

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT Permit # OND0006487
INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION FORM Date 12 July 2005 P

TAX # 6313001010

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

Address 5305 Appaloosa Dr. 80917 Owner Perry Hefty

Legal Description Lot 19 Templeton Heights Subdivision

Residence ☒ # Bedrooms 5 Commercial ☐ System Installer Kunau Drilling

SEPTIC TANK: ☒ Existing * permit # 6811 March 93

Commercial ☐ Noncommercial ☐ Construction Material Concrete Capacity Gallon 2000

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 30 Sq. Ft./Chamber 15.5 Bed ☒ Trench ☐

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

Reduction Allowed 35 % Sq. Ft. Required N/A Depth (Range) 25" - 36"

Sq. Ft. Installed 465 Equivalent Sq. Ft. Installed with Reduction 715

Engineer Design: Y ☐ N ☒ Engineering Firm N/A

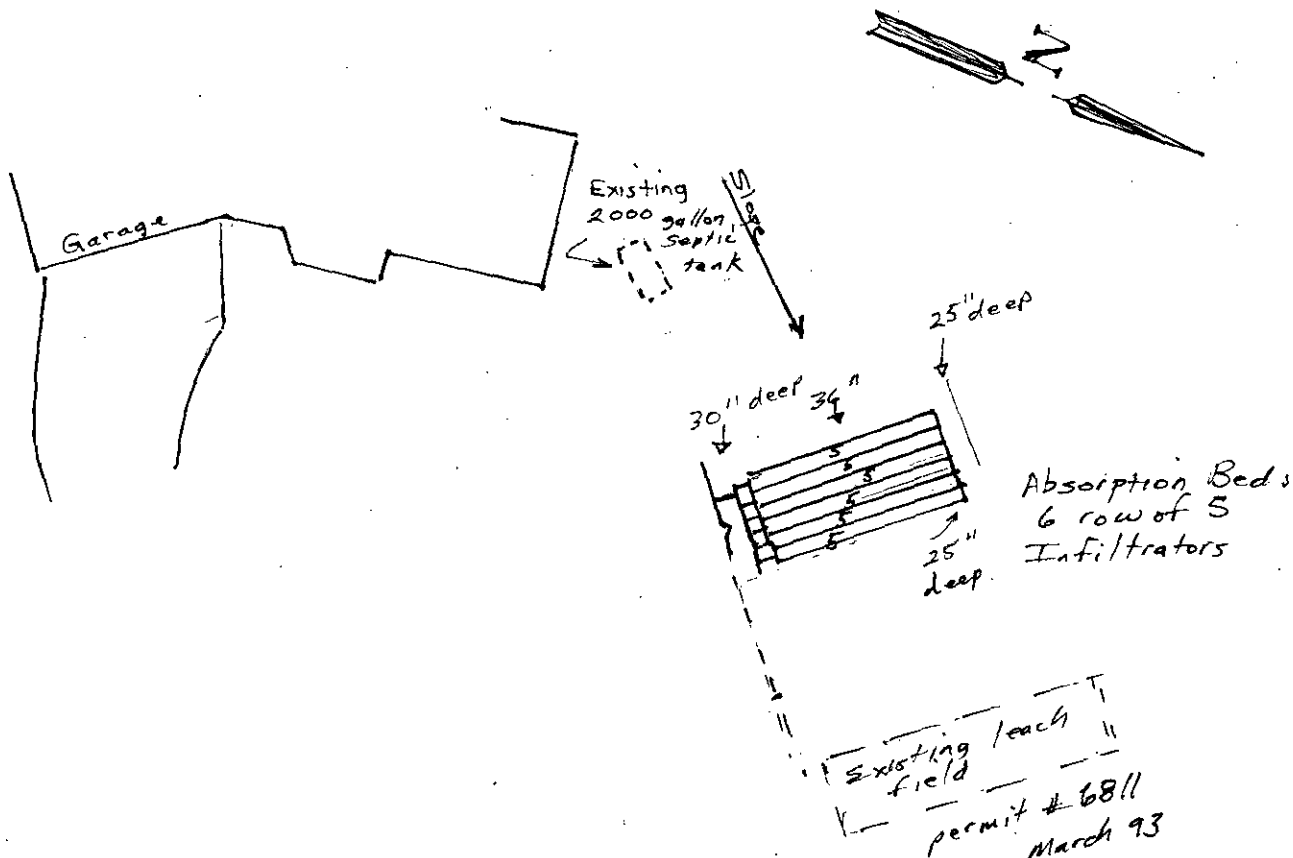
Approval letter provided? Y ☐ N ☒

Well installed at time of septic system inspection? Y ☐ 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 $1400 \text{ ft}^2 + 715 \text{ ft}^2 = 2115 \text{ ft}^2$ total absorption area: Note that existing field of 28 Biodiffusers would = 668 ft^2 per current ISDS Regulations. Therefore total absorption area = 1383 ft^2

Well •



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: PERRY B HEETY
ADDRESS: 5305 APALOOSA DRIVE
CITY, STATE, ZIP: COLORADO SPRINGS CO 809017
INSTALLED BY:

PERMIT NUMBER: ON0006487
DATE PERMITTED: 5/31/2005
PHONE NUMBER: 7195739823

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

Vonnie D. Sutter
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: Existing GALLONS

MINIMUM ABSORPTION AREA REQUIRED Addition SQ FT

PLANNING DEPARTMENT

ENUMERATION

FLOOD PLAIN

WASTEWATER

COMMENTS:

PERMIT TO ADD TO EXISTING LEACH FIELD. THE AMOUNT TO BE ADDED TO BE DETERMINED BY OWNER AND CONTRACTOR. MAINTAIN ALL SET BACKS. TO BRING TO CURRENT GUIDELINES, A MINIMUM OF 57 CHAMBERS WOULD NEED TO BE ADDED. (THIS IS FOR INFORMATION ONLY AND NOT A REQUIREMENT).

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: *5/31/05* Called _____ Mailed _____

Final Inspection Requested: BY: *Josh - Kumar* Date Called In: *7/12/05 8:16*

Phone # *683-3720* Septic Site will be ready: *now*

Inspector _____

Record I.D. _____

6487

EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 578-8636 • 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 Darry B. Hefty Daytime Phone (719) 573-9823
 Address of Property 5305 ARAHOSA DRIVE City & Zip Colorado Springs CO 80917
 Legal Description Lot 19 Templeton Heights Subdivision
 Owner's MAILING Address 5305 ARAHOSA DRIVE City, State & Zip Colorado Springs CO 80917
 Lot Size 5 Acres Tax Schedule # 63130-01-016
 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 ☐ THERE IS AN ADDITIONAL RESIDENCE ON THIS PROPERTY

MAXIMUM POTENTIAL NUMBER OF BEDROOMS 5Percolation Test Attached (Y) NBasement (Y) NGarbage Disposal (Y) NClothes Washer (Y) 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 Darry B. HeftyDate 5/26/05*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

Minimum Tank Capacity EpsteinMinimum Absorption Area AdditionDate of Site Inspection 5/27/05

REMARKS Permit to add to existing leach field. The amount to be added to be determined by owner + contractor. Mandate all se flows. To bring to current guidelines a minimum of 57 chambers would need to be added (this is for information only + not a requirement)

EHS INSPECTOR Vance DuffDATE 5/31/05☒ APPROVED☐ DENIED

FEES AS OF 02/23/2005:

NEW CONSTRUCTION \$407.00 + Planning Department Surcharge of \$118.00. = \$525.00MAJOR REPAIR/ADDITION \$448.00

MINOR REPAIR/ADDITION \$154.00

DATE TO PLANNING / WASTEWATER: wastewater only

DATE TO FLOODPLAIN/ENUMERATIONS _____

PLEASE COMPLETE THE BACK OF THIS FORM

- 1) We require an 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**.

N/A ☐ 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**.

N/A ☐ Spring(s) ☐ Lake(s)
☐ Pond(s) ☐ Stream(s)
☐ Dry Gulch(es) ☐ Natural drainage course(s)

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

1-5 See old instructions

power to dublin
left on templeton
left on Appaloosa

ENVIRONMENTALIST D. Myklebust

Owner Perry B. Helley E

Subdivision (07-12-2005)

SEPTIC TANK

DISPOSAL FIELD:

Rock Systems:

Trench: depth 42-48", 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:

Pipe: diameter of pipe _____, total length _____, sq. feet _____

Chamber: Type Biodiffuser, number of chambers 28, bed , trench ✓
sq. ft./section 25, reduction allowed 50 %, total sq. ft. installed 1400 ft²

Engineer Design _____, Designing Engineer _____

Approval letter provided?

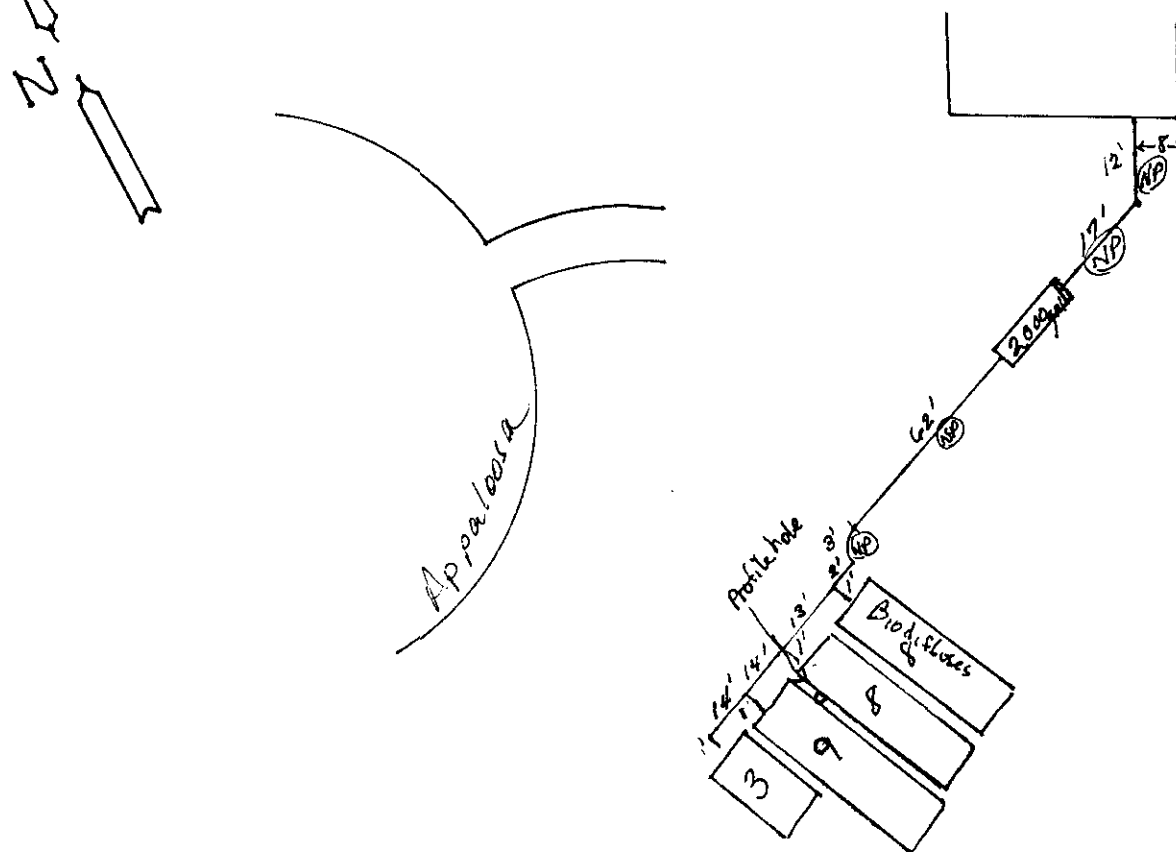
Well 50 feet from tank Yes 100 feet from leach field Yes

Well installed at time of septic system inspection YES ✓ NO* _____ 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.

* Soil at 42-48" consistent with
Soil/percolation test. Brn, silty, sand.

⊗ well
⊙ Non perforated



Acres 5 acres EL PASO COUNTY • COUNTY HEALTH DEPARTMENT Permit 6811
Water Supply Well • 501-North Foote Avenue • Colorado Springs, Colorado • 578-3125
PERMIT Receipt No. 623
for \$150.00

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

Issued To Bryan B. Hefly Date 10-29-92
Address of Property 5305 Apache Drive Phone 599-4343
(Permit valid at this address only)
Sewage-Disposal System work to be performed by T-C Excavating Phone 495-2379

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 Receipt No. 623
PERMIT FEE (NOT REFUNDABLE)

John B. Dink
DIRECTOR, COUNTY HEALTH DEPARTMENT

A. Rudzinski
ENVIRONMENTALIST

DATE OF EXPIRATION _____

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

SEPTIC TANK:	TRENCH SYSTEM:	BED SYSTEM:	SEEPAGE PIT SYSTEM:
Minimum	total square feet <u>1369 sq ft</u>		total square feet _____
	_____ ft. of trench _____ inches wide		
<u>1750</u> gallons	_____ ft. of trench _____ inches wide	total square feet _____	_____ rings or _____ diam.x _____ w/d

NOTES: Sewage System to be installed per 1990 El Paso County Regulations.
All minimum distances are to be met. System to be installed in area of percolation test conducted 10/16/92. Any changes in installation require El Paso County Approval.

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.

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

NAME OF OWNER Perry B. Hefty HOME PHONE 593-2476 WORK PHONE 599-4343
ADDRESS OF PROPERTY 5305 Appaloosa Drive DATE 10-6-92
LEGAL DESCRIPTION OF PROPERTY Lot 19 Templeton Heights Subdivision
TAX SCHEDULE NUMBER 63130-01-016 SYSTEM CONTRACTOR TC Excavating PHONE 495-2379
OWNER'S ADDRESS IF DIFFERENT 4297 Austin Bluffs Parkway, Suite 100
TYPE OF HOUSE CONSTRUCTION Single Family SOURCE AND TYPE OF WATER SUPPLY well
SIZE OF LOT 5 Acres MAXIMUM POTENTIAL NUMBER OF BEDROOMS 5 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 Perry B. Hefty, Jr.

10/29/92 Changes
Don

HEALTH DEPARTMENT USE ONLY

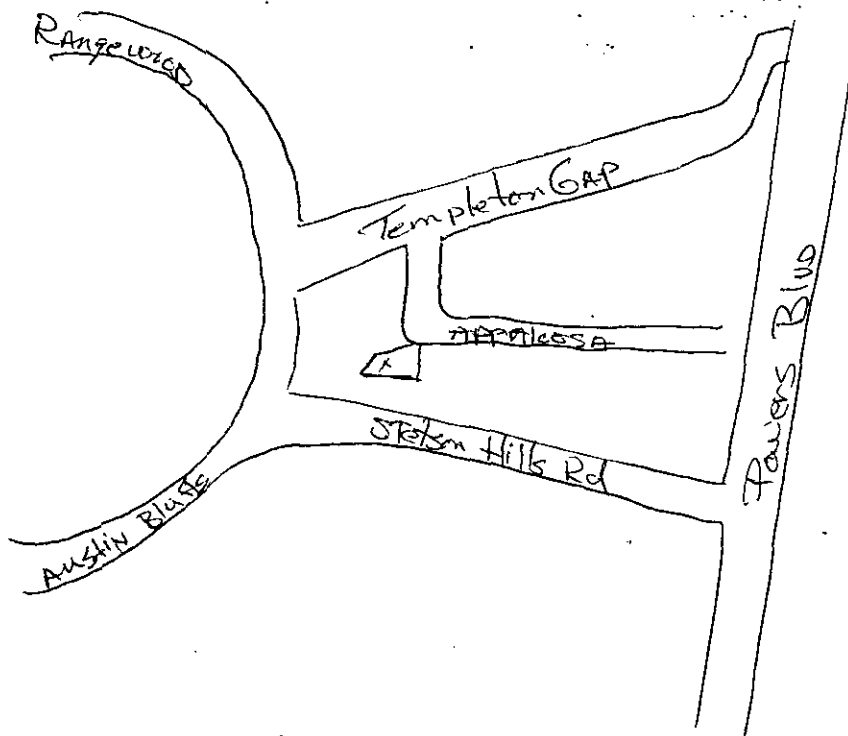
PERMIT NUMBER 126942 RECEIPT NUMBER 1750 DATE TO LAND USE DEPARTMENT 10/6/92 JA
ABSORPTION AREA 5555 TANK CAPACITY 2000 gal DATE OF SITE INSPECTION 10/13/92 - 10/29/92
REMARKS: Sewage System to be installed per 1990 El Paso County regulations
Underground sewage disposal system to be installed
all minimum distances are to be met. System to be installed in area of
percolation test conducted 10/16/92. Any changes in installation
indicated on plan. The system was inspected and
require El Paso County approval. On
approved plan and approval is granted by our
office. Vegetative cover is to be provided on ET system, and located
with unobstructed sunshine.
APPLICATION IS APPROVED () DENIED () DATE 10/13/92 ENVIRONMENTALIST J. Myskowski

Note: to meet absorption area square foot required
ET Bed to meet absorption
area requirements.

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

PROPERTY LINES ✓
PROPERTY DIMENSIONS ✓
LOCATION OF PROPOSED SEPTIC SYSTEM ✓
LOCATION OF WELL 1 of 2 Locations
LOCATION OF ADJACENT WELLS _____
BUILDINGS None at present
PROPOSED BUILDINGS ✓
WATER SUPPLY LINE ✓
CISTERNS no
SPRINGS no
LAKES no
PONDS no
WATER COURSES none
STREAMS no
DRY GULCHES no
SUBSOIL DRAINS no

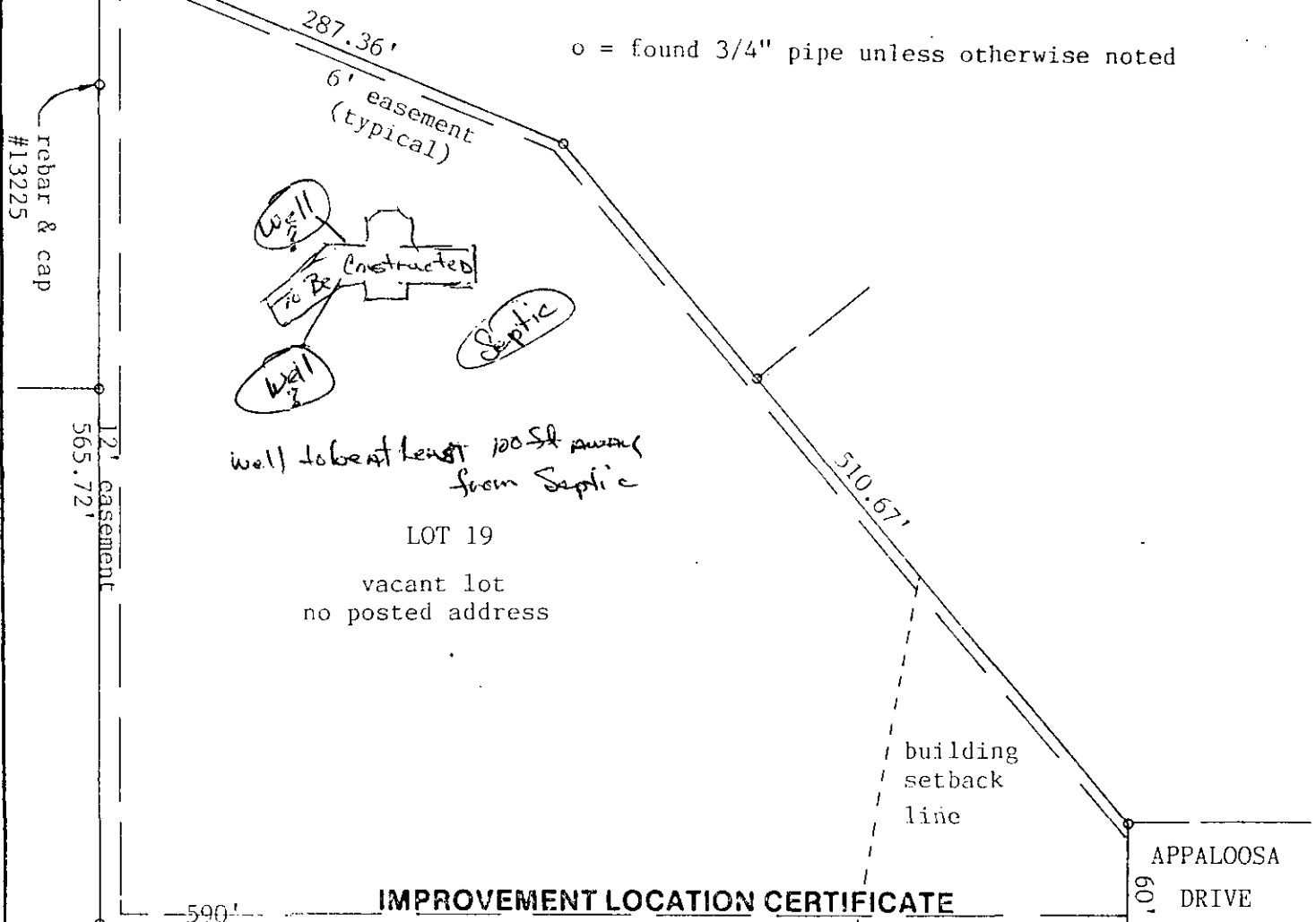
DIRECTIONS TO PROPERTY FROM MAIN HIGHWAYS:



Septic System is being
engineered by mr.
John Wenot
598-7121

Zephyr Surveying Co.

Colorado Springs, Colorado



I hereby certify that this improvement location certificate was prepared for the mortgage lender* and the title insurance company, that it is not a land survey plat or improvement survey plat, and that it is not to be relied upon for the establishment of fence, building, or other future improvement lines. I further certify that the improvements on the above described parcel on this date, except utility connections, are entirely within the boundaries of the parcel, except as shown, that there are no encroachments upon the described premises by improvements on any adjoining premises, except as indicated, and that there is no apparent evidence or sign of any easement crossing or burdening any part of said parcel, except as noted.

5305 Appaloosa Drive

LEGAL DESCRIPTION: Lot 19 "Templeton Heights Subdivision", El Paso County, Colorado.

*

Lawyers Title Insurance Corporation #101843

August 11, 1992

Scale 1" = 100'

Dwg. No. M-081005

