

EL PASO COUNTY HEALTH DEPARTMENT
INDIVIDUAL SEWAGE DISPOSAL INSPECTION FORM 4554

Permit # 4496

Tax # 63080150 ~~13~~

419 Date 2/1/88

APPROVED YES X NO

ENVIRONMENTALIST SWEDSTEN P

Address 1620 BERGLIND RD

Owner MICHAEL E NEWLAND

Legal Description LOT 4, BLK 4 FALCON ESTATES #3

Residence X Commercial # of Bedrooms 3 System Installer DON RITZ

SEPTIC TANK

Commercial X Noncommercial Measurements: L W WD

Construction Material CONCRETE Liq. Cap. 1250 GAL

DISPOSAL FIELD

Exc. Depth MOUND Width 16' Total Length 51' Sq. Ft. 912'

Rock 1/2 to 2 1/2 Depth 12" Under 6" Over 2"

Rockless System: Diameter of Pipe

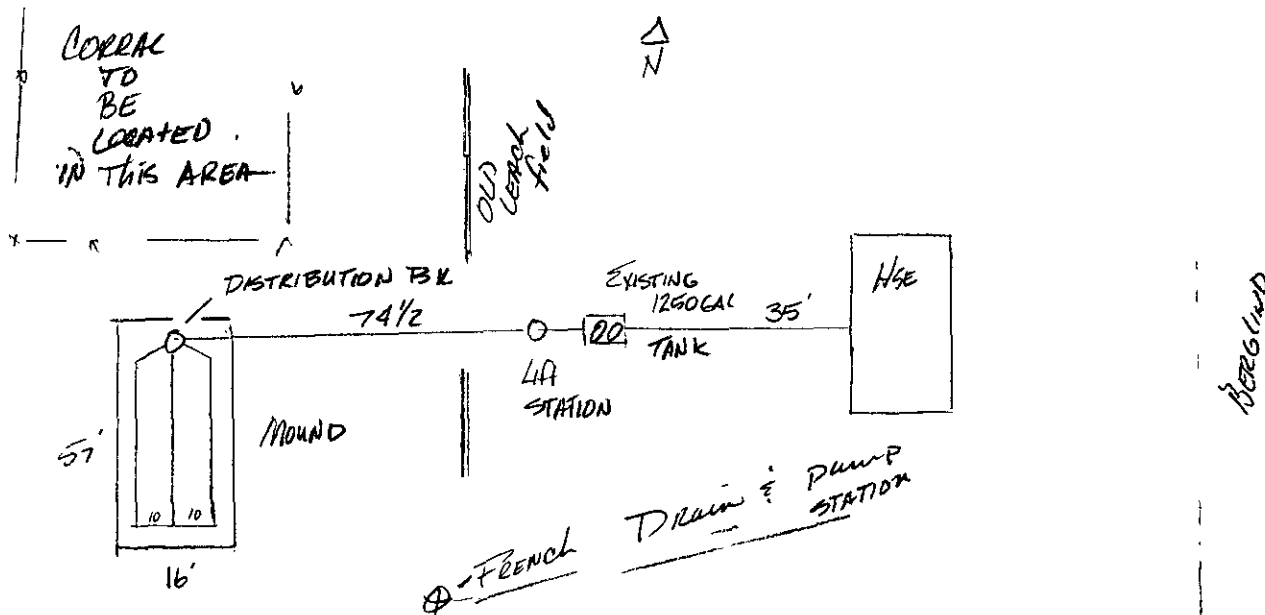
Seepage Pits: Number of rings Lining Material Sq. Ft.

Working Depth Width

Engineer Design Yes X Type MOUND Engineer Approval Letter Yes X ATTACHED

Well 50 feet from Tank 100 feet from leach field

Well Installed at Time of Septic System Inspection Yes No Public Water X



[Signature]

Acres 1.94

EL PASO COUNTY • COUNTY HEALTH DEPARTMENT

Permit

04896

Water Supply Woodman water 501 North Foote Avenue • Colorado Springs, Colorado • 578-3125

Receipt No. _____

PERMIT

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

Issued To Michael E. NewlandDate 1-13-88Address of Property 1626 Berglund Rd. Colorado Springs, Co.Phone (201) 544-0930Sewage-Disposal System work to be performed by Greater West DistributorsPhone 495-4947

(Permit valid at this address only)

This Permit is issued in accordance with 25-10-106 Colorado Revised Statutes 1973, as amended. PERMIT EXPIRES upon completion of 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—
\$150.00

PERMIT FEE (NOT REFUNDABLE)

1-13-89

DATE OF EXPIRATION

DIRECTOR, COUNTY HEALTH DEPARTMENT

ENVIRONMENTALIST

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

SEPTIC TANK:	TRENCH SYSTEM:	BED SYSTEM:	SEEPAGE PIT SYSTEM:
total square feet	total square feet	total square feet	total square feet
<u>1250</u> gallons	<u>135</u> ft. of trench _____ inches wide		
	_____ ft. of trench _____ inches wide		_____ rings or _____ diam. x _____ w/d

NOTES: Install as per engineered design submitted to and approved by this department.
The area of installation cannot be used as a corral. Maintain required distances.

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 times for the purpose of making such inspections as are necessary to determine compliance with requirements of this law.

El Paso County Health Department,
501 North Foote Avenue
Colorado Springs, CO 80909-4598
(303) 578-3125

APPLICATION FOR A PERMIT TO ~~CONSTRUCT~~, REMODEL, OR INSTALL A SEWAGE DISPOSAL SYSTEM

NAME OF OWNER Michael E. Newland ²⁰¹ HOME PHONE 544-0930 ²⁰¹ WORK PHONE 389-3410
ADDRESS OF PROPERTY 1626 BERGLIND RD COLORADO DATE 4 JAN 88
LEGAL DESCRIPTION OF PROPERTY LOT 4, BLK 4, FALCON ESTATES # 3
TAX SCHEDULE NUMBER 63080-15-008 SYSTEM CONTRACTOR GREATER WEST DISTRIBUTORS PHONE 495-4947
OWNER'S ADDRESS IF DIFFERENT 86 Holly DR EATONTOWN, NJ 07724
TYPE OF HOUSE CONSTRUCTION FRAME SOURCE AND TYPE OF WATER SUPPLY Woodmen Water
SIZE OF LOT .94 acre MAXIMUM POTENTIAL NUMBER OF BEDROOMS 3 BASEMENT (yes or no) Yes
PERCOLATION TEST RESULTS ATTACHED (yes or no) Yes

A plot plan and accompanying information are essential; it may be drawn on the back of this application or be attached. Please include by measured distance the location of wells including neighbors' wells, springs, water supply lines, cisterns, buildings, proposed structures, property lines, property dimensions, subsoil drains, lakes, ponds, water courses, streams, and dry gulches. Please show the location of the proposed septic system by directions and distances from actual and/or proposed dwellings, structures, or fixed reference objects. Give complete directions to the property from major highways. (ANSWER QUESTIONS ON BACK OF FORM).

Applicant acknowledges that 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 the applicant for purposes of evaluation of 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 under Article 10, Title 25, C.R.S. 1973 as amended. The undersigned hereby certifies that all statements made, information and reports submitted by the applicant are or will be 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 Health Dept. in evaluating the same for purposes of issuing the permit applied for herein. I further understand that 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.

SIGNATURE

Michael E. Newland

HEALTH DEPARTMENT USE ONLY

PERMIT NUMBER 4896 RECEIPT NUMBER _____ DATE TO LAND USE DEPARTMENT 1-13-88
ABSORPTION AREA 799 TANK CAPACITY EXISTING 1250 gal DATE OF SITE INSPECTION 1/13/88
REMARKS: INSTALL AS PER RPE Design submitted to & approved by this
Office. The Area of installation cannot be used as a
Corral. maintain min Reg'd distances.

APPLICATION IS APPROVED (X) DENIED () DATE 1/13/88 ENVIRONMENTALIST R. Weston

ANSWER THE FOLLOWING ITEMS AND/OR INCLUDE ON PLOT PLAN.

PROPERTY LINES _____

PROPERTY DIMENSIONS _____

LOCATION OF PROPOSED SEPTIC SYSTEM _____

LOCATION OF WELL _____

LOCATION OF ADJACENT WELLS _____

BUILDINGS _____

PROPOSED BUILDINGS _____

WATER SUPPLY LINE _____

CISTERNS _____

SPRINGS _____

LAKES _____

PONDS _____

WATER COURSES _____

STREAMS _____

DRY GULCHES _____

SUBSOIL DRAINS _____

DIRECTIONS TO PROPERTY FROM MAIN HIGHWAYS: BERGLIND Rd 15

(1 BLOCK NORTH OF Woodmen Rd) OFF ACADEMY BLVD.