

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

Address 14080 Shadow Pines Rd. 80921 Owner Steve Pope

Legal Description Lot 4 Panorama Pines Subd.

Residence ☒ # Bedrooms 6 Commercial ☐ System Installer J+K Excavating

SEPTIC TANK:

Commercial ☐ Noncommercial ☐ Construction Material ☐ 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 Infiltrator #Chambers 71 Sq. Ft./Chamber 5.5 (Bed) ☒ Trench ☐

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

Reduction Allowed None % Sq. Ft. Required 1102 Depth (Range) 1' 2' 3'

Sq. Ft. Installed 1100.5 Equivalent Sq. Ft. Installed with Reduction N/A

Engineer Design: Y ☒ Engineering Firm N/A

* Approval letter provided? ☒ N Backhoe profile hole. Attached dated June 10, 08

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

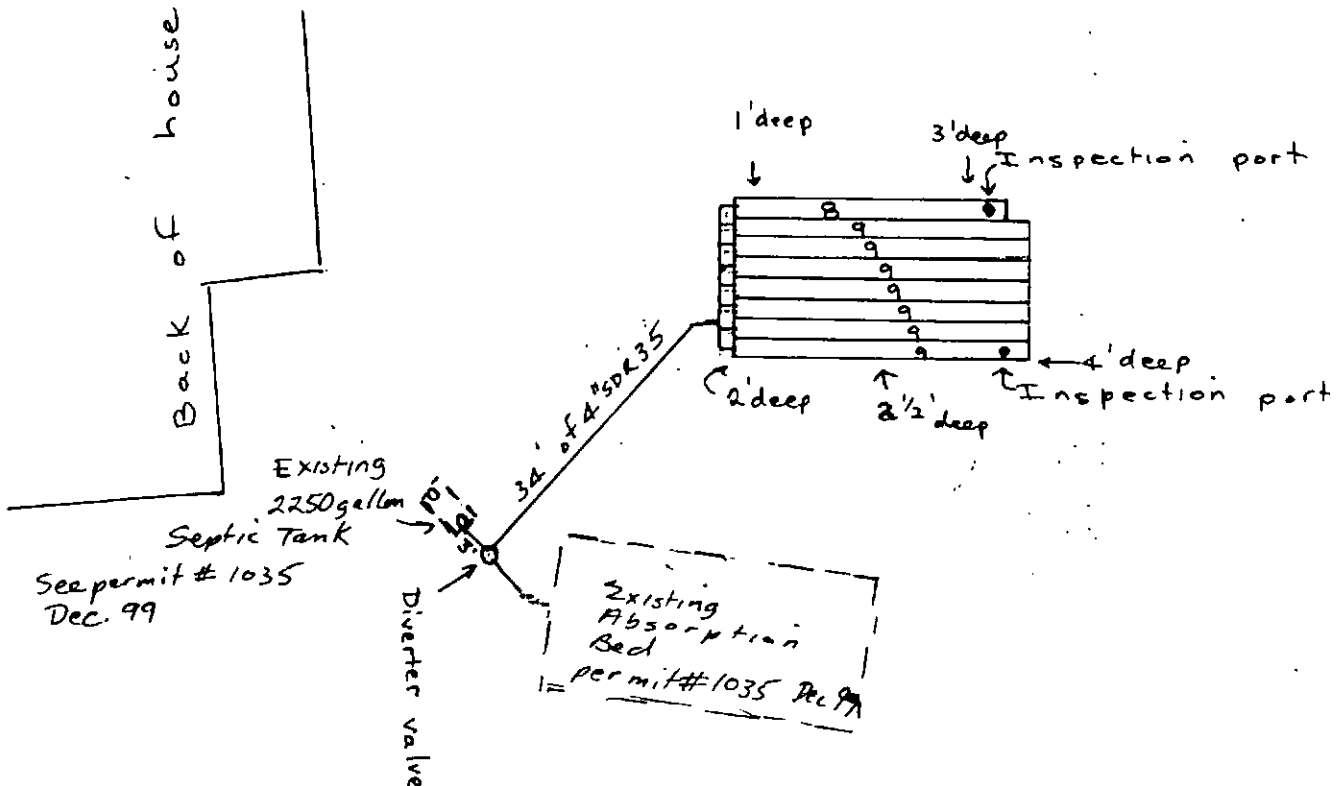
* Approval will be revoked if in the future the well is found to be within 50 feet of the septic tank and/or 100 feet of the disposal field.

NOTES: * Existing 2250 gallon septic tank is sufficient for 7 bedroom. Bedroom increase of 5 to 6. Diverter valve installed. Existing absorption bed meets 50%, no reduction for 6 bedroom. If true perc rate of 25.5 min/inch is used, the sq. ft. required = 50% of 2181.5 ft² or 1090.75 ft² therefore 71 chambers is sufficient

N
↓

Shadow Pines Rd.

Back of house



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: STEVE AND KARA POPE PERMIT NUMBER: 1075
ADDRESS: 14080 SHADOW PINES RD
CITY, STATE, ZIP: COLORADO SPRINGS, CO 80921 DATE PERMITTED: 06/03/2008
INSTALLED BY: PHONE NUMBER: 719-~~575-8635~~ ³³²⁻⁶³²²

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

Brad Wallace
BRAD WALLACE 578-3127

PERMIT EXPIRATION DATE:

Expires twelve months from date of issue

ENVIRONMENTALIST/PHONE NUMBER*

WATER SOURCE: Well or Spring

MINIMUM SEPTIC TANK SIZE: EXISTING GALLONS MINIMUM ABSORPTION AREA REQUIRED 2203' 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 NEW LEACH FIELD IN AREA OF EXISTING SYSTEM BUT AT LEAST 6 FEET FROM IT. A BACKHOE PROFILE IS REQUIRED IN AREA OF NEW LEACH FIELD TO VERIFY DEPTH OF BEDROCK WHICH IS AT 7 FEET UNDER EXISTING FIELD. IF A DIVERTER VALVE IS USED, NEW FIELD WOULD REQUIRE 1102 SQUARE FEET ON A TOTAL OF 71 STANDARD CHAMBERS USING NO REDUCTION. MAKE SURE DRAINAGE FROM HOUSE DOES NOT FLOW INTO LEACH FIELD AREAS.

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

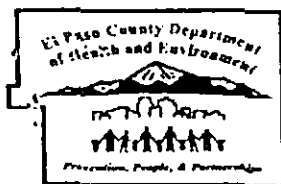
Permit Ready: _____ Called 6/4/08 Mailed Wendy
Final Inspection Requested: BY: John J+K Exc Date Called In: 6-11-08
Phone #: 331-4321 Septic Site will be ready: Am

Hm 481-2417

Please
ASAP

FAXED
J:K
JUN 03 2008
481-2417
FAXED
BY: _____

COPY

**EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT**

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 •

(719) 575-8635 • Fax: (719) 578-3188

Record I.D. 1075 6/2/08***ALL PAYMENTS ARE DUE AT TIME OF SUBMITTAL IN CASH, CHECK, or MAJOR CREDIT CARD****APPLICATION FOR AN ONSITE WASTEWATER SYSTEM PERMIT**☐ NEW PERMIT☐ MINOR REPAIR PERMIT☒ MAJOR REPAIR PERMITOwner Steve Pope Daytime Phone 719 332 6322 cellAddress of Property 14080 Shadow Pines Rd City & Zip Colorado Springs, CO 80921Legal Description Lot 4 PANORAMA PINES SUBOwner's MAILING Address 14080 Shadow Pines Rd City, State & Zip Colorado Springs CO 80921Lot Size 5 Acres Tax Schedule # _____Type 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 ☐ FAX - FAX TO AND # 1 481-2417 J.K. 719.481.2417 Ph.**MAXIMUM POTENTIAL NUMBER OF BEDROOMS** 6Percolation 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/OWNER'S AGENT SIGNATURE [Signature]Date 5/30/08

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-Existing-2203 FT²6-2-08

Minimum Tank Capacity

Minimum Absorption Area

Date of Site Inspection

REMARKS Install new leach field in area of existing system but at least 6' from it. A backhoe profile is required in area of new leach field to verify depth of bedrock which is at 7' under existing field. If a diverter valve is used new field would require 1102 FT² on a total of 71 standard chambers using no reduction - make sure drainage from house does not flow into leach field area.

EHS INSPECTOR [Signature]DATE 6-2-08☒ APPROVED

DENIED _____

CURRENT FEES AS APPROVED BY EL PASO COUNTY BOARD OF HEALTH

New Permit: \$304.50 EPCDHE costs + \$23.00 State Surcharge + \$140.00 EPC Planning Surcharge = \$467.50

Major repair permit: \$316.00

DATE TO LAND DEVELOPMENT/WASTEWATER: _____

Minor repair permit: \$131.00

DATE TO FLOODPLAIN/ENUMERATIONS: _____

PLEASE COMPLETE THE BACK OF THIS FORM

RECEIVED
5/30/088:31 AM
[Signature]

- 1) We require an original of your **PERCOLATION (PERC) TEST** with an original licensed engineer's (PE) stamp and signature as well as a plot of the percolation test hole locations with measurements from a fixed reference point. (A faxed copy directly from the engineering firm to this office is acceptable.)
- 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 inch sheet of paper. The plot plan must include:

- | | | |
|--|--|---------------------------------|
| 1) a north bearing | 5) proposed septic system site | 8) Distance of percolation test |
| 2) property lines | 6) alternate septic system site | to two property lines. |
| 3) property dimensions | 7) driveway (proposed or | |
| 4) all buildings (proposed or existing). | 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**.

<input type="checkbox"/> Well(s)	<input type="checkbox"/> Adjacent property well(s)	<input type="checkbox"/> Subsoil drain
<input type="checkbox"/> Cistern	<input type="checkbox"/> Water line	

- 5) Initial any of the following that are within 100 feet of your proposed septic system and **INCLUDE** on your **PLOT PLAN**.

<input type="checkbox"/> Spring(s)	<input type="checkbox"/> Lake(s)
<input type="checkbox"/> Pond(s)	<input type="checkbox"/> Stream(s)
<input type="checkbox"/> Dry Gulch(es)	<input type="checkbox"/> Natural drainage course(s)

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

71 Chambers

100025

217.51812 = 5

51521.912, 5.1 x 0.51 x 9

2.20.2008