

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

Permit # 0007303
 Date 5/11/2009

APPROVED: Yes No # 7110004025 Environmental Health Specialist: Christine Kleinert

Address 2675 Crestwood Drive Owner Arthur and Elaine June

Legal Description Lot R-3 Ref'd Sub 2+3
 Residence # Bedrooms 3 Commercial _____ System Installer Dennis Williams

SEPTIC TANK: Existing
 Commercial Noncommercial _____ Construction Material Concrete Capacity Gallon 1250

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. _____

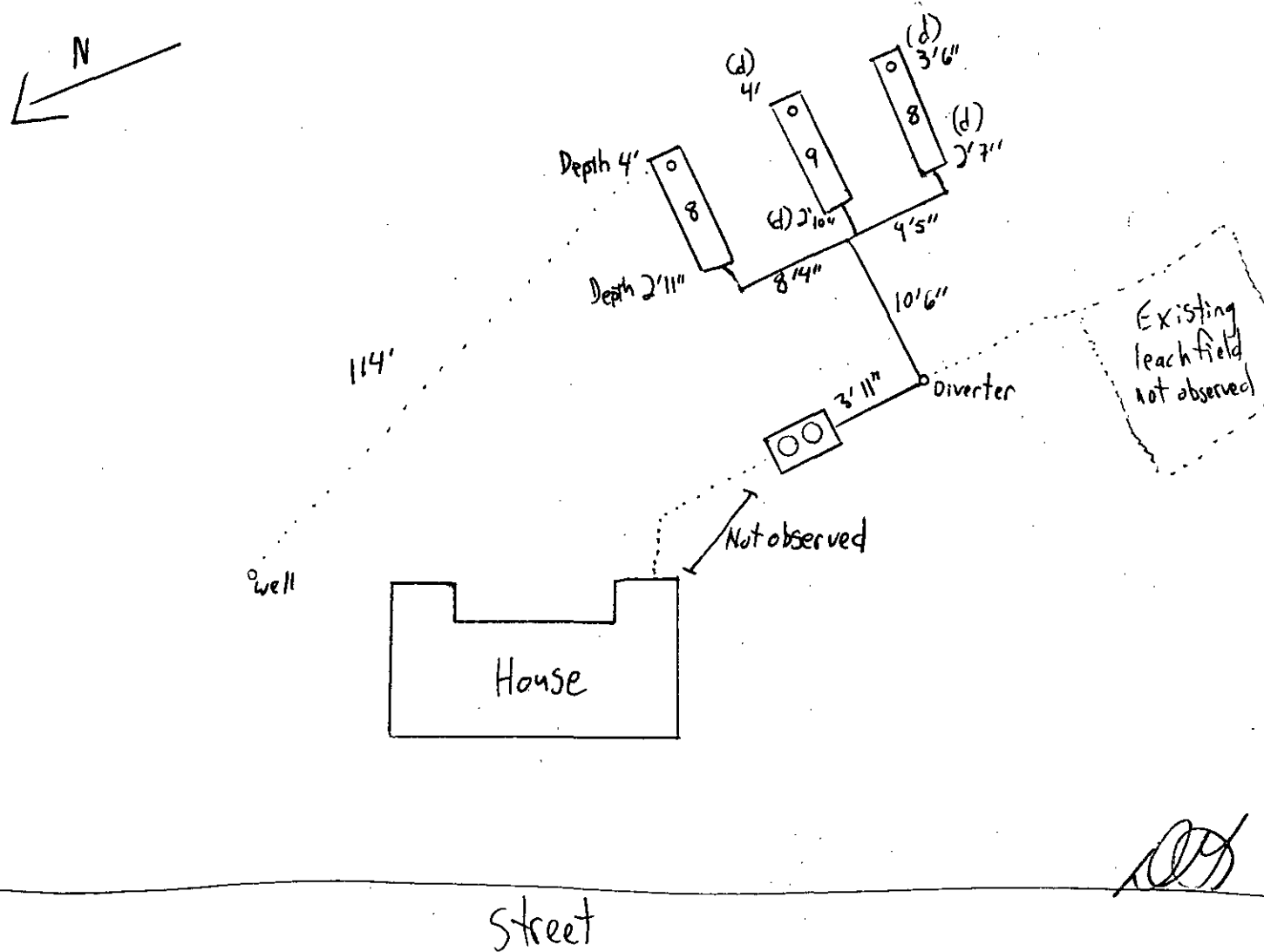
ROCKLESS SYSTEMS:
 Standard Chamber: Type Infiltrator #Chambers 25 Sq. Ft./Chamber 15.5 Bed _____ Trench
 High Profile Units: Type Chamber _____ #Chambers _____ Sq. Ft./Chamber _____ Bed _____ Trench _____
 Reduction Allowed 0 % Sq. Ft. Required 375 Depth (Range) 2'7" - 4'
 Sq. Ft. Installed 387 Equivalent Sq. Ft. Installed with Reduction 387

Engineer Design: Y Engineering Firm _____
 Approval letter provided?

Well installed at time of septic system inspection? 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: Drawing not to scale. Septic system with diverter valve approved for a three bedroom house.



EL PASO COUNTY
DEPARTMENT OF HEALTH AND ENVIRONMENT
301 S Union Blvd, Colorado Springs, Colorado 719-575-8635
ONSITE WASTE WATER SYSTEM PERMIT

OWNER NAME: ARTHUR F AND ELAINE V JUNE PERMIT NUMBER: 0002303
 ADDRESS: 2675 CRESTWOOD DR
 CITY, STATE, ZIP: COLORADO SPRINGS, CO 80932 DATE PERMITTED : 03/24/2009
 PHONE NUMBER: (719) 491-4521 (Home Phone) Dennis Williams (Acme)

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: 03/24/2009
 Expires twelve months from date of issue

Bud Walker 578-3127

WATER SOURCE: Well or Spring

Almond Hunt 578-3167

MINIMUM SEPTIC TANK SIZE: 0 GALLONS MINIMUM ABSORPTION AREA REQUIRED: N/A SQ FT

PLANNING DEPARTMENT NY ENUMERATION NA FLOOD PLAIN NA WASTEWATER NA

COMMENTS:

8699
 * FOR INSPECTIONS CALL 575-8635 BEFORE 8:30 A.M. OF THE DAY TO BE INSPECTED.
 (WEEKENDS & HOLIDAYS EXCLUDED)
 LEAVE THE ENTIRE SEWAGE DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION

OWNER CAN ADD ANY AMOUNT DESIRED TO EXISTING LEACH FIELD. IF A DIVERTER VALVE IS USED AT LEAST 375 SQUARE FEET SHALL BE INSTALLED WITH NO REDUCTION TAKEN (25 STANDARD CHAMBERS). IF ADDITION IS NOT PLACED IN AREA OF CURRENT LEACH FIELD A NEW PERC TEST IS REQUIRED. ADDITION SHOULD BE AT LEAST 6 FEET AWAY FROM EXISTING SYSTEM. RUN OFF FROM HOUSE, ROAD, AND DRIVEWAY SHALL BE DIVERTED AWAY FROM LEACH FIELD. MAX DEPTH OF LEACH FIELD SHALL BE NO DEEPER THE 2 FEET BELOW NATIVE GROUND SURFACE. SEPTIC SYSTEM SHALL BE AT LEAST 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.

Called Dennis 491-4521 FOR ADMINISTRATOR USE ONLY

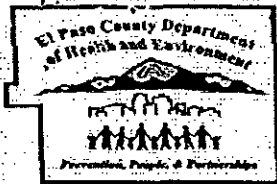
Permit Ready: Called Mailed

Final Inspection Requested: BY: *Dennis Williams* Date Called In: *5-11-2009*

to pick up. RW Phone #: *491-4521* Septic Site will be ready: *Now*

3/25/09 Wed. *Acme* *Call Him when on Route*

FILE COPY



EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT
 301 South Union Boulevard • Colorado Springs, CO • 80910-3123 •
 (719) 575-8635 • Fax: (719) 578-3188

Record I.D. # 2303

***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 ARTHUR JUNE Daytime Phone 491-4521

Address of Property 2675 Cresswood Dr City & Zip 80932

Legal Description LOT 153 REBIL SUB 2 & 3

Owner's MAILING Address SAME City, State & Zip _____

Lot Size 1.02 acres Tax Schedule # 71100041025

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 # _____

MAXIMUM POTENTIAL NUMBER OF BEDROOMS			
Percolation Test Attached	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Basement	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Garbage Disposal	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Clothes Washer	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

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 [Signature] Date 3-19

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		
Existing Existing	NA	3/23/09
Minimum Tank Capacity	Minimum Absorption Area	Date of Site Inspection
REMARKS <u>Owner can add any amount desired to existing leach field. If a diverter valve is used at least 3.75 sq. ft. shall be installed with no reduction taken (25 standard chambers). If addition is not placed in area of current leach field a new perc test is required. Addition should be at least 6' away from existing system. Run-off from house, road and driveway shall be diverted away from leach field. Max depth of leach field shall be no deeper than 2' below native ground surface. Septic system shall be at least 10' from property lines & 100' from any well.</u>		
EHS INSPECTOR <u>Christie Kleinert & Brad Wallace</u>	DATE <u>3/23/09</u>	APPROVED <input checked="" type="checkbox"/> DENIED <input type="checkbox"/>

CURRENT FEES AS APPROVED BY EL PASO COUNTY BOARD OF HEALTH

New Permit: \$304.50 EPCDHE costs + \$23.00 State Surcharge + \$177.50 EPC Planning Surcharge = \$505.00
 Major repair permit: \$316.00 DATE TO LAND DEVELOPMENT/WASTEWATER: _____
 Minor repair permit: \$131.00 DATE TO FLOODPLAIN/ENUMERATIONS: _____

RECEIVED
 3/23/09
 [Signature]

PLEASE COMPLETE THE BACK OF THIS FORM

- 1) We require an original of your PERCOLATION (PERC) TEST with an original licensed engineer's (PE) stamp and signature as well as a plot of the percolation test hole locations with measurements from a fixed reference point. (A faxed copy directly from the engineering firm to this office is acceptable.)
- 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 inch sheet of paper. The plot plan must include:

- | | | |
|---|---|--|
| 1) a north bearing | 5) proposed septic system site | 8) Distance of percolation test to two property lines. |
| 2) property lines | 6) alternate septic system site | |
| 3) property dimensions | 7) driveway (proposed or existing and name of adjoining street) | |
| 4) all buildings (proposed or existing) | | |

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"/> Natural drainage course(s) |

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

off overpass

