

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

Permit.# 1113  
Date July 8, 2008

APPROVED: Yes ☒ No ☐ # 8308307044  
Environmental Health Specialist: Brad Wallace

Address 10845 Denver Ave. Owner Van Sant  
Legal Description Lot 11+12, Block 46, Green Mt Falls  
Residence ☒ # Bedrooms 3 Commercial ☐ System Installer Action, 1992 + 2008

SEPTIC TANK:  
Commercial ☒ Noncommercial ☐ Construction Material Concrete Capacity Gallon 1,250

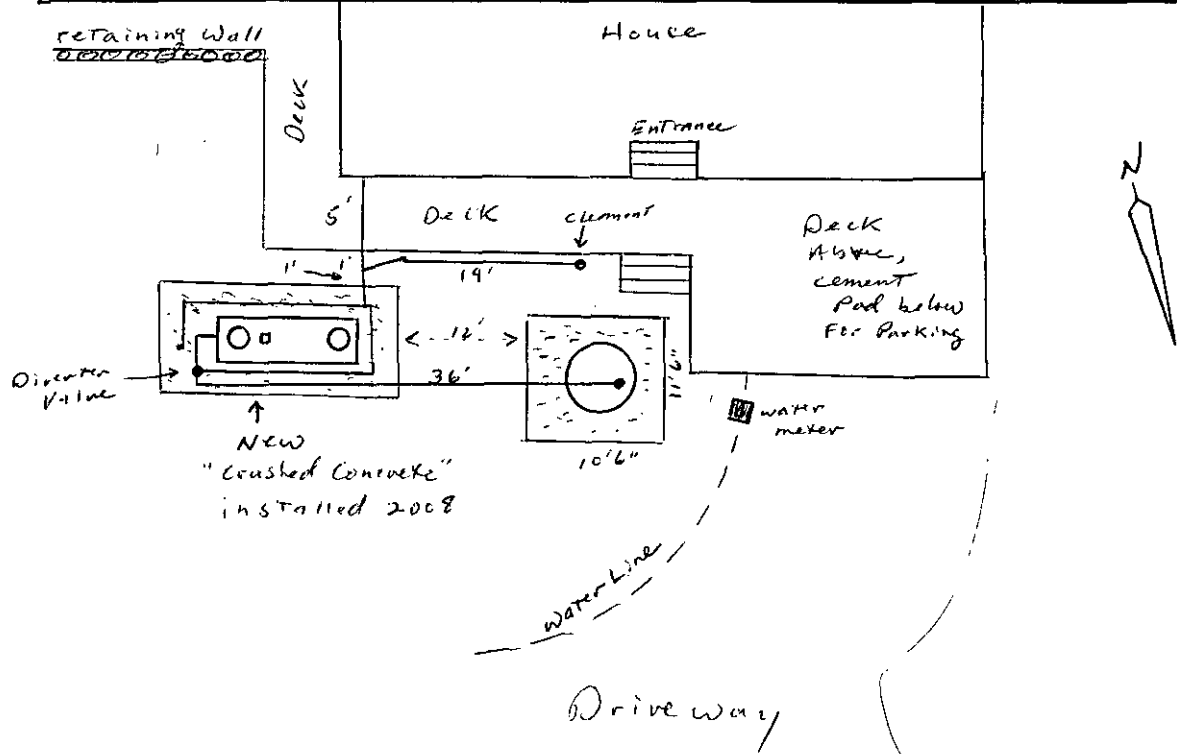
DISPOSAL FIELD:  
Trench: Depth (Range) Width Total Length Sq. Ft.  
Bed: Depth (Range) Length Width Sq. Ft.  
Depth of Rock Under PVC Type of cover on Rock

DRYWELLS: # of Pits 1 Rings (Pit 1) 4 Rings (Pit 2) Working Depth #1 12' #2  
Size (L x W) #1 11'6" x 10'6" #2 Total Sq. Ft. (648 FT<sup>2</sup>) + Arrowhead installed in 1992 (405 FT<sup>2</sup>) ON Dismeter Valve

ROCKLESS SYSTEMS:  
Standard Chamber: Type Chambers Sq. Ft./Chamber Bed Trench  
High Profile Units: Type Chamber Chambers Sq. Ft./Chamber Bed Trench  
Reduction Allowed % Sq. Ft. Required Depth (Range)  
Sq. Ft. Installed Equivalent Sq. Ft. Installed with Reduction  
Engineer Design: Y N Engineering Firm

Approval letter provided? Y N  
Well installed at time of septic system inspection? Y N Public Water? X  
\*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: Distance From House To Arrowhead Leach Field is 5'6", This system has been approved using the "No closer than clause" From existing cesspool at that time. Leach Field installed in 1992 had 0 setback From water line, therefore no closer than clause is in effect.



-Septic Tank was Damaged during installation in 1992. It was repaired. Evidently the repair did not include the side seams of the two section tank. The seam developed a leak which allowed solids and scum into the leach field soil plugging the soil up. The tank was repaired again in 2008 according to an engineers instructions. The soil and rock around the tank was removed in 2008.

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: JON AND LORI VAN SANT PERMIT NUMBER: 1113  
ADDRESS: 10845 DENVER AVE  
CITY, STATE, ZIP: GREEN MOUNTAIN FALLS, CO 80819 DATE PERMITTED: 07/08/2008  
INSTALLED BY: PHONE NUMBER: 684-2259  
719-~~575-8635~~

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.**

DIRECTOR, EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT EXPIRATION DATE:

Expires twelve months from date of issue

  
BRAD WALLACE 578-3127

ENVIRONMENTALIST/PHONE NUMBER\*

WATER SOURCE: Public

MINIMUM SEPTIC TANK SIZE: NA GALLONS MINIMUM ABSORPTION AREA REQUIRED NA SQ FT

PLANNING DEPARTMENT ☒ ENUMERATION ☐ NA FLOOD PLAN ☐ NA WASTEWATER ☐ NA

**COMMENTS:**

\* 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

ENGINEER WILL APPROVE ALL REPAIRS TO SEPTIC SYSTEM. ENGINEER APPROVAL LETTER MUST BE RECEIVED BEFORE FINAL APPROVAL CAN BE GIVEN.

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

Permit Ready: \_\_\_\_\_ Called \_\_\_\_\_ Mailed \_\_\_\_\_

Final Inspection Requested:

BY: Eric / Action

Date Called In:

Phone # 499-2704

Septic Site will be ready:

7-11-08 NOON  
7-9-08

7-8-08

Now

**APPENDIX 10: Sample Application**

Inspector \_\_\_\_\_

Record I.D. 1113 7/8/08 Tue

**EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT**

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 575-8635 • Fax: (719) 578-3188

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

**APPLICATION FOR AN ONSITE WASTEWATER TREATMENT SYSTEM PERMIT**

☐ NEW CONSTRUCTION

☐ MINOR REPAIR

☒ MAJOR REPAIR/ADD

Owner TOM & LORI VAN SANT Daytime Phone 684-2259

Address of Property 10845 Denver Ave City & Zip GREEN MOUNTAIN Falls 80819

Legal Description LOT 11 & 12 BLK 46 GRN MNT FALLS ADD 5 RS VAC BY BK 5864-930

Owner's MAILING Address PO Box 808 City, State & Zip GRN MNT FALLS Co. 80819

Lot Size 15,375 sq ft Tax Schedule # 83083-07-044

Type of Building: ☒ Frame ☐ Modular ☐ Mobile ☐ Commercial ☐ Manufactured ☐ Other \_\_\_\_\_

Water Supply: ☐ Well or Spring ☐ Cistern ☒ Public Inside City Limits: ☐ No ☒ Yes-City GRN MNT FALLS

☐ MAIL PERMIT OR ☒ PICK UP PERMIT ☐ THERE IS AN ADDITIONAL RESIDENCE ON THIS PROPERTY

**MAXIMUM POTENTIAL NUMBER OF BEDROOMS** 3

Percolation Test Attached ☒ N Basement ☒ N Garbage Disposal ☒ N Clothes 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** \_\_\_\_\_

Date 7-3-08 (rec. 2:43 PM)

**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**

Minimum Tank Capacity \_\_\_\_\_

Minimum Absorption Area \_\_\_\_\_

7-2-08  
Date of Site Inspection

REMARKS Engineer will approve all repairs to septic system. Engineer approval letter must be received before final approval can be given.

EHS INSPECTOR Bruce Weller DATE 7-8-08

APPROVED ☒ DENIED \_\_\_\_\_

**CURRENT FEES AS APPROVED BY EL PASO COUNTY BOARD OF HEALTH**

DATE TO PLANNING / WASTEWATER: \_\_\_\_\_ DATE TO FLOODPLAIN/ENUMERATIONS \_\_\_\_\_

**PLEASE COMPLETE THE BACK OF THIS FORM**

Approved by the El Paso County Board of Health, 5/23/2007; effective 7/7/2007.

Onsite Wastewater Systems 42

**RECEIVED** Mon. 7/7/08

Thu. 7/13/08 - Left in cash drawer to ring in on Mon. 7/14/08 (Reg. closed) 7/17/08

Only 2 people at front desk. Fri. Holiday. Don't have on Thu.