

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

Permit # OND 003045
Date 7/30/01

P

APPROVED: YES X NO #6323104024

ENVIRONMENTALIST J. A. K. W.

Address 5180 Silver Blvd.

Owner Beckman

Legal Description Lot 17; Block D Park Vista Estates

Residence ✓, # of bedrooms ; Commercial ; System Installer Owner

SEPTIC TANK:

Commercial ✓; Noncommercial L W WD
Construction Material Prc Cast Concrete, capacity 1,250 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 Bio-Diffusers, number of chambers 7, bed , trench ✓
sq. ft./section 15.5, reduction allowed 40 %, sq. ft. required 529
total sq. ft. installed 630, depth of installation 18 inches

Engineer Design Y or N , Designing Engineer

Approval letter provided? Y or N

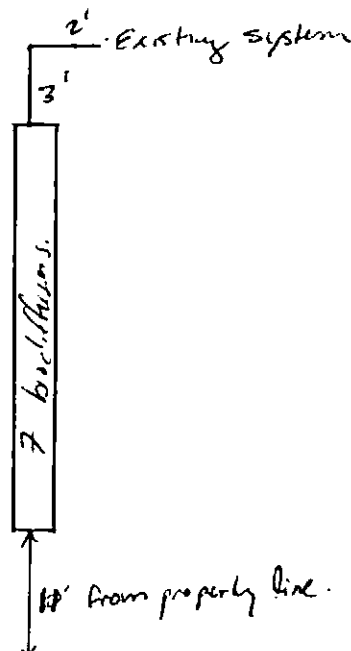
Well 50 feet from tank Y or N 100 feet from leach field Y or N

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:

Repaired System 7 bio-diffusers added to an existing 450 sq. ft.
Rock System for a total of 630 Sq. ft.



EL PASO COUNTY
DEPARTMENT OF HEALTH AND ENVIRONMENT
301 S Union Blvd, Colorado Springs, Colorado 719-578-3126

INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

WATER SOURCE: WELL

PERMIT NUMBER: ON0003045

OWNER NAME: JOHN BECKMAN

DATE PERMITTED: 4/30/01

ADDRESS: 5180 SILVER DR

CITY, STATE, ZIP: COLORADO SPRINGS CO 80918

PHONE NUMBER: 7195988868

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.

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT EXPIRATION DATE:

Expires twelve months from date of issue


ENVIRONMENTALIST / PHONE NUMBER (719) 578-3133

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

MINIMUM SEPTIC TANK SIZE: 1,250 GALLONS MINIMUM ABSORPTION AREA REQUIRED SQ FT

PLANNING DEPARTMENT ☒ENUMERATION ☒FLOOD PLAIN ☒WASTEWATER ☒**COMMENTS:**

MUST MEET THE MINIMUM SET BACK REQUIREMENTS OF THE CURRENT ISDS REGULATIONS FOR EL PASO COUNTY. ADDITION TO THE LEACH FIELD MUST BE IN DIRECT CONNECTION WITH THE EXISTING SYSTEM AND THE RECENTLY INSTALLED LINE OF INFILTRATORS MUST BE ABANDONED, AS THIS LINE IS 4 FEET FROM THE PROPERTY LINE.

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.

mailed 5-1-01 Bm

Inspector

Dave T

Record I.D.

3045

EL PASO COUNTY ENVIRONMENTAL HEALTH SERVICES

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

APPLICATION FOR AN ON-SITE TREATMENT SYSTEM:

☐ NEW ☐ REPAIR TANK ☒ REPAIR/ADD LEACH FIELD ☐ P.E. DESIGN

Owner JOHN BECKMAN Daytime Phone 598-8868
 Address of Property 5180 Silver Dr City & Zip COLO SPR CO 80918
 Legal Description LOT 17, BLOCK 10, PARK VISTA ESTATES
 Owner's MAILING Address P.O. BOX 25133 City, State & Zip C/S 80936
 Lot Size 1/2 Acre Tax Schedule # 4323104024 Septic Contractor _____
 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 BEDROOMS 3
 Percolation Test Attached Y ☒ N Garbage Disposal ☒ N Basement ☒ 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

J. BeckmanDate 4-26-01

DEPARTMENT OF HEALTH USE ONLY

Addition Minimum Absorption Area 1,250 sq ft Existing Minimum Tank Capacity 4/24/01 Date of Site Inspection

REMARKS MUST meet the minimum setback requirements of the current TSDS regulations for El Paso County. Addition to the leachfield must be in direct connection with the existing system and the recently installed line of infiltrators must be abandoned as this line is 4 feet from the property line.

EHS INSPECTOR

Shelley Triplett

DATE

4/30/01

APPROVED

DENIED

FEE AS OF 8/1/00: NEW \$315 -

REPAIR TO LEACH FIELD \$150 -

REPAIR TO TANK OR LINE \$75 -

DATE TO PLANNING / WASTEWATER

- 1) We require an original of your **PERCOLATION (PE) TEST** with an original professional engineer's (PE) stamp and signature as well as a plot of the percolation test holes.
- 2) **PROPERTY ADDRESS OR LOT NUMBER MUST BE POSTED AND CLEARLY VISIBLE FROM ROAD. PERC HOLES MUST BE CLEARLY MARKED.**
- 3) A **PLOT PLAN** must be drawn (not to scale) on an 8 ½ 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**.

<input type="checkbox"/> Well(s)	<input type="checkbox"/> Adjacent property well(s)	<input type="checkbox"/> Subsoil drain
<input type="checkbox"/> Cistern	<input type="checkbox"/> Water line	
- 5) Initial any of the following that are within 100 feet of your proposed septic system and **INCLUDE** on your **PLOT PLAN**.

<input type="checkbox"/> Spring(s)	<input type="checkbox"/> Lake(s)
<input type="checkbox"/> Pond(s)	<input type="checkbox"/> Stream(s)
<input type="checkbox"/> Dry Gulch(es)	<input type="checkbox"/> Drainage course(s)

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

