

EL PASO COUNTY HEALTH DEPARTMENT
INDIVIDUAL SEWAGE DISPOSAL INSPECTION FORM

#7615001004

Permit # 4653

Date 8/17/87

APPROVED YES ☒ NO ☐

ENVIRONMENTALIST

Address 11785 VALLE VERDE DR.

Owner CHUCK McQUERRY JR.

Legal Description LOT 1, BLK 3 RED ROCK VALLEY SUB.

Residence ☒ Commercial ☐ # of Bedrooms 4 System Installer P.P. EXCAVATING

SEPTIC TANK

Commercial ☒ Noncommercial ☐ Measurements: L 9' W WD

Construction Material PRECAST CONCRETE Liq. Cap. 1500

DISPOSAL FIELD

Exc. Depth 3' Width 3' Total Length 200' Sq. Ft. 600'

Rock 3/4" - 1 1/2" RIVER ROK Depth 12" Under 6" Over 2"

Rockless System: Diameter of Pipe

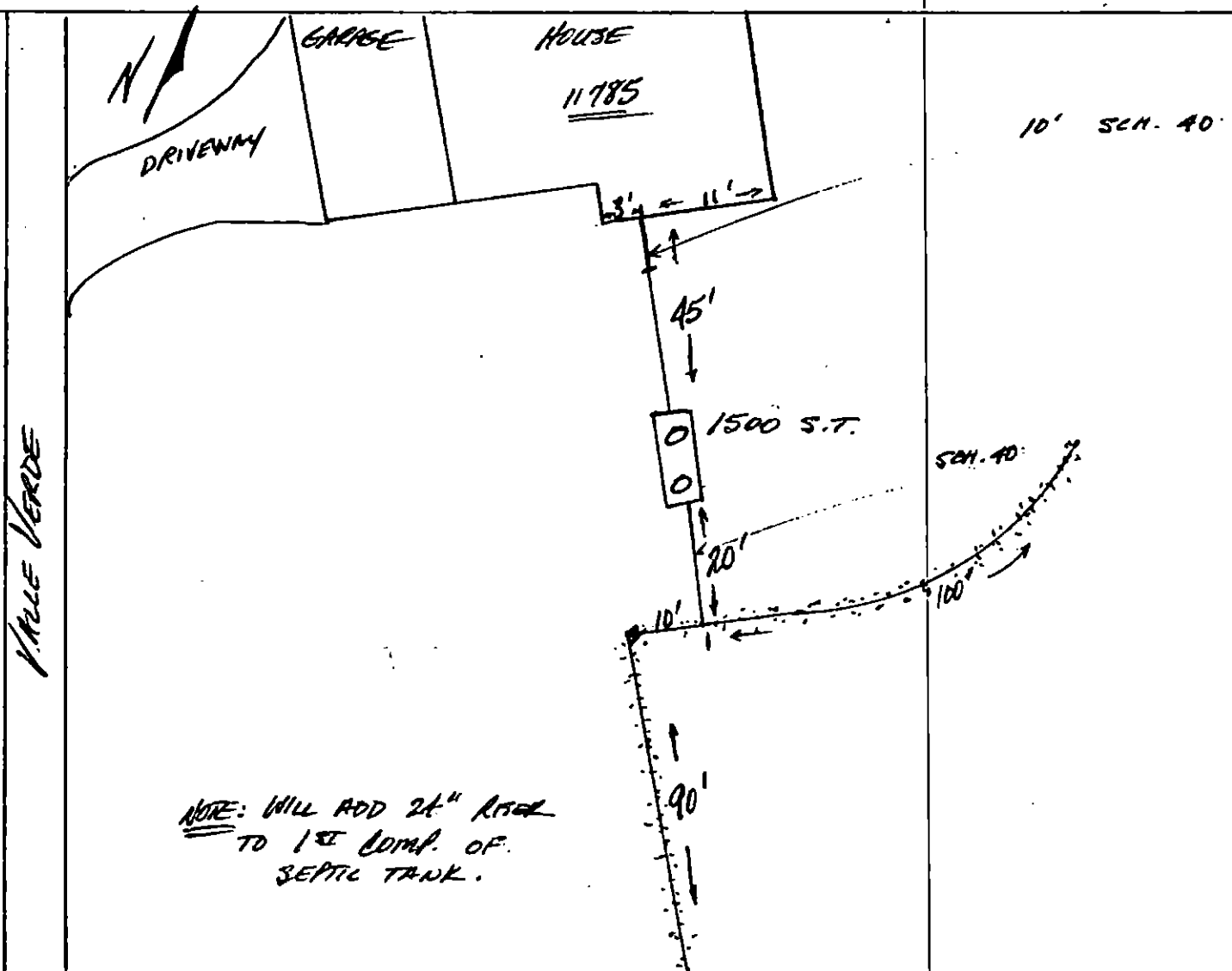
Seepage Pits: Number of rings Lining Material Sq. Ft.

Working Depth Width

Engineer Design Yes ☐ Type Engineer Approval Letter Yes ☐

Well 50 feet from Tank 100 feet from leach field

Well Installed at Time of Septic System Inspection Yes ☐ No ☐ Public Water ☒



Acres 2.054

EL PASO COUNTY • COUNTY HEALTH DEPARTMENT

Permit: 4653

501 North Foote Avenue • Colorado Springs, Colorado • 578-3125

Water Supply Red Rock ValleyReceipt No. 1141

PERMIT

TO CONSTRUCT, ALTER, REPAIR or MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Issued To Chuck T. & JerryDate 7/13/87Address of Property 1178S Valle Verde Dr.Phone 495-4674

(Permit valid at this address only)

Sewage-Disposal System work to be performed by Steve Firebaugh

Phone _____

This Permit is issued in accordance with 25-10-106 Colorado Revised Statutes 1973, as amended. PERMIT EXPIRES upon completion-Installation of sewage-disposal system or at the end of six (6) months from date of issue—whichever occurs first—(unless work is in progress). This permit is revokable if all stated requirements are not met.

—THIS PERMIT DOES NOT DENOTE APPROVAL OF ZONING AND ACREAGE REQUIREMENTS.—\$ 150.00

PERMIT FEE (NOT REFUNDABLE)

7/13/88

DATE OF EXPIRATION

DIRECTOR, COUNTY HEALTH DEPARTMENT

ENVIRONMENTALIST

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

SEPTIC TANK:	TRENCH SYSTEM:	BED SYSTEM:	SEEPAGE PIT SYSTEM:
total square feet _____	total square feet _____	total square feet _____	total square feet _____
<u>1500</u> gallons	<u>14</u> ft. of trench <u>36</u> inches wide		
	_____ ft. of trench _____ inches wide		
			_____ rings or _____ diam. x _____ w/d

NOTES: Maintain minimum distance from N. 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 times for the purpose of making such inspections as are necessary to determine compliance with requirements of this law.

El Paso County Health Department
501 North Foote Avenue
Colorado Springs, CO 80909-4598
(303) 578-3125

MAC

APPLICATION FOR A PERMIT TO CONSTRUCT, REMODEL, OR INSTALL A SEWAGE DISPOSAL SYSTEM

NAME OF OWNER *CHUCK McQUERRY JR* HOME PHONE *593-9458* WORK PHONE *495-4674*
ADDRESS OF PROPERTY *11785 VALLE VERDE DR* DATE *10-6-86*
LEGAL DESCRIPTION OF PROPERTY *LOT 1, BLK 3 RED ROCK VALLEY SUB.*
TAX SCHEDULE NUMBER *76150-01-004* SYSTEM CONTRACTOR _____ PHONE _____
OWNER'S ADDRESS IF DIFFERENT *1670 DUBUN BLVD. #102 C.S.C. 80907*
TYPE OF HOUSE CONSTRUCTION *TWO STORY WOOD FRAME* SOURCE AND TYPE OF WATER SUPPLY *SUBDIVISION WELL* *4 PAGES*
SIZE OF LOT *2.05 ± AC* MAXIMUM POTENTIAL NUMBER OF BEDROOMS *4* BASEMENT (yes or no) *YES*
PERCOLATION TEST RESULTS ATTACHED (yes or no) *YES*

A plot plan and accompanying information are essential; it may be drawn on the back of this application or be attached. Please include by measured distance the location of wells including neighbors' wells, springs, water supply lines, cisterns, buildings, proposed structures, property lines, property dimensions, subsoil drains, lakes, ponds, water courses, streams, and dry gulches. Please show the location of the proposed septic system by directions and distances from actual and/or proposed dwellings, structures, or fixed reference objects. Give complete directions to the property from major highways. (ANSWER QUESTIONS ON BACK OF FORM).

Applicant acknowledges that 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 the applicant for purposes of evaluation of 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 under Article 10, Title 25, C.R.S. 1973 as amended. The undersigned hereby certifies that all statements made, information and reports submitted by the applicant are or will be 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 Health Dept. in evaluating the same for purposes of issuing the permit applied for herein. I further understand that 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.

SIGNATURE *Chuck R. McQuerry*

HEALTH DEPARTMENT USE ONLY

PERMIT NUMBER _____ RECEIPT NUMBER _____ DATE TO LAND USE DEPARTMENT *10/28/86*
ABSORPTION AREA *997* TANK CAPACITY *1500 gal.* DATE OF SITE INSPECTION *10/29/86*
REMARKS: *Maintain minimum distance requirements from the N property line.*
Provide 199' of 3' wide trench

APPLICATION IS APPROVED ☒ DENIED () DATE *10/29/86* ENVIRONMENTALIST *Mike McQuerry*

ANSWER THE FOLLOWING ITEMS AND/OR INCLUDE ON PLOT PLAN.

PROPERTY LINES see attached

PROPERTY DIMENSIONS " "

LOCATION OF PROPOSED SEPTIC SYSTEM see attached

LOCATION OF WELL see attached

LOCATION OF ADJACENT WELLS see attached

BUILDINGS NONE

PROPOSED BUILDINGS see attached

WATER SUPPLY LINE " "

CISTERNS NONE

SPRINGS NONE

LAKES NONE

PONDS NONE

WATER COURSES NONE

STREAMS NONE

DRY GULCHES see attached

SUBSOIL DRAINS " "

DIRECTIONS TO PROPERTY FROM MAIN HIGHWAYS:

SOUTH ON COLO. HWY 115 PAST
FT. CARSON TO RED ROCK VALLEY SUB.
TAKE 2ND SUBDIVISION RD. (PASSED CORTO)
RIGHT, THEN RIGHT ON CALLE CORVO,
FIRST LEFT ON VALLE VERDE DR.
PIE SHAPE LOT @ RADIUS IN
ROAD, LOW LOT.