

INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Date 29 March 2006

APPROVED: Yes ☒ No ☒ Environmental Health Specialist: J. Christensen

Address 4601 Secluded Creek Court 80908 Owner Mark Breuer
 Legal Description Lot 21, High Forest Ranch Filing 2
 Residence ☒ # Bedrooms 4 Commercial ☐ System Installer Kunan Drilling

SEPTIC TANK:

Commercial ☒ Noncommercial ☐ Construction Material Concrete Capacity Gallon 1500

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 Infiltrator #Chambers 64 Sq. Ft./Chamber 15.5 Bed ☒ Trench ☐
 High Profile Units: Type Chamber _____ #Chambers _____ Sq. Ft./Chamber _____ Bed ☐ Trench ☐
 Reduction Allowed 35 % Sq. Ft. Required 1524 Depth (Range) 2'-3 1/2'
 Sq. Ft. Installed 992 Equivalent Sq. Ft. Installed with Reduction 1526

Engineer Design: Y ☒ Engineering Firm N/A

Approval letter provided? ☒ N Attached letter, Colorado Engineering Apr. 2006

Well installed at time of septic system inspection? ☒ N Public Water?

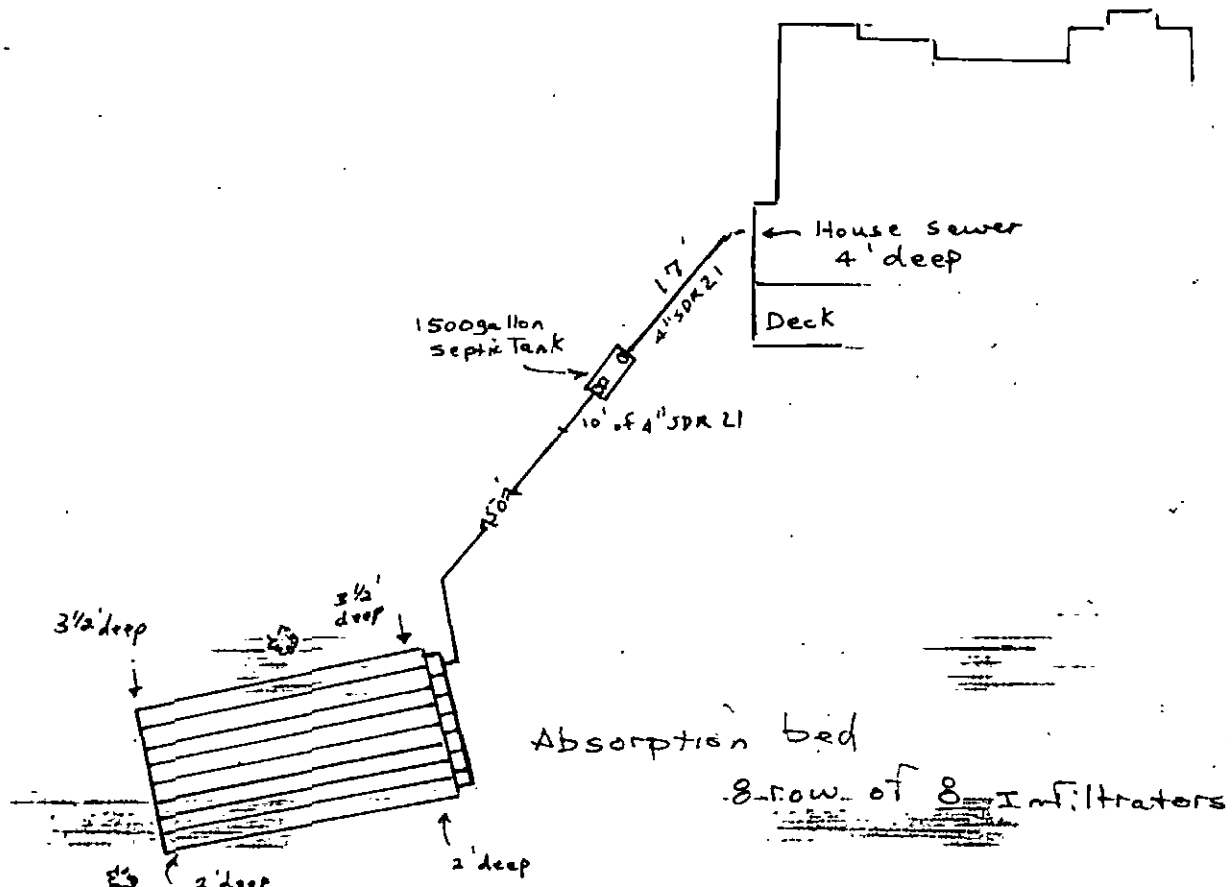
*Approval will be revoked if in the future the well is found to be within 50 feet of the septic tank and/or 100 feet of the disposal field.

NOTES: * System installed outside of percolation test site.

Risers to be installed on septic tank - 5 1/2' deep to top of tank.



Well



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: MARK BREUER
ADDRESS: 4601 SECLUDED CREEK COURT
CITY, STATE, ZIP: COLORADO SPRINGS CO 80908
INSTALLED BY:

PERMIT NUMBER: ON0006760
DATE PERMITTED: 10/4/2005
PHONE NUMBER: 7194941726

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

V. Briffin for Janet Christensen
ENVIRONMENTALIST / PHONE NUMBER*

PERMIT EXPIRATION DATE:
Expires twelve months from date of issue

* 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: 1,500 GALLONS MINIMUM ABSORPTION AREA REQUIRED 1,524 SQ FT

PLANNING DEPARTMENT



ENUMERATION



FLOOD PLAIN



WASTEWATER



COMMENTS:

INSTALL ABSORPTION SYSTEM IN AREA AND AVERAGE DEPTH (36 INCHES) OF SOIL PERCOLATION TEST. DEPTH OF SYSTEM SHALL NOT EXCEED 4 FEET BELOW NATIVE GROUND SURFACE UNLESS APPROVED BY AN ENGINEER. NO PORTION OF SYSTEM IS TO BE INSTALLED IN THE DRAINAGE EASEMENT.

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: 11-4-05 *kel* Called Mailed

Final Inspection Requested: BY: Robert - Kumanu

Date Called In: 3/28/06 12:21

Phone # 683-3720

Septic Site will be ready: *10/11/06*

238-5124

EL PASO COUNTY DEPARTMENT OF HEALTH & 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/ADDOwner MARK BREUERDaytime Phone 719-494-1726Address of Property 4601 SECLUDED CREEK COURTCity & Zip COLO SPRINGS 80908Legal Description Lot 21 HIGH FOREST RANCH FILING 2Owner's MAILING Address 4445 NORTH PARK DR Suite 204 City, State & Zip COLO SPRINGS 80907Lot Size 110,083 SF Tax Schedule # 612 600 7017Type 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 PROPERTYMAXIMUM POTENTIAL NUMBER OF BEDROOMS 4Percolation Test Attached ☒ N Basement ☒ N Garbage Disposal ☒ N Clothes Washer ☒ 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 _____

Date 9/28/05*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

Minimum Tank Capacity 1500 gallonsMinimum Absorption Area 1524 Ft²Date of Site Inspection 29 Sep. 2005

REMARKS Install absorption system in area and average depth (36 inches) of soil percolation test. Depth of system shall not exceed 4 ft. below native ground surface unless approved by an engineer. No portion of system is to be installed in the drainage easement.

EHS INSPECTOR Jane ChristensenDATE 09-30-05☒ APPROVED☐ DENIED

FEES AS OF 02/23/2005:

NEW CONSTRUCTION \$407.00 + Planning Department Surcharge of \$118.00 = \$525.00

MAJOR REPAIR/ADDITION \$448.00

MINOR REPAIR/ADDITION \$154.00

DATE TO PLANNING / WASTEWATER: 9/28/05DATE TO FLOODPLAIN/ENUMERATIONS 9/28/05

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 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 1/2 x 11 sheet of paper. The plot plan must include:
 - 1) a north bearing ✓
 - 2) property lines ✓
 - 3) property dimensions ✓
 - 4) all buildings (proposed or existing) ✓
 - 5) proposed septic system site ✓
 - 6) alternate septic system site ✓
 - 7) driveway (proposed or existing and name of adjoining street) ✓
- 4) Initial any of the following features that apply to your property and **INCLUDE** them on your **PLOT PLAN**.

<u>MB</u> Well(s)	_____ Adjacent property well(s)	<u>MB</u> 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)	<u>MB</u> Natural drainage course(s)

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

HWY 83 NORTH OF COLO. SPRINGS - TURN RIGHT
 ON HIGH FOREST ROAD - TURN LEFT ON
 OPEN SKY - TURN LEFT ON SECLUDED CREEK
 COURT - ON LEFT END OF CUL DE SAC -

4601 SECLUDED CREEK COURT.

1524

571.5 60%

4 = 5

4x1.50x1.5 1/2