

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

Permit # 0N000 5956
Date 10-8-2004

APPROVED: Yes ☒ No ☐ # 7418000947 Environmental Health Specialist: Brad Wallace

Address 6145 Methuselah Rd. Owner Jim & Kari Mesirov
Legal Description Site S-159R, Crystal Hills Sub #2
Residence ☒ # Bedrooms 4 Commercial ☐ System Installer Tim Gregory

SEPTIC TANK:

Commercial ☒ Noncommercial ☐ Construction Material Pre-Cast Concrete Capacity Gallon 1,500 Gallons

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 Infiltrators #Chambers 34 Sq. Ft./Chamber 15.5 Bed (26) Trench (8)

High Profile Units: Type Chamber _____ #Chambers _____ Sq. Ft./Chamber _____ Bed _____ Trench _____

Reduction Allowed 35+40 % Sq. Ft. Required 797 Depth (Range) 15" → 48"

Sq. Ft. Installed _____ Equivalent Sq. Ft. Installed with Reduction 620 + 206 = 826

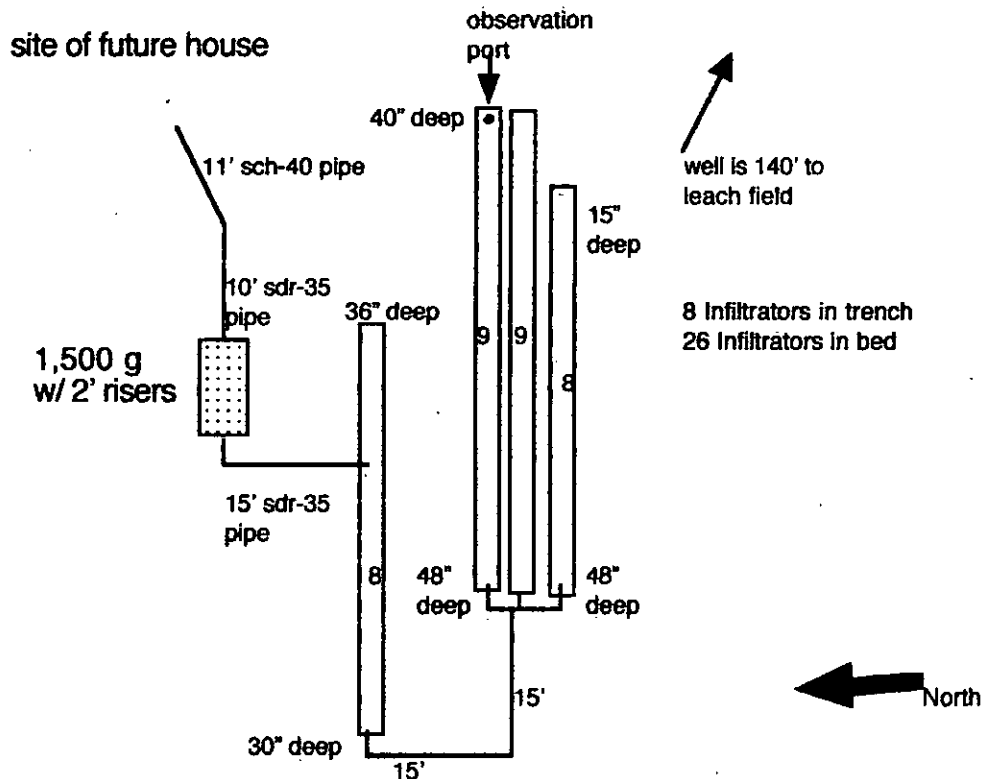
Engineer Design: Y ☒ Engineering Firm _____

Approval letter provided? Y ☐ N ☐

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:



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: JIM AND KERI MESIROW
ADDRESS: 6145 METHUSELAH ROAD
CITY, STATE, ZIP: MANITOU SPRINGS CO 80829
INSTALLED BY:

PERMIT NUMBER: ON0005956
DATE PERMITTED: 10/4/2004
PHONE NUMBER: 7194919635

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

Brad Williams 578-3127

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: WELL

MINIMUM SEPTIC TANK SIZE: 1,500 GALLONS

MINIMUM ABSORPTION AREA REQUIRED 797 SQ FT

PLANNING DEPARTMENT



ENUMERATION



FLOOD PLAIN



WASTEWATER



COMMENTS:

INSTALL LEACH FIELD IN AREA OF PERCOLATION TEST. A CONVENTIONAL LEACH FIELD WILL BE INSTALLED ON THIS SITE, PREFERRED MAXIMUM DEPTH OF LEACH FIELD IS 36 INCHES UNDER NATIVE GROUND SURFACE. DRAINAGE FROM ABOVE MUST NOT FLOW INTO LEACH FIELD AREA. PROPERTY LINES MUST BE MARKED AT TIME OF FINAL INSPECTION. LEACH FIELD MUST BE AT LEAST 10 FEET FROM PROPERTY LINES.

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: *Tim Gregory*

Date Called In: *10-8-09*

10:30 AM
(Dun Ridge)

Phone # *491-2573*

Septic Site will be ready: *Now*

Inspector _____

Record I.D. _____

5956

EL PASO COUNTY ENVIRONMENTAL HEALTH SERVICES

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 578-3125 • Fax: (719) 578-3188

ALL PAYMENTS ARE DUE AT TIME OF SUBMITTAL IN CASH OR CHECK*APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT**☒ NEW CONSTRUCTION ☐ MINOR REPAIR ☐ MAJOR REPAIR/ADD *Gordon*Owner Jim and Keri Mesiroow

Daytime Phone

491-9635Address of Property 6145 Mettuselak RoadCity & Zip Monitou Springs 80829Legal Description Site 5-159R, Crystal Park Subdivision, Filing #2, El Paso County, Colorado

Owner's MAILING Address

C/O PALACE HOMES

City, State & Zip

CSC 80903Lot Size 1 ACRES

Tax Schedule #

1233 N Project St
14/8000075Type 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 PROPERTYMAXIMUM POTENTIAL NUMBER OF BEDROOMS 4Percolation Test Attached ☒ Y ☐ NBasement ☒ Y ☐ NGarbage Disposal Y ☒ NClothes 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 SIGNATURE Jim Mesiroow

Date

9/22/04You 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**1,500 Gallons

Minimum Tank Capacity

797 Ft²

Minimum Absorption Area

9-24-04

Date of Site Inspection

REMARKS GPS of Profile [N 38° 50.179' W 104° 56.285']

Install Leach Field in area of perc test. A conventional Leach Field will be installed on this site; preferred maximum depth of Leach Field is 36" under native ground surface. Drainage from above must not flow into Leach Field area. Property Lines must be marked at time of final inspection. Leach Field must be at least 10' from property lines.

EHS INSPECTOR Bruce William

DATE

10-4-04☒ APPROVED☐ DENIED**FEES AS OF 01/01/04:**NEW CONSTRUCTION \$483.00 + Planning Department Surcharge of \$30. = \$513.00

MAJOR REPAIR/ADDITION \$489.00

MINOR REPAIR/ADDITION \$263.00

DATE TO PLANNING / WASTEWATER: 9/24/04

DATE TO FLOODPLAIN/ENUMERATIONS _____

PLEASE COMPLETE THE BACK OF THIS FORM

01/01/04

Advised builder, Gordon, that need letter that conventional system OK - (PW) 9-27-04

- 1) We require an original of your **PERCOLATION (PERC) TEST** with an original professional engineer's (PE) stamp and signature as well as a plot of the percolation test hole locations with measurements from a fixed reference point
- 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 ½ x 11 sheet of paper. The plot plan must include:

1) a north bearing	4) all buildings (proposed or existing)	7) driveway (proposed or existing and name of adjoining street)
2) property lines	5) proposed septic system site	
3) property dimensions	6) alternate septic system site	
- 4) Initial any of the following features that apply to your property and **INCLUDE** them on your **PLOT PLAN**.

<input checked="" 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 checked="" type="checkbox"/> Natural drainage course(s)

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

From Hwy 24 & Manitou Ave Proceed
 West on MANITOU AVE to CRYSTAL PARK RD.
 At the end of CRYSTAL get a map of the County
 Gate. Also see Vicinity map on plot plan.
 Any problems or questions please call Gordon
 at 491-9635.

61.45 Methuselah
7418000047
E
3-30-99

**JOHN E. WENDT P. E.
7410 TUDOR ROAD
COLORADO SPRINGS, CO. 80919**

March 22, 1999

Mr. Joe Kraudelt
1532 Capulin Drive
Colorado Springs, Co. 80910

Individual Sewage Disposal System, (ISDS) for Mr. Joe Kraudelt, 3 Bedroom House to be constructed on Site S-159, Methuselah Road Crystal Park Co. Manitou Springs, 80929.

PERCOLATION TEST BY:

Highplains Septic Services
February 8, 1999

PERCOLATION RATE:

10 Minutes/Inch

LOT:

Designated .80 Acre

WATER

Well

HOUSE:

3 Bedroom

TOPOGRAPHY:

Elevation/Differential-Septic
Tank to Dry Well location
shall be measured to assure
gravity flow.

SEPTIC TANK

Provide: 1,250 Gallon 2-Compartment Septic Tank

WASTEWATER FLOW

3 Bedrooms @ 150 GPD/BR. = 450 GPD
THEREFORE: Design Flow shall be based upon: 945 GPD
(450 x 1.5 x 1.4 [Allowance for clothes washer—No Garbage Disposal])

LEACHING AREA SIZING

$$\frac{945}{5} \times \sqrt{10} = 599 \text{ SF. (Use approximately 600 SF)}$$

LEACHING AREA SYSTEM

Leaching Area shall be by a Dry Well System

SYSTEM DEVELOPMENT

In area designated for construction of the dry well, dig a hole of sufficient depth to allow for gravity flow from the septic tank. Hole shall be approximately 12 1/2' Square. Dry well location shall be on Westerly Side of house location (at approximately 8578' elevation).

NOTE: Hole may be any combination (9' by "X" feet etc.) just so long as Dry Well sizing is met—600 SF + . Separations from any side of Dry Well ring shall be no less than 12".

Provide for locating Dry Well in approximate "footprint" of percolation test and elevations to assure gravity flow from any water using facility within dwelling.

NOTE: Top of Dry Well may be 2' to 4' below surface, but no deeper than 4'.

Now install 3 each 7' diameter porous dry well chamber rings in center of this excavation resting on bottom of a leveled base.

Fill around these chambers with clean leach rock (approximately 3/4" to 2 1/2" clean leach rock) to top of chamber rings.

Provide for a cap (cast with a 4" pipe inserted to accommodate the line from the septic tank outlet) that will provide for a vertical perforated soil and drainpipe running to dry well base. At end of this pipe place and inverted "T" to provide for wastewater dispersal. Cap shall have an additional hole for any inspection. Inspection access shall be provided with risers that extend to ground level and shall be capped with a waterproof cover.

A well-constructed dry well should require little or no maintenance. However, should failure occur, pumping and resting is the only reasonable rehabilitation technique available.

INSTRUCTIONS FOR ISDS USE

One must be aware of and assume responsibility for a continued inspection and maintenance of the entire system. Septic Tank must be inspected and, if necessary, pumped on a regular basis (possibly every 18 to 24 months) depending on household wastewater impact. Non-biodegradable products such as coffee grounds, cigarette butts, feminine hygiene personal care products, diapers, plastic products of all kinds shall not be run into system.

Household water must be continuously monitored to assure there is no excessive showering or bathing; that clothes washing be tempered and that it is not excessive, and that toilets and sinks are not allowed to run due to inattention or due to faulty or malfunctioning seals.

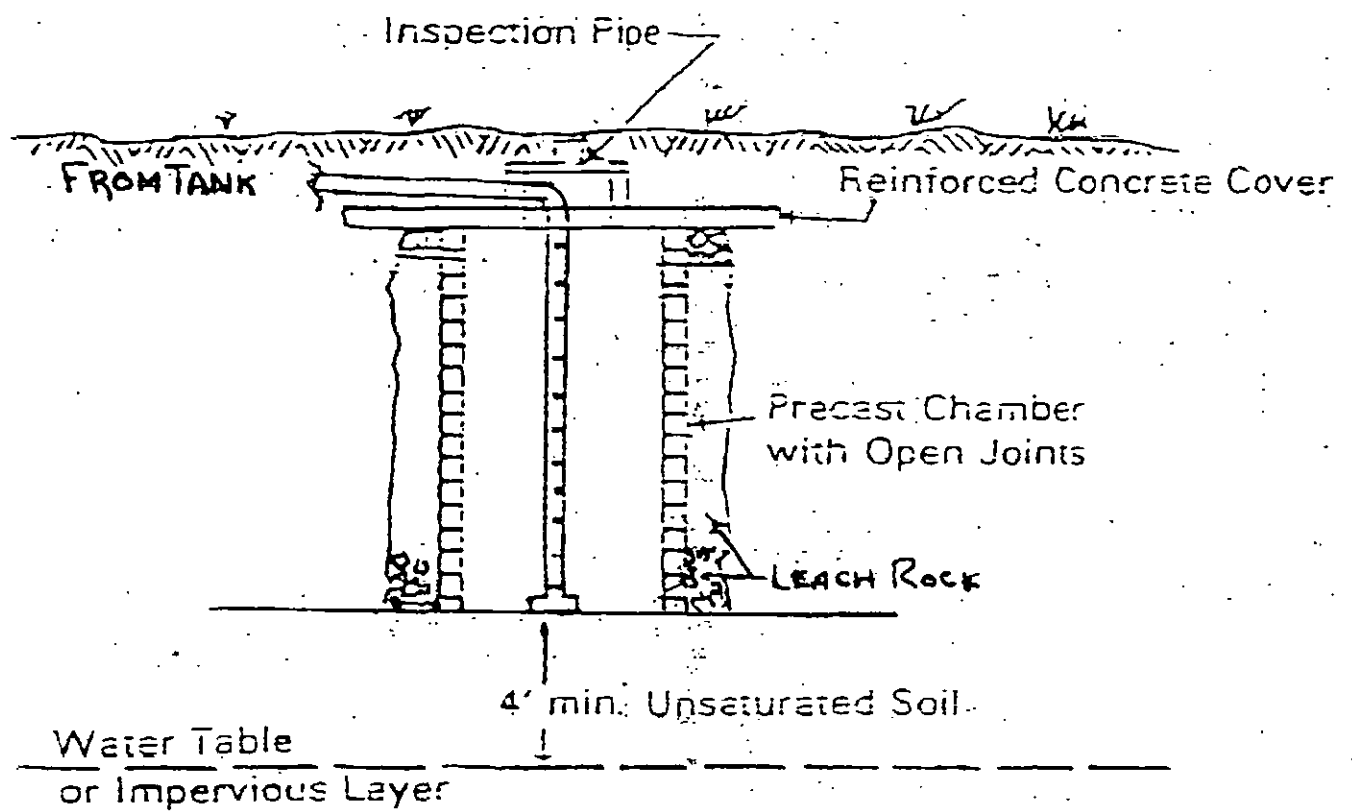
This design is no way written guarantee the system will give indefinite trouble free service. Even with proper installation and maintenance, there remain many uncertainties and difficulties that can arise in the operation of the system in the future. Proper maintenance can assist in minimizing uncertainties, but cannot entirely eliminate them.

RESPECTFULLY SUBMITTED


JOHN E. WENDT P. E.



PIT CROSS SECTION





Highplains Septic Services

7024 Woodstock Street
Colorado Springs, CO 80911
Office: (719) 392-7344 • Home: (719) 392-6195



9902-297

SOIL PERCOLATION DATA SHEET

Date: 8 FEB 99

Client: JOE KRAUDERT

Address: 1532 CAPULIN DR

City: CO. SPRINGS

State: CO Zip Code 80910 Telephone 635-3623

County: EL PASO

Location of Test: SITE 159 methuselah Rd.
CRYSTAL PARK MANITOW SPRINGS CO 80829

No. Acres:

Water Supply:

PERCOLATION RATE MEASUREMENT RESULTS

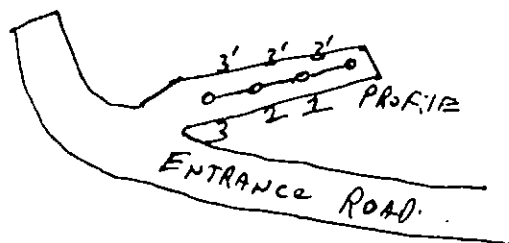
	Hole Depth	DEPTH TO WATER				Last Drop	Min. Per Inch
		Time: 15min	Time: 15min	Time: 15min	Time: 15min		
#1	120"	3"	2 1/4"	1 3/4"	1 1/2"	1 1/2"	10
#2	96"	2 3/4"	1 7/8"	1 7/8"	1 3/4"	1 3/4"	9
#3	96"	3 1/8"	2"	1 7/8"	1 1/2"	1 1/2"	10
Avg:						10	

PROFILE

#4	Depth:	Soil Description	Ground Water: <u>NONE</u>
		<u>PREVIOUSLY EXCAVATED</u> <u>NO TPOSSIL EVIDENT</u>	<u>BEDROCK: NONE</u>
	<u>0-144"</u>	<u>Decomposed GRANITE with clay</u>	<u>Grade of Site: 18% ↓ SE</u>
	<u>144"-216"</u>	<u>FRACTURED / Decomposed GRANITE</u>	

Remarks: NTS:

Yellow FLAG = PROFILE
Blw FLAG = PERC RATE



September 27, 2004

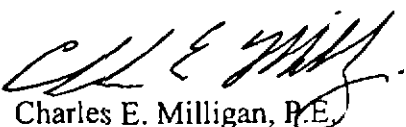
Palace Homes, Inc.
1233 Prospect Street
Colorado Springs, CO 80903

RE: Percolation Test 6145 Methuselah, Artquest#24065

Dear Gordon,

Per your information, a percolation test was performed in February 1999 for the subject address. The test shows an average rate of 10 minutes per inch in decomposed granite. For this percolation rate, a conventional system is acceptable. A designed system is not required.

If you have any question or require further information, please call us.


Charles E. Milligan, P.E.



Post-It® Fax Note	7671	Date	# of pages ▶
To	BRAD WALLACE	From	CHARLES E. MILLIGAN
Co./Dept.	EL PASO CITY HEALTH	Co.	ARTQUEST
Phone #		Phone #	487-0812
Fax #	578-3188	Fax #	

September 22, 2004

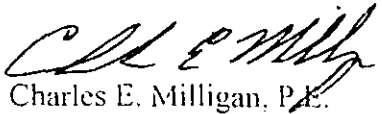
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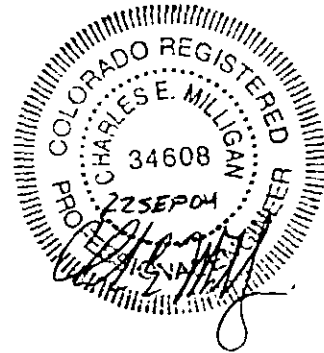
RE: Percolation Test 6145 Methuselah. Artquest#24065

Dear Gordon,

Per your information, a percolation test was performed in February 1999 for the subject address. The test shows an average rate of 10 minutes per inch in decomposed granite. We are willing to accept this test for the design of the system. We recommend you have an open excavation inspection to verify the presence of decomposed granite at the level of the infiltrators.

If you have any question or require further information, please call us.


Charles E. Milligan, P.E.



Apr 02 04 08:45a

Virginia Ownbey

719-685-5838

p.1

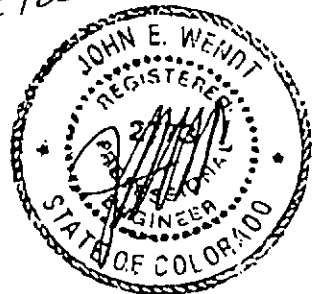


MESQUITE

6145 Methuselak

Highplains Septic Services

7024 Woodstock Street
Colorado Springs, CO 80911
Office: (719) 392-7344 • Home: (719) 392-6195



#9902-297

SOIL PERCOLATION DATA SHEET

Date: *8 Feb 99*

Client: *JOE KRAUDIT* Address: *1532 CAPWIN DR*
City: *CO SPRINGS* State: *CO* Zip Code: *80910* Telephone: *635-3623*
County: *EL PASO* Location of Test: *SITE 159 methuselak Rd.*
CITY OF CO SPRINGS, CO 80929

No. Acres: _____ Water Supply: _____

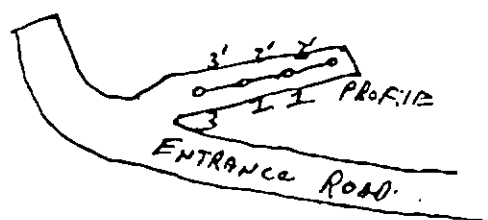
PERCOLATION RATE MEASUREMENT RESULTS

	Hole Depth	DEPTH TO WATER				Last Drop	Min. Per Inch
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#3	96"	3 1/8"	2"	1 7/8"	1 1/2"	1 1/2"	10
Avg:						10	

PROFILE

#4	Depth	Soil Description	Ground Water: <i>NONE</i>
		<i>PREVIOUSLY EXCAVATED NO FOSIL EVIDENT</i>	Bedrock: <i>NONE</i>
	<i>0-14 1/2"</i>	<i>Decomposed Granite with clay</i>	Grade of Site: <i>18% & SE</i>
	<i>14 1/2"-216"</i>	<i>Fractured / Decomposed Granite</i>	

Remarks: *NTS: Yellow Flag = Profile
Blue Flag = Perc Hole*



**JOHN E. WENDT P. E.
7410 TUDOR ROAD
COLORADO SPRINGS, CO. 80919**

March 22, 1999

Mr. Joe Kraudelt
1532 Capulin Drive
Colorado Springs, Co. 80910

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PERCOLATION TEST BY:

Highplains Septic Services
February 8, 1999

PERCOLATION RATE:

10 Minutes/Inch

LOT:

Designated .80 Acre

WATER

Well

HOUSE:

3 Bedroom

TOPOGRAPHY:

Elevation/Differential-Septic
Tank to Dry Well location
shall be measured to assure
gravity flow.

SEPTIC TANK

Provide: 1,250 Gallon 2-Compartment Septic Tank

WASTEWATER FLOW

3 Bedrooms @ 150 GPD/BR. =

450 GPD

THEREFORE: Design Flow shall be based upon:

945 GPD

(450 x 1.5 x 1.4 [Allowance for clothes washer—~~No Garbage Disposal~~])

1134 w/ disposal

LEACHING AREA SIZING

$$\frac{945}{5} \times \sqrt{10} =$$

599 SF. (Use approximately 600 SF)

LEACHING AREA SYSTEM

Leaching Area shall be by a Dry Well System

SYSTEM DEVELOPMENT

In area designated for construction of the dry well, dig a hole of sufficient depth to allow for gravity flow from the septic tank. Hole shall be approximately 12 1/2' Square. Dry well location shall be on Westerly Side of house location (at approximately 8578' elevation).

NOTE: Hole may be any combination (9' by "X" feet etc.) just so long as Dry Well sizing is met—600 SF + . Separations from any side of Dry Well ring shall be no less than 12".

Provide for locating Dry Well in approximate "footprint" of percolation test and elevations to assure gravity flow from any water using facility within dwelling.

NOTE: Top of Dry Well may be 2' to 4' below surface, but no deeper than 4'.

Now install 3 each 7' diameter porous dry well chamber rings in center of this excavation resting on bottom of a leveled base.

Fill around these chambers with clean leach rock (approximately 3/4" to 2 1/2" clean leach rock) to top of chamber rings.

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INSTRUCTIONS FOR ISDS USE

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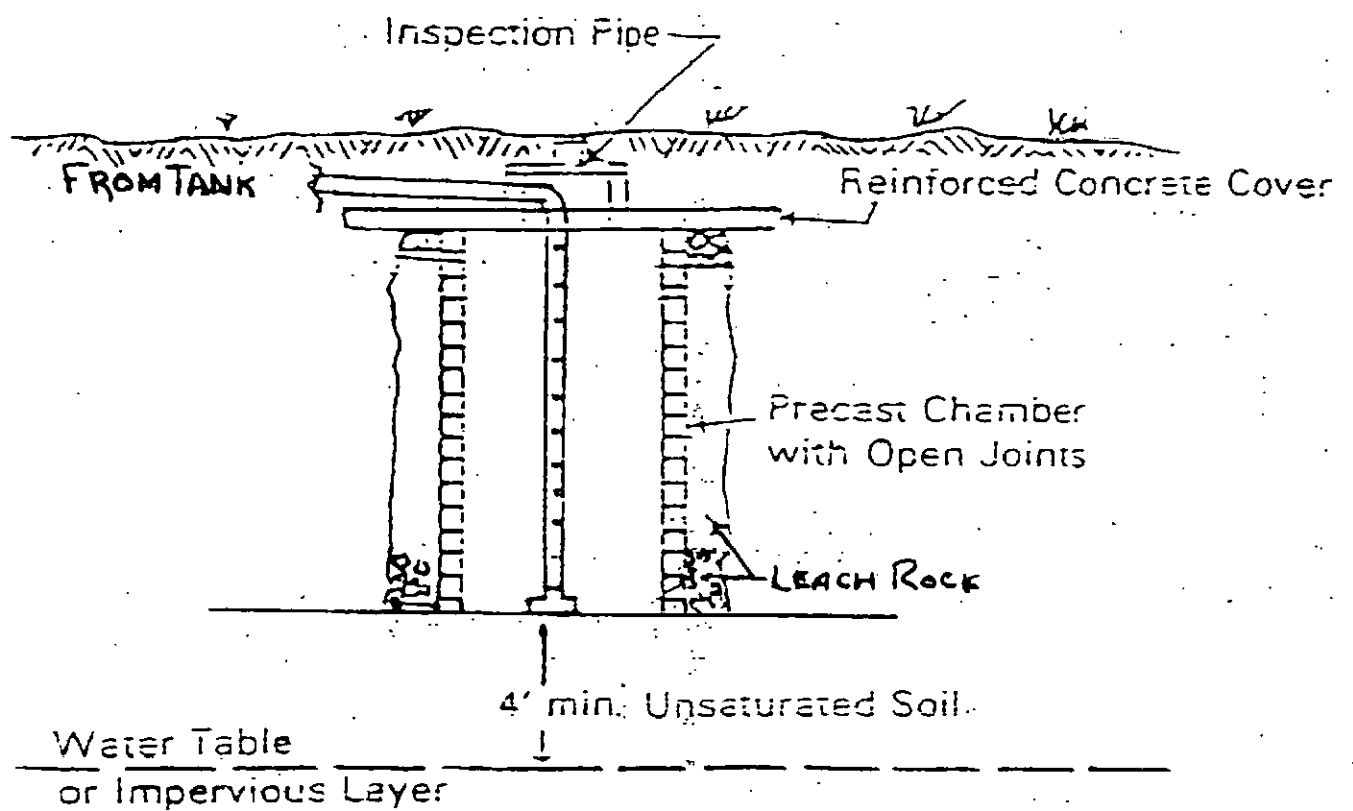
This design is no way written guarantee the system will give indefinite trouble free service. Even with proper installation and maintenance, there remain many uncertainties and difficulties that can arise in the operation of the system in the future. Proper maintenance can assist in minimizing uncertainties, but cannot entirely eliminate them.

RESPECTFULLY SUBMITTED

JOHN E. WENDT P. E.



PIT CROSS SECTION



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

Owner Scharene Hinman & Joe Kraundelt Phone (719) 635-3623
Address of Property 6145 Methuselah Rd. Lot Size 0.8 acre Water Supply Well
Manitou Springs, CO 80829
Tax Sch # 14180-00-047 Septic Contractor & Phone # Licensed
Legal Description Site S-159, Crystal Park Subdivision 2
Type of Building Frame Residence Owner's Mailing Address 1532 Capulin Drive, Colo. Spgs., CO 80910

MAXIMUM POTENTIAL BEDROOMS 3

Basement ☒ Y ☐ N Percolation Test Attached ☒ 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 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 Joe Kraundelt / Scharene Hinman Date March 30, 1999

DEPARTMENT OF HEALTH USE ONLY

Eng Design 1250 4/13/99
Absorption Area Tank Capacity Date of Site Inspection

REMARKS: Install per EPCAD + Engineer Design. Maintain all required setbacks. Eng approval letter needed upon completion

EHS INSPECTOR [Signature] Date 4/14/99 ☒ APPROVED ☐ DENIED
PERMIT # 010000384 FEE 245.00 NO FEE DATE TO EPC PLANNING DEPT 4-1-99
Attached ☒ OK

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

Going west on Hwy 24, take the Manitowish Ave. Business exit. Continue west, then go left at Crystal Park Rd. Continue about 1 1/2 miles to guard house. Stay on Crystal Park Road for an additional 6.2 miles to the lake (on left). At this junction, take the right fork (Eagle Mountain Rd.), and continue to the second left (Methuselah Rd.). The site is the first drive on the left on Methuselah Road.

INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

WATER SOURCE: WELL

PERMIT NUMBER: ON0002948

OWNER NAME: JONATHAN CAVNER

DATE PERMITTED: 4/27/01

ADDRESS: 6145 METHUSELAH RD

CITY, STATE, ZIP: MANITOU SPRINGS CO 80829

PHONE NUMBER: 7195312640

INSTALLED BY: WILLIAMS, BOB [High Plains]

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.

Jisha Dower

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

David Sutter

578-3143

PERMIT EXPIRATION DATE :

Expires twelve months from date of issue

ENVIRONMENTALIST / PHONE NUMBER

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

Eng Design SQ FT

PLANNING DEPARTMENT



ENUMERATION



FLOOD PLAIN



WASTEWATER



COMMENTS:

INSTALL PER ENGINEER DESIGN AND EL PASO COUNTY HEALTH DEPARTMENT REGULATIONS. MAINTAIN ALL SETBACKS ESPECIALLY FROM DRY GULCH AREA. ENGINEER APPROVAL LETTER NEEDED UPON COMPLETION.

Don't forget

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.

Inspector

Vance

Record I.D.

2948**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 JONATHAN CAVNER Daytime Phone 719-531-2640Address of Property SITE 159⁶¹⁴³ Methuselah Rd. (Crystal route) City & Zip Manitou Springs, CO 80829Legal Description A tract of land in the NW 1/4 of Section 11, Township 14 S, Range 12 W of the 6th PM, situated in El Paso County, ColoradoOwner's MAILING Address 502 Canon Blvd. C, (B202) City, State & Zip Manitou Springs, CO 80829Lot Size 4 ACRES Tax Schedule # 74180-00-075 Septic Contractor High Plains Septic ServicesType 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 PROPERTYMAXIMUM POTENTIAL BEDROOMS 3Percolation Test Attached ☒ Y ☐ N Garbage Disposal ☒ Y ☐ N Basements ☒ 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 SIGNATURE Jonathan CannerDate 4-2-2001**DEPARTMENT OF HEALTH USE ONLY**Eng Design
Minimum Absorption Area1250
Minimum Tank Capacity4/26/01
Date of Site InspectionREMARKS Install per engineer design + EPHS regulation. Maintain all setbacks especially from dry gulch area. Engineer approval letter needed upon completionEHS INSPECTOR Thomas J. [Signature]DATE 4/26/01

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 4-3-01

- 1) We require an original of PERCOLATION (PERC) TEST with an original professional engineer's (PE) stamp and signature.
- 2) **PROPERTY ADDRESS MUST BE POSTED AND CLEARLY VISIBLE FROM ROAD. PERC HOLES MUST BE MARKED.**
- 3) A **PLOT PLAN** must be on a 8 1/2 x 11 sheet of paper. The plot plan must include:
 - 1) a north bearing
 - 2) property lines
 - 3) property dimensions
 - 4) Initial any of the following **PLAN.**
 - 1 Well(s)
 - Cistern
 - 5) Initial any of the following **PLOT PLAN.**
 - Spring(s)
 - Pond(s)
 - Dry Gulch(es)

EL PASO COUNTY HEALTH ENVIRONMENTAL QUALITY

DATE 04.02.01 MON

NON-ADD # 2079
ISDS-315-11-001
SUBTOTAL \$315.00
TOTAL \$315.00
CHECK \$315.00
CLERK NO.000003
TIME 10:58 AM

your property and **INCLUDE** them on your **PLOT PLAN.**

Subsoil drain

if your proposed septic system and **INCLUDE** on your

Lake(s)

Stream(s)

Natural drainage course(s)

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

Go W. on 24 from Colorado Springs

Exit on Manitou Ave (1st Manitou exit).

R off the ramp

Make your first left onto Crystal Park Road

Travel S on Crystal Park Rd past the gate for 8 miles

Make a right at the pond and clubhouse onto

Eagle Hunt Road. Make a L onto Malinsala. My property

is directly on the left at the aspen grove.