

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

Permit: ON0007298  
Date: August 24, 2006

#8308405a6

APPROVED: Yes

Environmental Health Specialist: Jim [Signature]

Address: 6970 HOWARD ST, Green Mountain Falls, El Paso County, Colorado

Legal Description: S 70.0 FT OF LOT 4, TOG WITH ELY 20.0 FT OF SELY 70.0 FT OF LOT 3, TOG WITH  
IRREVOCABLE EASEMENT AND R/W OVER AND ACROSS NELY 20.0 FT OF LOT 3 BY BK 3392-903  
BLK 15 GREEN MOUNTAIN FALLS ADD 1

Owner: JOHN B. HARFERT; System Installer: STAN VASHOLTZ

Residential System Approved for: 3 Bedrooms, Clothes Washer?: Yes, Garbage Disposal?: Yes.

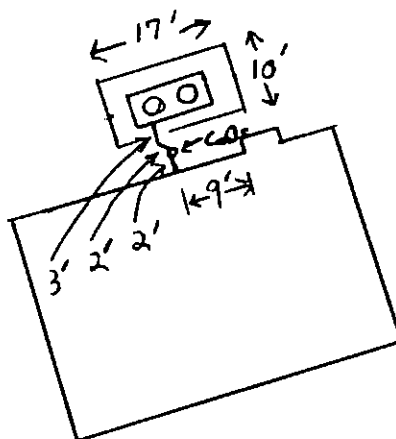
Engineering Firm: A.E.G. CONSULTANTS; Approval Letter Provided: Yes.

**TANK:** Commercial; Construction Material: PLASTIC; Volume: 1500 gallons

**ROCK DISPOSAL FIELD:** "ARROWHEAD" SYSTEM; Depth: 10 feet deep; 12 inches under tank;  
10 feet wide X 17 feet long; 710 square feet total absorption area.

Public Water Supply.

**NOTES:** Variance Letter Issued, August 29, 2006.



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: JOHN HARFERT  
ADDRESS: 6970 HOWARD STREET  
CITY, STATE, ZIP: GREEN MOUNTAIN FALLS CO 80819  
INSTALLED BY:

PERMIT NUMBER: ON0007298  
DATE PERMITTED: 8/30/2006  
PHONE NUMBER: 7194605419

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

*Jim Johnson / 578-3142*  
ENVIRONMENTALIST / PHONE NUMBER\*

WATER SOURCE: PUBLIC

MINIMUM SEPTIC TANK SIZE: 1,500 GALLONS MINIMUM ABSORPTION AREA REQUIRED 710 SQ FT

PLANNING DEPARTMENT



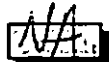
ENUMERATION



FLOOD PLAIN



WASTEWATER



**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.

SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH P.E. DESIGN BY ERIC MITCHELL, DATED 9/21/05, AND VARIANCE LETTER BY MIKE MCCARTHY, DATED 8/29/06.

SYSTEM SHALL BE INSPECTED BY DESIGN ENGINEER WHO SHALL CERTIFY IN WRITING THAT THE SYSTEM HAS BEEN INSTALLED IN ACCORDANCE WITH THE REGULATIONS AND THIS PERMIT BEFORE THE SYSTEM MAY BE APPROVED.

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: \_\_\_\_\_ Date Called In: \_\_\_\_\_

Phone # \_\_\_\_\_ Septic Site will be ready: \_\_\_\_\_

Inspector Jim GoodwinRecord I.D. 7298Fax to - 219-6576

## EL PASO COUNTY DEPARTMENT OF HEALTH &amp; 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 OR CHECK**

## APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

☐ NEW CONSTRUCTION ☐ MINOR REPAIR ☐ MAJOR REPAIR/ADDOwner John Harfert Daytime Phone 719-460-5419Address of Property 6970 Howard St City & Zip Green Mt Falls COLegal Description E 1/2 SEC 8-13 S-68 W 80819Owner's MAILING Address 1411 N. Franklin St. City, State & Zip CO 80907Lot Size 5250 (.12) Tax Schedule # 8308405016Type of Building: ☒ Frame ☐ Modular ☐ Mobile ☐ Commercial ☐ Manufactured ☐ OtherWater 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 3Percolation 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 John Harfert Date 6/28/06You 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 1500 Minimum Absorption Area 710 ft.<sup>2</sup> Date of Site Inspection 8/24/06REMARKS System shall be installed in accordance with P.E. design by ~~Mike~~ Erik Mitchell, dated 9/21/05, and variance letter by Mike McCarthy, dated 8/29/06. System shall be inspected by design engineer who shall certify in writing that the system has been installed in accordance with the regulations and this permit before the system may be approved.EHS INSPECTOR Jim Goodwin DATE 8/29/06 APPROVED ☒ DENIED ☐

## FEES AS OF 02/22/2006:

NEW CONSTRUCTION \$350.00 + Planning Department Surcharge of \$118.00. = \$468.00

MAJOR REPAIR/ADDITION \$430.00

MINOR REPAIR/ADDITION \$179.00

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

DATE TO FLOODPLAIN/ENUMERATIONS \_\_\_\_\_

PLEASE COMPLETE THE BACK OF THIS FORM

- 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
  - 2) property lines
  - 3) property dimensions
  - 4) all buildings (proposed or existing)
  - 5) proposed septic system site
  - 6) alternate septic system site
  - 7) driveway (proposed or existing and name of adjoining street)
- 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**