMBER 3730

DATE 3/6/86

APPROVAL:  
YES ☒ NO ☐

ENVIRONMENTALIST Krueger

LOCATION (street number) 3535 Needles Dr OCCUPANT \_\_\_\_\_

LEGAL DESCRIPTION Lot 40 Walden III

TYPE OF CONSTRUCTION Dwelling NO. OF BEDROOMS 3

SYSTEM INSTALLED BY Fenton

COMMERCIAL MFG. yes SIZE 1250

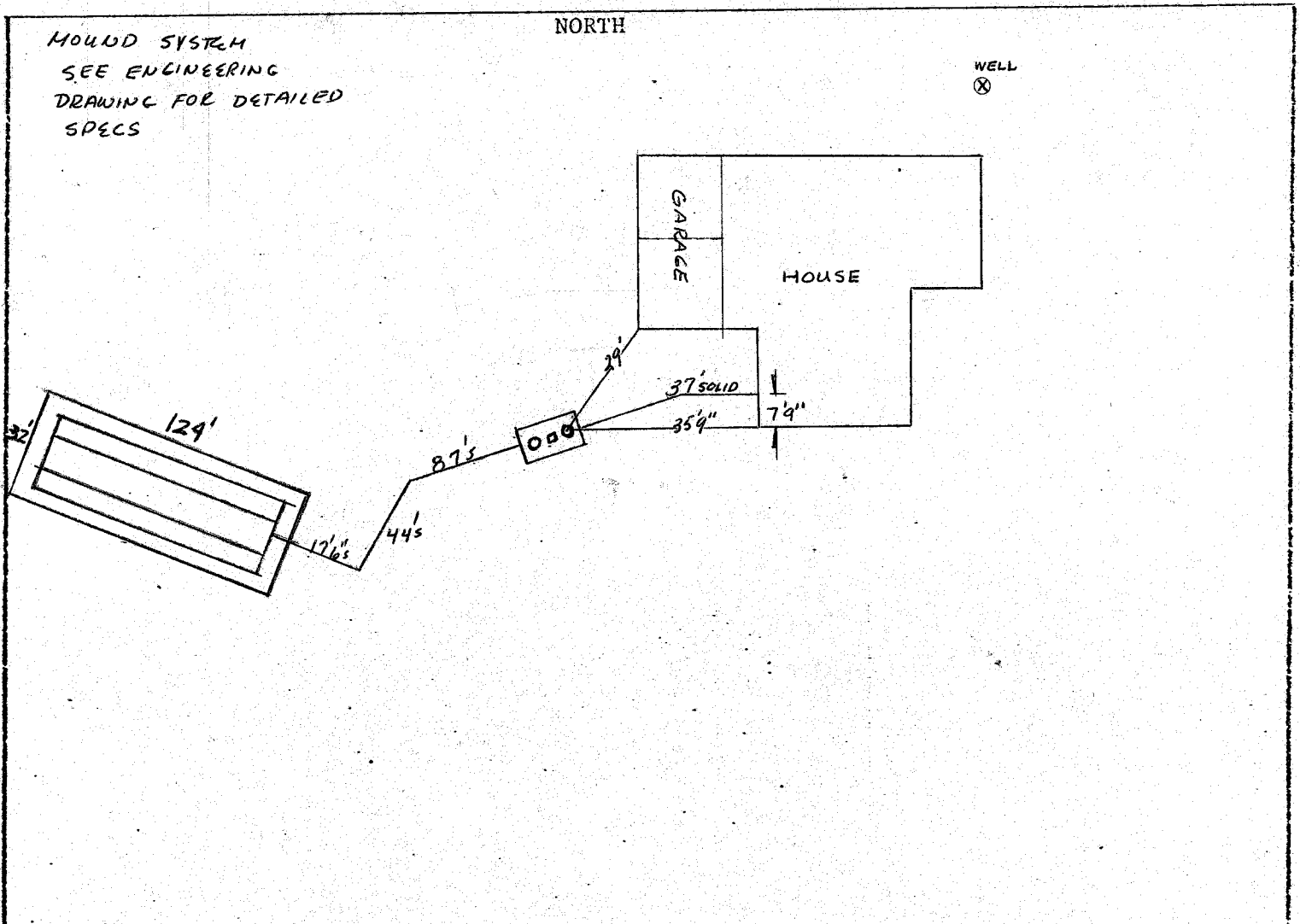
TYPE OF MATERIAL concrete NO. COMPARTMENTS 2

WIDTH \_\_\_\_\_ LENGTH \_\_\_\_\_ DEPTH (total) \_\_\_\_\_ LIQ. CAP. \_\_\_\_\_

DISPOSAL FIELD: ~~BED OR TRENCH~~ MOUND DEPTH \_\_\_\_\_ WIDTH 32' LENGTH 124' SQ. FT. \_\_\_\_\_

DISTANCE BETWEEN LINES \_\_\_\_\_ ROCK \_\_\_\_\_ DEPTH \_\_\_\_\_ UNDER \_\_\_\_\_ OVER \_\_\_\_\_

LEACHING PITS (NO.) \_\_\_\_\_ LINING MATERIAL \_\_\_\_\_ CAPACITY SQ. FT. \_\_\_\_\_



Acres Appx. 5  
Water Supply well

**EL PASO COUNTY • COUNTY HEALTH DEPARTMENT**  
501 North Foote Avenue • Colorado Springs, Colorado • 578-3125

Permit

3730

Receipt No.

0144

## PERMIT

**TO CONSTRUCT, ALTER, REPAIR or MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

Issued To Edward & Lois Schultz

Date 1-2-86

Address of Property 3535 Needles Drive, Monument

Phone 481-4345

(Permit valid at this address only)

Sewage-Disposal System work to be performed by Fenton Plumbing

Phone

This Permit is issued in accordance with 25-10-106 Colorado Revised Statutes 1973, as amended. PERMIT EXPIRES upon completion of installation of sewage-disposal system or at the end of six (6) 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)

2-2-86

DATE OF EXPIRATION

John B. Smith, D.D.  
DIRECTOR, COUNTY HEALTH DEPARTMENT

Sam Latona  
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:
	total square feet <u>4900</u>		total square feet
	ft. of trench _____ inches wide		
<u>1250</u> gallons	ft. of trench _____ inches wide	total square feet	rings or _____ diam.x _____ w/d

**NOTES:** Per engineer design ET bed 70' X 70'  
Call design engineer for inspections

*redesign 124'x32' MOUND SYSTEM GUK 3/6/86*

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 times for the purpose of making such inspections as are necessary to determine compliance with requirements of this law.

orig to  
John Farrow  
3/5/86 <sup>sent to</sup> Gary  
Kiolomony  
cater John Farrow  
place —

El Paso County Health Department  
501 North Foote Avenue  
Colorado Springs, CO 80909-4598  
(303) 578-3125

*[Signature]*

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

NAME OF OWNER Edward and Lois Schultz HOME PHONE 481-4345 WORK PHONE \_\_\_\_\_  
ADDRESS OF PROPERTY 3535 Needles Drive, Monument, Colorado DATE 12/20/85  
LEGAL DESCRIPTION OF PROPERTY Lot 40, Walden III, XXXXXXXXXX  
TAX SCHEDULE NUMBER 61220-03-005 SYSTEM CONTRACTOR Fenton Plumbing PHONE 632-7540  
OWNER'S ADDRESS IF DIFFERENT 19070 Doewood Drive, Monument, Colorado 80132  
TYPE OF HOUSE CONSTRUCTION Frame SOURCE AND TYPE OF WATER SUPPLY Private Well  
SIZE OF LOT Appx. 5 Ac. MAXIMUM POTENTIAL NUMBER OF BEDROOMS 3 BASEMENT (yes or no) No  
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.

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 knowledge 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 *Andrew E. Schubert* *Edward Schultz*  
*West Wind Const. Inc.*

HEALTH DEPARTMENT USE ONLY GEN CONTRACTOR

PERMIT NUMBER 3730 RECEIPT NUMBER 6144 DATE TO LAND USE DEPARTMENT 12/23/85  
ABSORPTION AREA 4900<sup>6</sup> TANK CAPACITY 1250 DATE OF SITE INSPECTION 12/24/85

REMARKS: per engineer design ET BED 70' x 70'  
call <sup>design</sup> engineer for inspections  
SEND to SHD  
redesign - 124' x 32'

APPLICATION IS APPROVED ( ☒ ) DENIED ( ☐ ) DATE 12/24/85 ENVIRONMENTALIST *[Signature]*