

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

Permit # 6108
 Date 1/10/04

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APPROVED: Yes No Environmental Health Specialist: #6224004010

D. Fickey - Leach field & septic tank
Janet Christenson - house sewer line
 Owner Mike Jaeger

Address 5290 Old Ranch Rd.
 Legal Description Lot 2, Lieberg Subd.
 Residence # Bedrooms 3 Commercial System Installer owned

SEPTIC TANK:
 Commercial Noncommercial Construction Material precast concrete Capacity Gallon 1500

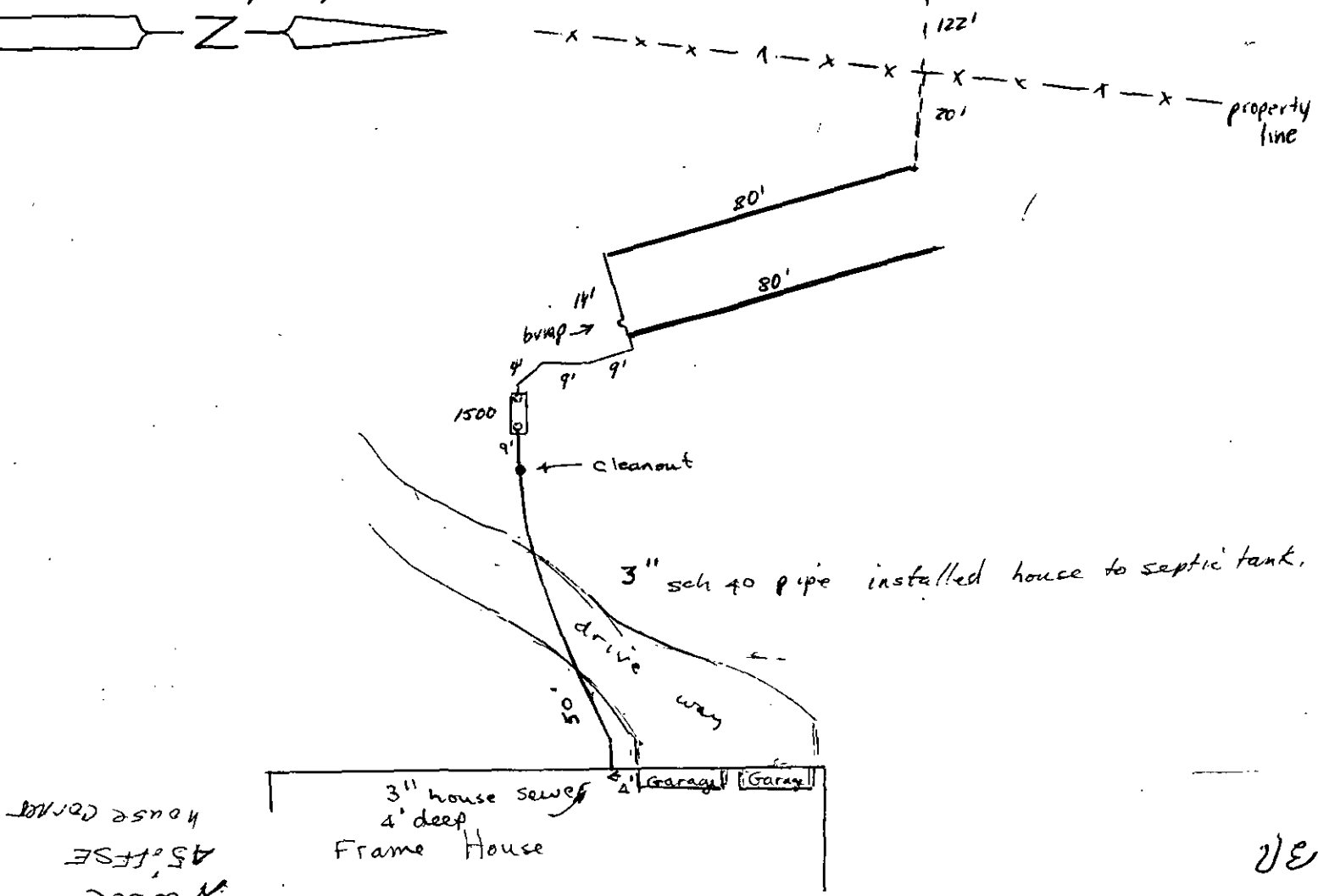
DISPOSAL FIELD:
 Trench: Depth (Range) 24" (all) Width 3' Total Length 160' Sq. Ft. 480
 Bed: Depth (Range) _____ Length _____ Width _____ Sq. Ft. _____
 Depth of Rock 12" Under PVC 6" Type of cover on Rock Alke fabric

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 _____ #Chambers _____ Sq. Ft./Chamber _____ Bed _____ Trench _____
 High Profile Units: Type Chamber _____ #Chambers _____ Sq. Ft./Chamber _____ Bed _____ Trench _____
 Reduction Allowed _____ % Sq. Ft. Required 463 Depth (Range) _____
 Sq. Ft. Installed _____ Equivalent Sq. Ft. Installed with Reduction _____
 Engineer Design: Y N 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: pipe = 4" SDR35 rock = river/granite mix
 Field pipe = 4" ASTM 2729 (perf.)
 * septic tank capacity can accommodate a 4 bedroom home



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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: MIKE JAEGER PERMIT NUMBER: ON0006108
ADDRESS: 5290 OLD RANCH ROAD DATE PERMITTED: 12/8/2004
CITY, STATE, ZIP: COLORADO SPRINGS CO 80908 PHONE NUMBER: 7194393311
INSTALLED BY:

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 Wallau 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: 1,250 GALLONS MINIMUM ABSORPTION AREA REQUIRED 463 SQ FT

PLANNING DEPARTMENT ENUMERATION FLOOD PLAIN WASTEWATER

COMMENTS:
INSTALL LEACH FIELD IN AREA OF PERCOLATION TEST. LEACH FIELD SHALL NOT BE INSTALLED DEEPER THAN 2 FEET BELOW NATIVE GROUND SURFACE BECAUSE OF BEDROCK AT 6 FEET. LEACH FIELD MUST BE AT LEAST 10 FEET FROM PROPERTY LINE. DRAINAGE FROM HOUSE AND DRIVE WAY ABOVE MUST NOT FLOW INTO LEACH FIELD AREA. STAY OUT OF LOW AREA. ENGINEER RECOMMENDS THAT NO REDUCTION BE TAKEN FOR CHAMBER USE, THAT WOULD REQUIRE 30 STANDARD 6' X 3' UNITS.

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: *12-8-04* Called _____ Mailed _____

Final Inspection Requested BY: *Mike Jaeger*

Date Called In: *1/12/04 7:15 AM*

Phone #: *439-3311*

Septic Site will be ready: *1/15/04*

Inspector _____

Record I.D. 6109

EL PASO COUNTY ENVIRONMENTAL HEALTH SERVICES

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 578-3126 • 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/ADD

Owner MIKE TREGER Daytime Phone 719-439-3311
Address of Property 5290 OLD RANCH RD City & Zip COLO SPRS, CO 80908

Legal Description LOT 2 LIEBERG SUBDIVISION

Owner's MAILING Address 5290 OLD RANCH RD City, State & Zip COLO SPRS, CO 80908

Lot Size 6.15 ACRES Tax Schedule # 6224000043

Type of Building: Frame Modular Mobile Commercial Manufactured Other _____

Water Supply: Well or Spring Cistern Public Inshle City Limits: No Yes-City _____

MAIL PERMIT OR PICK UP PERMIT THERE IS AN ADDITIONAL RESIDENCE ON THIS PROPERTY

MAXIMUM POTENTIAL NUMBER OF BEDROOMS 3

Percolation Test Attached N Basement N Garbage Disposal Y 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 [Signature] Date 12-2-04

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

1,250 Gallons 463 FT² 12-3-04
Minimum Tank Capacity Minimum Absorption Area Date of Site Inspection

REMARKS Install Leach Field in area of perc test. Leach Field shall not be installed deeper than 2' below native ground surface because of bedrock at 6'. Leach Field must be at least 10' from property line. Drainage from house and drive way above must not flow into Leach Field area. Stay out of low area. Engineer recommends that no reduction be taken for chamber use. That would

EHS INSPECTOR Brad Wallan DATE 12-3-04 APPROVED DENIED

FEEES AS OF 01/01/04:

NEW CONSTRUCTION \$483.00 + Planning Department Surcharge of \$30. = \$513.00
MAJOR REPAIR/ADDITION \$489.00
MINOR REPAIR/ADDITION \$263.00

DATE TO PLANNING / WASTEWATER: _____
DATE TO FLOODPLAIN/ENUMERATIONS 12-3-04

PLEASE COMPLETE THE BACK OF THIS FORM

require 30 standard 6'x3' units.

- 1) We require the 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**.
 - Well(s)
 - Adjacent property well(s)
 - 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)
 - Pond(s)
 - Dry Gulch(es)
 - Lake(s)
 - Stream(s)
 - Natural drainage course(s)

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

