

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

Permit # 0N888 4855

Date 28 Aug. 2003

APPROVED: YES ☒ NO ☒ # 6323201006 ENVIRONMENTALIST J Christensen

Address 4140 Emerald Dr. 80918 Owner Gerald Martin

Legal Description Lot 30, Block 1, Park Vista Estates

Residence ☒ # of bedrooms 4; Commercial ☐; System Installer Kunau

SEPTIC TANK: Drilling (Jeff)

Commercial ☒; Noncommercial ☐ L       , W       , WD       

Construction Material Concrete, capacity 1500 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 Infiltrator, number of chambers 36, bed ☒ trench       

sq. ft./section 15.5, reduction allowed 35 %, sq. ft. required 644

total sq. ft. installed 858, depth of installation 24"-26"

Engineer Design Y or N, Designing Engineer N/A

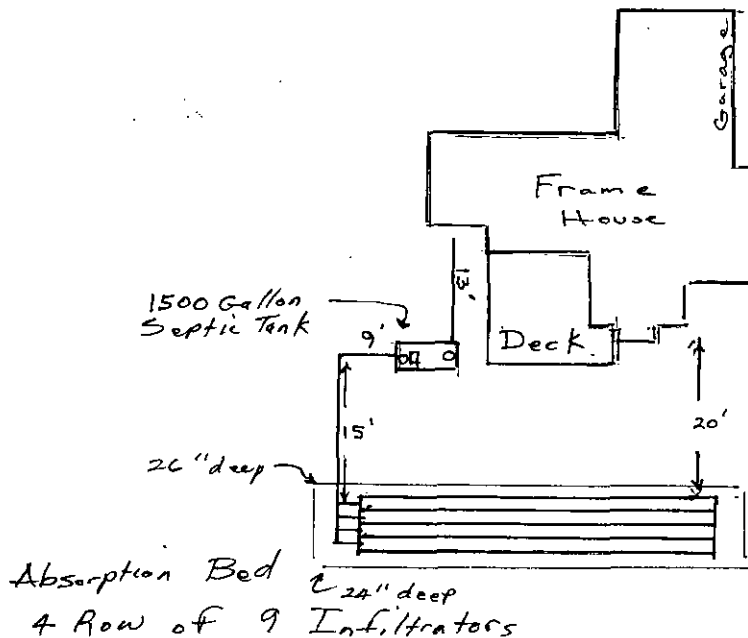
Approval letter provided? Y or N

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: 4" sch 40 pipe installed from house to septic tank inlet. All other pipe is 4" SDR 35.



JANET

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: GERALD MARTIN PERMIT NUMBER: ON0004855  
ADDRESS: 4140 EMERALD DR  
CITY, STATE, ZIP: COLORADO SPRINGS CO 80918 DATE PERMITTED: 04/22/2003  
INSTALLED BY: PHONE NUMBER: 7193800564

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

*W. B. B. for L. L. B. B.*  
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: PUBLIC

MINIMUM SEPTIC TANK SIZE: 1,500 GALLONS MINIMUM ABSORPTION AREA REQUIRED 644 SQ FT

PLANNING DEPARTMENT



ENUMERATION



FLOOD PLAIN



WASTEWATER



## COMMENTS:

CONSTRUCT THE LEACH FIELD IN THE PERCOLATION TEST LOCATION AND AT THE APPROXIMATE DEPTH OF THE PERCOLATION HOLES, 38 INCHES DEEP. MAINTAIN ALL MINIMUM SEPARATIONS. NORTH IS INCORRECTLY SHOWN ON THE ENGINEER'S PLOT PLAN.

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: \_\_\_\_\_ Called \_\_\_\_\_ Mailed \_\_\_\_\_

Final Inspection Requested: BY: Jeff - Kunaw

Date Called In: 8/27/03 3:49

Phone # 683-3720

Septic Site will be ready: Now

Inspector \_\_\_\_\_

Record I.D. 4855**EL PASO COUNTY ENVIRONMENTAL HEALTH SERVICES**

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

APPLICATION FOR A ☒ NEW ☐ REMODEL ☐ REPAIR OR ☐ ADDITION  
TO AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM ☐ P.E. DESIGN

Owner GERALD MARTIN Daytime Phone 380-0564  
Address of Property 4140 EMERALD DRIVE City & Zip COLORADO SPRINGS, 80918  
Legal Description LOT 30, BLOCK 1, PARK VISTA ESTATES ADDITION  
Tax Schedule # 6323201006 Lot Size 1/2 ACRE Septic Contractor KUNAU  
Inside City Limits ☒ No ☐ Yes-City \_\_\_\_\_ Water Supply ☐ Well or Spring ☐ Cistern ☒ Public  
Type of Building ☒ Frame ☐ Modular ☐ Mobile ☐ Commercial ☐ Manufactured ☐ Other \_\_\_\_\_  
Owner's MAILING Address 5080 BUNK HOUSE LANE City, State & Zip COLORADO SPRINGS, 80917  
☒ MAIL PERMIT OR ☐ PICK UP PERMIT ☐ THERE IS AN ADDITIONAL RESIDENCE ON THIS PROPERTY

MAXIMUM POTENTIAL BEDROOMS 4Percolation Test Attached ☒ NGarbage Disposal ☒ NBasement ☒ NClothes 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

Gerald MartinDate 4/3/03

## DEPARTMENT OF HEALTH USE ONLY

644 Ft<sup>2</sup>  
Minimum Absorption Area1500  
Minimum Tank Capacity4-16-03  
Date of Site Inspection

REMARKS Construct the leachfield in the perc test location and at the approximate depth of the perc holes, 38" deep. Maintain all minimum separations. North is incorrectly shown on the engineers plot plan.

Pending Landuse, floodplain and enumeration approvals.EHS INSPECTOR Walter McCarley forDATE 4-18-03☒ APPROVED

DENIED

FEE NO FEE

John Darden

DATE TO PLANNING / WASTEWATER

4/16/04

- 1) We require a copy of your percolation **(PERC) TEST** with an original professional engineer's (PE) stamp and signature.
- 2) A **PLOT PLAN** must be drawn (not to scale) on a 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) designated alternate septic system site
  - 7) driveway (proposed or existing and name of adjoining street)
- 3) 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	
- 4) Initial any of the following that are within 100 feet of your proposed septic system and include on your plot plan.
 

___ Spring(s)	___ Lake(s)
___ Pond(s)	___ Stream(s)
___ Dry Gulch(es)	___ Natural drainage course(s)
- 5) **PROPERTY ADDRESS OR LOT NUMBER MUST BE POSTED AND CLEARLY VISIBLE FROM ROAD. PERC HOLES MUST BE CLEARLY MARKED.**

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

