

EL PASO COUNTY HEALTH DEPARTMENT
COLORADO SPRINGS, COLORADO
SEWAGE DISPOSAL INSPECTION FORM

C.S. - P#5204

APPROVAL:

YES ☒ NO ☐

6320006002

DATE

10/17/78

MENTALIST

Rock & Corp

LOCATION (street number)

7990 EAGLE ROCK

OCCUPANT

ED HIRT

LEGAL DESCRIPTION

TYPE OF CONSTRUCTION

SINGLE FAMILY DWELLING

NO. OF BEDROOMS

2

SYSTEM INSTALLED BY

R&R DITCHING

RUSS PALMER

COMMERCIAL MFG.

SIZE

1000

TYPE OF MATERIAL

CONCRETE

NO. COMPARTMENTS

2

WIDTH

50"

LENGTH

93"

DEPTH (total)

68"

LIQ. CAP

1000 GAL.

DISPOSAL FIELD: BED OR TRENCH DEPTH

36"

WIDTH

36"

LENGTH

90'

SQ. FT

270

DISTANCE BETWEEN LINES

10'

ROCK 1-2"

RIVER ROCK

DEPTH

18"

UNDER

6"

OVER

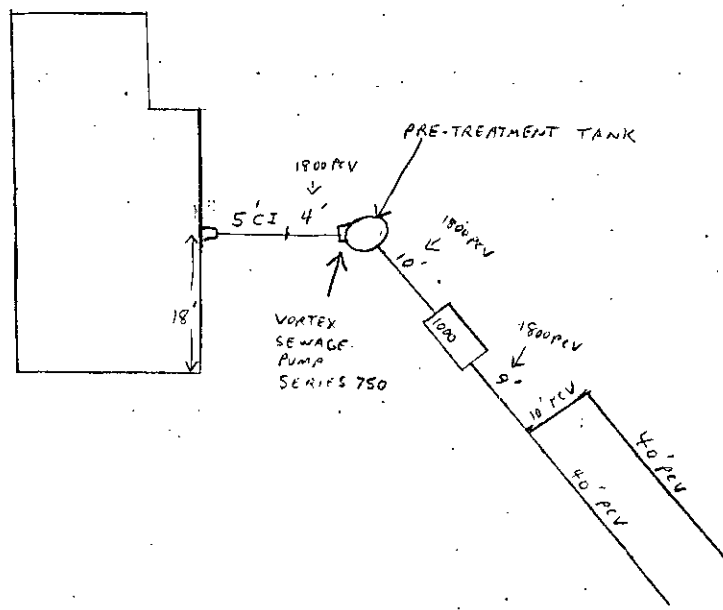
3"

LEACHING PITS (NO.)

LINING MATERIAL

CAPACITY SQ. FT.

NORTH



Acres

EL PASO COUNTY . CITY-COUNTY HEALTH DEPARTMENT
501 North Foote Avenue . Colorado Springs, Colorado - 475-8240

05204

Receipt No. 05204**PERMIT**

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

Issued To Ed TullyDate 4/14/70Address of Property 600 Eagle Park, A.B.

(Permit valid at this address only).

Builder - Contractor - Owner Address

Phone

Sewage-Disposal System work to be performed by

Ed Tully

Phone

This Permit is issued in accordance with Regulation XII and Article 2 of Chapter 66, Colorado Revised Statutes 1963, as amended by the addition of a new Section 66-2-16. (H.B. 1205, 7-1-65). PERMIT EXPIRES upon completion-installation of sewage-disposal system or at the end of six (6) months from date of issue - whichever occurs first - (unless work is in progress).

- This Permit does not denote approval of zoning and acreage requirements. -

Permit Fee

\$50.00

Charles H. Dowling, Jr., M.D., P.D.E.

Director, City-County Health Department

October 14, 1973

Date of Expiration

Environmentalist

NOTE: LEAVE ENTIRE SEWAGE DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION.

1 line 3' wide 25' long
unit and as indicated
above. TOTAL - 250 sq. ft.

24-HOUR ADVANCE NOTICE REQUIRED

Septic tank 1600 gals.

Field

Field

125

Feet of trench

OR

Field

84

Feet of trench

Seepage bed

ft. long

ft. wide

Seepage pit

sq. ft.

diam.

w/d

The Health Officer 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 regulation.

EL PASO CITY-COUNTY HEALTH DEPARTMENT
501 NORTH FOOTE AVENUE
COLORADO SPRINGS, COLORADO
475-8240 EXT. 220

Application for permit to construct, Remodel, or Install a Sewage Disposal System

Name of Owner RD HIRT Phone 632-1475

Address of Property EAGLE ROCK & STANTON

Legal Description of Property S.E. CORNER OF 20 ACRES (ADJ. TO EAGLE ROCK RD)

Owner's Address (if different) 2338 CONDOA 80909 Phone _____

Systems Contractor _____ Address _____

Type of Construction FRAME Source and Type of Water Supply MUNICIPAL

Size of Lot 1 AC.

The construction of the Sewage Disposal System will comply with all applicable Laws, Ordinances, Standards or Resolutions.

HEALTH DEPARTMENT USE ONLY

Permit Number _____ Receipt Number _____

Number of Bedrooms 2 Tank Capacity 750 gallons Absorption area _____ Sq. Ft.

REMARKS 1/2 - 1 MILE FROM SEWER, SITE SEEMS TO BE ACCEPTABLE FOR

SEPTIC SYSTEM - NEED PERC. TESTS - COVENANT MUST BE SIGNED

Do not issue permit until further notice DRS 4/4/78

APPLICATION IS ☒ APPROVED ☐ DENIED copy of covenant

ENVIRONMENTALIST John W. De Haan DATE 10/4 19 77

PLOT PLAN WILL INCLUDE THE FOLLOWING

Plot plan may be drawn on the back of this sheet or on a separate sheet.

1. Streams, Lakes, Ponds, Irrigation Ditches and other Water Courses
2. North Direction
3. Location of Property Line
4. Buildings
5. Wells
6. Location of Proposed Septic System
7. Location of percolation test
8. Geographical features
9. Other Information as required

EHS - 6/9/76 - SEWAGE

EL PASO COUNTY ENVIRONMENTAL HEALTH SERVICES
301 South Union Boulevard Colorado Springs, CO 80910-3123

APPLICATION FOR A NEW, REMODEL, REPAIR, OR ADDITION
TO AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Owner HIRT, EDWARD Phone 495-0795 (SON)
Address of Property 990 EAGLE ROCK RD Lot Size 1 AC Water Supply CITY
Tax Sch # 632 00 06 002 Septic Contractor & Phone # _____
Legal Description LOT 1 HIRT SUBDIVISION - SE CORNER OF 20 AC. ADJ TO EAGLE ROCK RD.
Type of Building RES. Owner's Mailing Address 990 EAGLE ROCK RD.

MAXIMUM POTENTIAL BEDROOMS 3

Basement ☒ N Percolation Test Attached ☐ Y ☐ 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 a 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. 10-25-101 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 SEPT 29, 97

DEPARTMENT OF HEALTH USE ONLY

Absorption Area _____ Tank Capacity _____ Date of Site Inspection 10-2-97

REMARKS: application for permit is denied.
Property is within 400' of central sewer,
(Colo. Spgs.), see attached letter from
Water Resources.

owner picked up copy of system - 10/17/98 - is not
hooking up to system. - indicated system is/was failing
10/2/97 Jm

EHS INSPECTOR [Signature] Date 10-3-97 APPROVED DENIED

PERMIT # _____ FEE _____ NO FEE _____ DATE TO EPC PLANNING DEPT 10-2-97
448-4528 FAX

We require the ORIGINAL of your percolation (**PERC**) TEST.

The following information must be on your PLOT PLAN.

Property lines

Proposed septic system site

Well(s)

Building(s)

Water line

Subsoil drain(s)

Property dimensions

Designated alternate septic system site

Adjacent property well(s)

Proposed building(s)

Cistern

If any of these are within 100 feet of your proposed septic system
include on your plot plan

Spring(s)

Pond(s)

Dry Gulch(s)

Lake(s)

Stream(s)

Natural drainage course(s)

PROPERTY AND PERC HOLES MUST BE CLEARLY MARKED OR POSTED

GIVE COMPLETE DIRECTIONS TO THE PROPERTY FROM A MAIN HIGHWAY

