

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

Permit # ON0006555

Date August 29, 2005 *Wfs*

APPROVED: Yes ☒ No ☐

6201004010

Environmental Health Specialist: Brad Wallace

Address 13975 Milam Road

Owner Cathedral Pines

Legal Description Tract 3, Cathedral Pines #1

Residence ☐ # Bedrooms 0 Commercial ☒ System Installer Bob Fletcher, Mass Mayhem

SEPTIC TANK:

Commercial ☒ Noncommercial ☐ Construction Material Concrete Capacity Gallon 1,000 Gallons

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 Brodifusers #Chambers 22 Sq. Ft./Chamber 15.5 Bed _____ Trench X

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

Reduction Allowed * 15 % Sq. Ft. Required _____ Depth (Range) 30" → 36"

Sq. Ft. Installed _____ Equivalent Sq. Ft. Installed with Reduction * 401 FTL

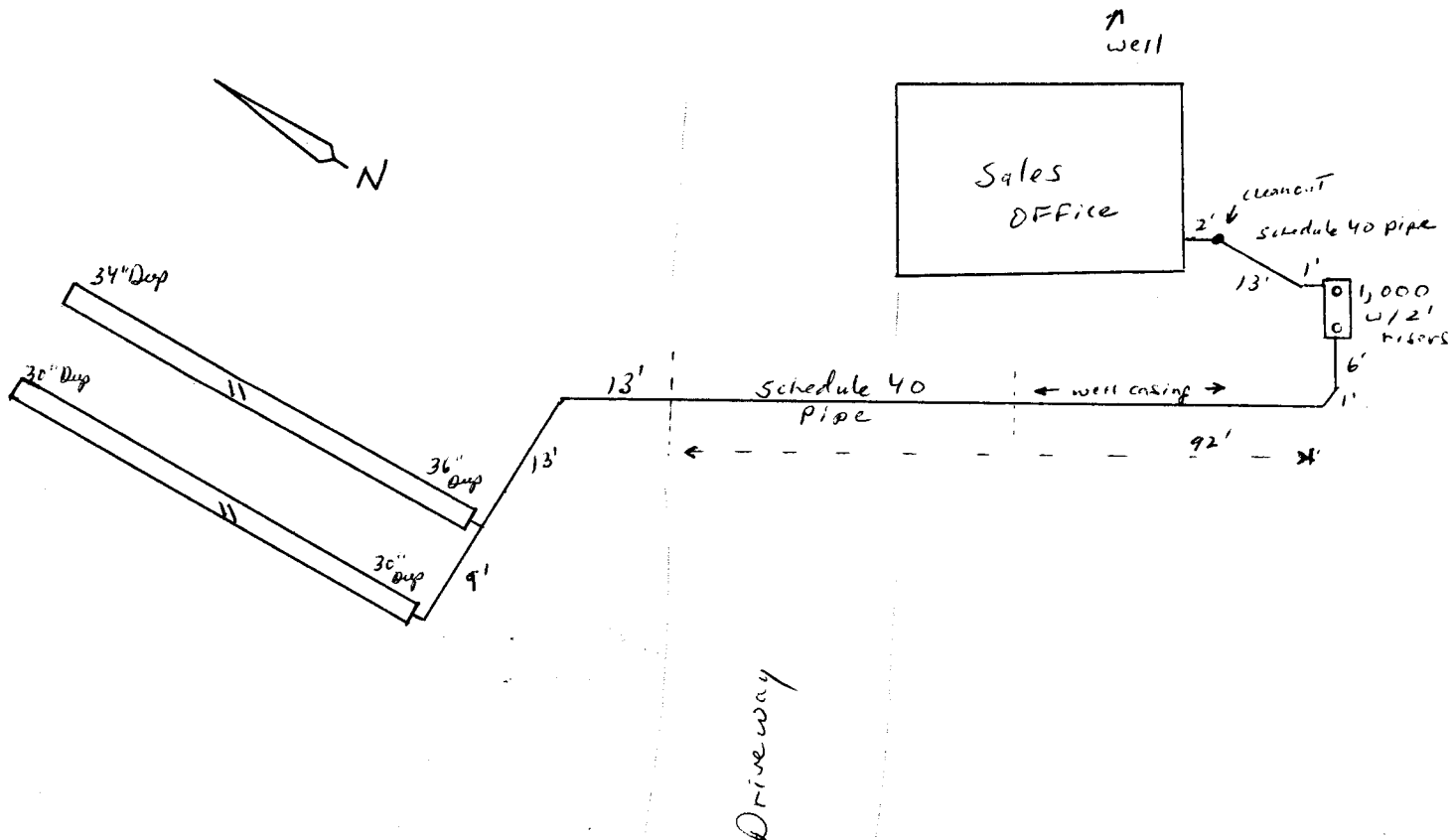
Engineer Design: Y ☒ Engineering Firm _____

Approval letter provided? Y ☐ N ☐

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: This is an engineer sized system which recommended that 15% reduction taken for chambers. As per engineer sizing 22 standard units were installed.



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: CATHEDRAL PINES, LLLP
ADDRESS: 13975 MILAM ROAD
CITY, STATE, ZIP: BLACK FOREST CO 80803
INSTALLED BY:
PERMIT NUMBER: ON0006555
DATE PERMITTED: 7/21/2005
PHONE NUMBER: 8003835522

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

Brad Wallum 578-3127
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 : 1,000 GALLONS MINIMUM ABSORPTION AREA REQUIRED 403 SQ FT

PLANNING DEPARTMENT ☐ ENUMERATION ☐ FLOOD PLAIN ☐ WASTEWATER ☐

COMMENTS:

INSTALL LEACH FIELD IN AREA OF PERCOLATION TEST DATED 6/9/05. PREFERRED MAXIMUM DEPTH OF LEACH FIELD IS 36 INCHES BELOW NATIVE GROUND SURFACE. DRAINAGE FROM OFFICE MUST NOT FLOW INTO LEACH FIELD AREA. ENGINEER SIZED SYSTEM REQUIRES A MINIMUM OF 22 STANDARD CHAMBERS.

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 _____ Mailed _____
Final Inspection Requested: BY: Bob Fletcher Date Called In: 8/29/05
Phone # 491-6373 Septic Site will be ready: _____