

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

Permit # ENR0002122
Date 8/2/00

APPROVED: YES ☒ NO ☐

ENVIRONMENTALIST KRUEGER

Address 12610 TAHOSA LANE

Owner MCCARTY

Legal Description LOT 37, BRIDLE BIT RANCH

Residence ☒, # of bedrooms 4; Commercial ☐; System Installer OWNER

SEPTIC TANK:

Commercial ☒; Noncommercial ☐, L , W , WD
Construction Material PLASTIC, capacity 1500 gallons.

DISPOSAL FIELD:

Rock Systems:

Trench: depth , width , total length , sq. feet

Bed: depth , length , width , sq. feet

Rock type , depth , under PVC , over PVC

Seepage Pits: # of pits , total # of rings , working depth(s)
size of pit(s) L X W , lining material , total sq. feet

Rockless Systems:

Chamber: Type INFILTRATOR, number of chambers 45, bed ☒, trench
sq. ft./section 15.5, reduction allowed 35 %, sq. ft. required 1038
total sq. ft. installed 1073, depth of installation 14"-24"

Engineer Design Y or N, Designing Engineer

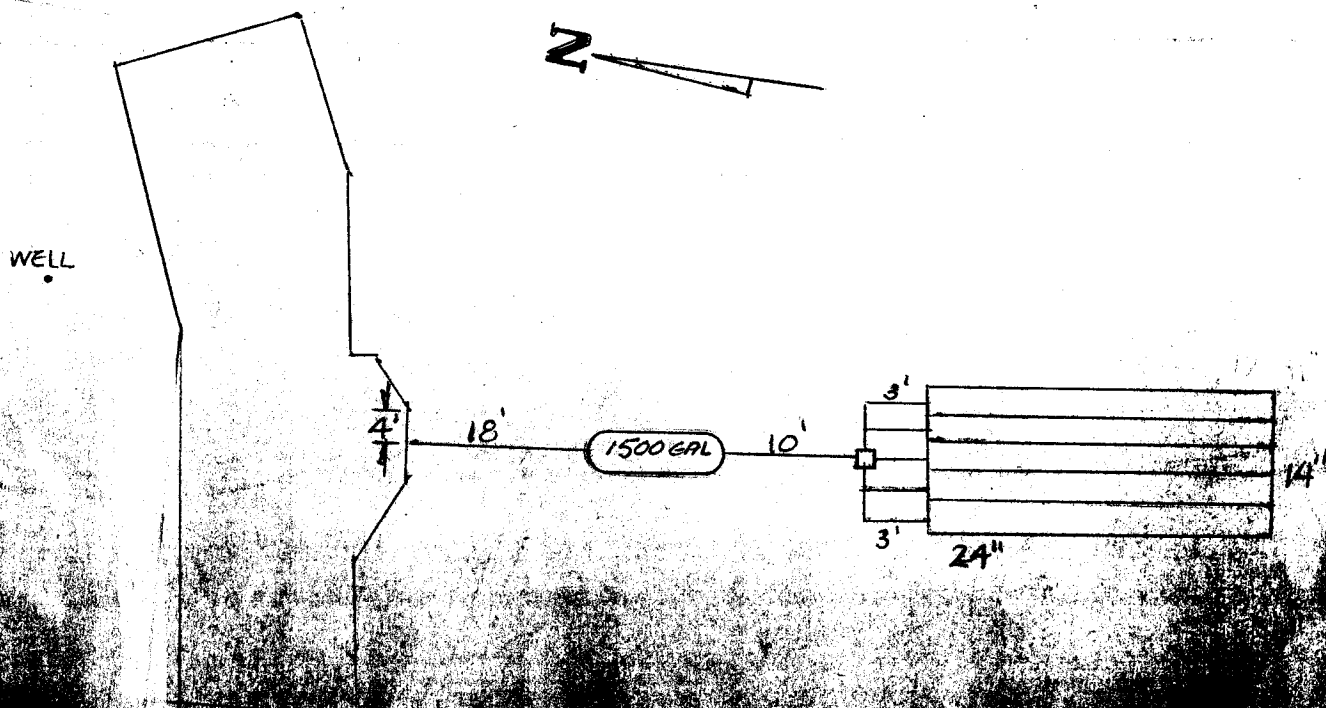
Approval letter provided? Y or N

Well 50 feet from tank Y or N 100 feet from leach field Y or N

Well installed at time of septic system inspection Y or 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:



Acres 5.12 **EL PASO COUNTY • DEPARTMENT OF HEALTH AND ENVIRONMENT** 0N000 2122
301 South Union Blvd. • Colorado Springs, Colorado • 578-3125

Water Supply WELL

PERMIT

TO CONSTRUCT, ALTER, REPAIR OR MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Issued to JOHN A. McCARTY

1/11/99

Receipt No. _____

Date

520-6811

Address of Property 12610 TAHOSA, LOT 37, BRIDLE BIT RANCH SUBD.

Phone

520-6811

(Permit valid at this address only)

Sewage-Disposal System work to be performed by OWNER

Phone _____

This Permit is issued in accordance with 25-10-106 Colorado Revised Statutes 1973, as amended. 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). This permit is revokable if all stated requirements are not met.

-THIS PERMIT DOES NOT DENOTE APPROVAL OF ZONING AND ACREAGE REQUIREMENTS-

\$245.00

PERMIT FEE (NOT REFUNDABLE)

1-11-00

DATE OF EXPIRATION

EXT TO 7/11/00
guk

Steven J. Englander, MD
DIRECTOR, DEPARTMENT OF HEALTH AND ENVIRONMENT

Mc Griffer for Krueger
ENVIRONMENTALIST

578-3132

NOTE: LEAVE ENTIRE SEWAGE-DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION. 48 HOUR ADVANCE NOTICE REQUIRED.

SEPTIC TANK:	TRENCH SYSTEM:	BED SYSTEM:	SEEPAGE PIT SYSTEM:
1500 gallons	total square feet <u>1038 MINIMUM</u> ____ ft. of trench ____ inches wide ____ ft. of trench ____ inches wide	total square feet _____	total square feet _____ rings or ____ diam.x ____ w/d

NOTES: MEET ALL APPLICABLE ISDS REGULATIONS. KEEP LEACH FIELD AT LEAST, OR GREATER THAN, 50 FEET FROM NATURAL WATER COURSE.

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.