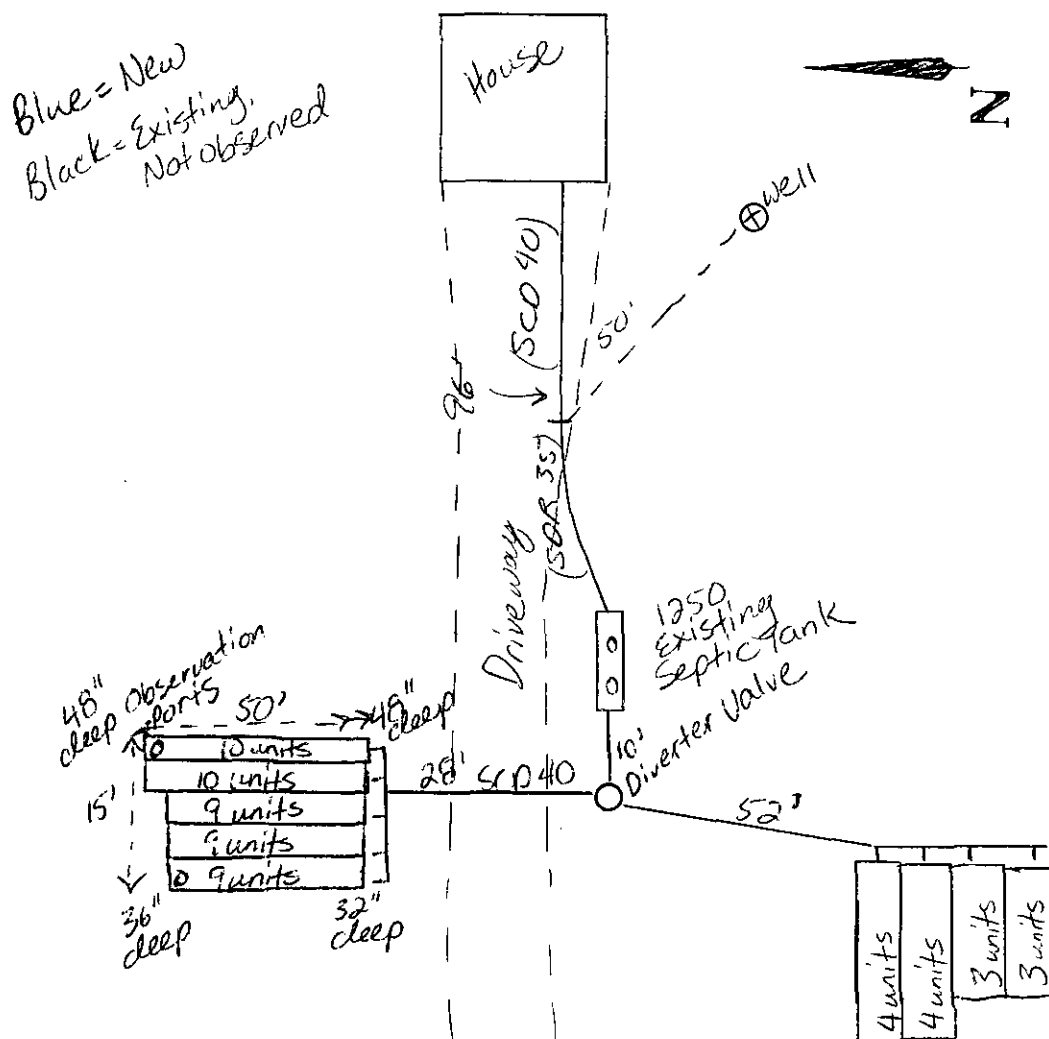


Permit # 0030463
Date 12/21/10

ON-SITE WASTE WATER SYSTEM PERMIT

PHONE NUMBER: (719) 481-5420 (Home Phone)

This permit is issued in accordance with 25-10-207 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 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.

PERMIT EXPIRATION DATE: 11/16/2011

Expires twelve months from date of issue

WATER SOURCE: Well or Spring

MINIMUM SEPTIC TANK SIZE:	1500	GALLONS	MINIMUM ABSORPTION AREA REQUIRED	N/A	SQ FT
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PLANNING DEPARTMENT	<input type="checkbox"/>	ENUMERATION	<input type="checkbox"/>	FLOOD PLAIN	<input type="checkbox"/>	WASTEWATER	<input type="checkbox"/>
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COMMENTS:

*** FOR INSPECTIONS CALL 719-575-8699 BEFORE 8:30 A.M. OF THE DAY TO BE INSPECTED.**
(WEEKENDS & HOLIDAYS EXCLUDED)
LEAVE THE ENTIRE SEWAGE DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION

INSTALL LEACH FIELD IN THE AREA THAT THE PERCOLATION TEST WAS TAKEN ON 2/9/91 BUT AT LEAST SIX FEET AWAY FROM EXISTING SYSTEM. ANY AMOUNT MAY BE ADDED TO THE EXISTING LEACH FIELD. IF A DIVERTER VALVE IS USED. A MINIMUM ADDITION OF 539 SQUARE FEET IS REQUIRED WITH NO REDUCTION. AN ADDITIONAL BEDROOM WAS ADDED TO THE HOUSE; THEREFORE THE TANK SHALL BE INCREASED FROM 1250(EXISTING) TO 1500 GALLONS. ALL SETBACKS MUST BE MAINTAINED, INCLUDING BUT NOT LIMITED TO 10 FEET FROM PROPERTY LINES, AND 100 FEET FROM ANY WELL.

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 ADMINISTRATOR USE ONLY

Called

11/21/10

BY:

BY: John/J+K EXCAVATING

Date Called In:

481-2417 home

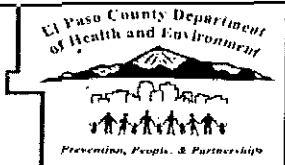
Septic Site will be ready:

Not

Paul

331- 4321 cell

John said homeowner does not have funds to upsize the existing septic tank now but intends to do so later date.



EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 •

(719) 578-3199 • Fax: (719) 578-3188

Record I.D. 30483

***ALL PAYMENTS ARE DUE AT TIME OF SUBMITTAL IN CASH, CHECK, or MAJOR CREDIT CARD**

APPLICATION FOR AN ONSITE WASTEWATER SYSTEM PERMIT

☐ NEW PERMIT

☐ MINOR REPAIR PERMIT

☒ MAJOR REPAIR PERMIT

Owner MINA K. TERNUS Daytime Phone 719-481-5420

Address of Property 19515 BELATRIX Dr City & Zip MONUMENT, 80132

Legal Description Tract 107 Colo Estates Sub 3

Owner's MAILING Address PO Box 953 City, State & Zip MONUMENT, CO 80132

Lot Size 2 1/2 2.55 Tax Schedule # 7104004015

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 ☐ FAX - FAX TO AND # PO Box 953, Monument

MAXIMUM POTENTIAL NUMBER OF BEDROOMS 4

Percolation Test Attached ☒ Y ☒ N Basement ☒ Y ☒ N Garbage Disposal ☒ Y ☒ N Clothes 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/OWNER'S AGENT SIGNATURE X Mina K. Ternus Date 11-16-10

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

RE — INSTALL LEACH FIELD IN THE AREA THAT THE PERCOLATION TEST WAS TAKEN ON 2/9/91 BUT AT LEAST SIX FEET AWAY FROM EXISTING SYSTEM. ANY AMOUNT MAY BE ADDED TO THE EXISTING LEACH FIELD. IF A DIVERTER VALVE IS USED, A MINIMUM ADDITION OF 539 SQUARE FEET IS REQUIRED WITH NO REDUCTION. AN ADDITIONAL BEDROOM WAS ADDED TO THE HOUSE, THEREFORE THE TANK SHALL BE INCREASED FROM 1250(EXISTING) TO 1500 GALLONS. ALL SETBACKS MUST BE MAINTAINED, INCLUDING BUT NOT LIMITED TO 10 FEET FROM PROPERTY LINES, AND 100 FEET FROM ANY WELL.

EHS INSPECTOR /veil /10/05

CURRENT FEES AS APPROVED BY EL PASO COUNTY BOARD OF HEALTH

New Permit: \$304.00 EPCDHE Charge + \$23.00 CDPHE Surcharge + \$147.00 EPC Planning Surcharge = \$474.00

Major repair permit: \$341.00 EPCDHE Charge + \$23.00 CDPHE Surcharge = \$364.00

Minor repair permit: \$141.00 EPCDHE Charge + \$23.00 CDPHE Surcharge = \$164.00

DATE TO LAND DEVELOPMENT/WASTEWATER: _____

DATE TO FLOODPLAIN/ENUMERATIONS: _____

PLEASE COMPLETE THE BACK OF THIS FORM

Assigned to
PR