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

Permit # ON0005275
Date Nov. 5, 2003

APPROVED: Yes No Environmental Health Specialist: Brad Wallace

Address 5625 Moosa Road Owner Robert Hinnen

Legal Description PT 88, Ute Pass Summer #1
Residence # Bedrooms 2 Commercial System Installer Down To Earth

SEPTIC TANK:
Commercial Noncommercial Construction Material Pre-Cast Concrete Capacity Gallon 750 Gallons

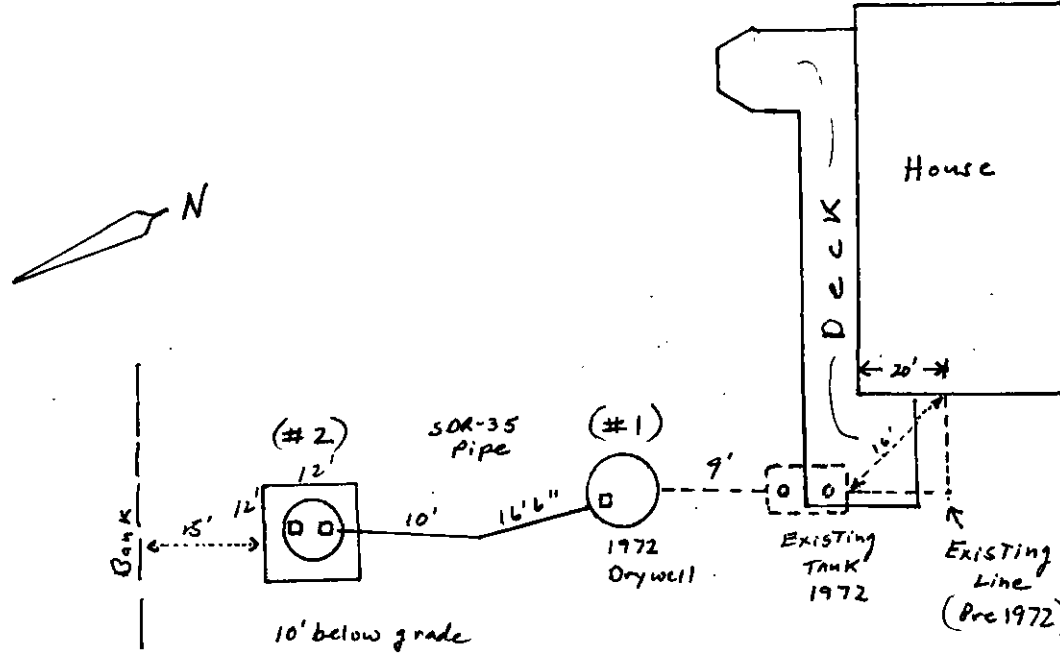
DISPOSAL FIELD:
Trench: Depth (Range) _____ Width _____ Total Length _____ Sq. Ft. _____
Bed: Depth (Range) _____ Length _____ Width _____ Sq. Ft. _____
Depth of Rock _____ Under PVC _____ Type of cover on Rock _____

DRYWELLS: # of Pits 2 Rings (Pit 1) 2 Rings (Pit 2) 3 Working Depth #1 8' #2 9'6"
Size (L x W) #1 7' Dia. #2 12' x 12' Total Sq. Ft. 170 + 600 FT² = 770 FT²

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 Engineering Firm _____

Approval letter provided? Y N
Well installed at time of septic system inspection? Y 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:



BRAD

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: ROBERT HINNEN
ADDRESS: 5625 MOOSA RD
CITY, STATE, ZIP: CHIPITA PARK CO 80809
INSTALLED BY:

PERMIT NUMBER: ON0005275
DATE PERMITTED: 10/24/2003
PHONE NUMBER: 7194991000

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

[Signature]

PERMIT EXPIRATION DATE :
Expires twelve months from date of issue

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: PUBLIC

MINIMUM SEPTIC TANK SIZE: Existing GALLONS

MINIMUM ABSORPTION AREA REQUIRED: Repair SQ FT

PLANNING DEPARTMENT



ENUMERATION



FLOOD PLAIN



WASTEWATER



COMMENTS:

PERMIT TO ADD ADDITIONAL DRYWELL TO SYSTEM. MAINTAIN AT LEAST 10 FEET SETBACK TO ORIGINAL DRYWELL. KEEP AT LEAST 12 FOOT SETBACK FROM CUTBANK AT ROAD.

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: Jackie - Drent Eggert

Jackie - Drent Eggert

Date Called In: 11/4/03 7:26

11/4/03 7:26

Phone # 495-3660

495-3660

Septic Site will be ready: *11/4*

Inspector _____

District _____

Record I.D. 5275

EL PASO COUNTY ENVIRONMENTAL HEALTH SERVICES

301 South Union Boulevard • Colorado Springs, CO • 80910-3123 • (719) 578-3126 • Fax: (719) 578-3188

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

NEW CONSTRUCTION MINOR REPAIR MAJOR REPAIR/ADD

Owner ROBERT A. HINNEN Daytime Phone 499-1000
 Address of Property 5625 MOOSA ROAD City & Zip Chippita Park, Co. 80809
 Legal Description pt. 88 Ute Pass Summer #1
 Owner's MAILING Address P.O. Box 416 City, State & Zip Chippita Park, Co. 80809
 Lot Size 28700 Tax Schedule # 83153-06008

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 THERE IS AN ADDITIONAL RESIDENCE ON THIS PROPERTY

MAXIMUM POTENTIAL NUMBER OF BEDROOMS 2

Percolation Test Attached Y N Basement 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 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 [Signature] Date 10/20/03

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 Minimum Tank Capacity Addition Minimum Absorption Area 10/23/03 Date of Site Inspection

REMARKS Permit to add additional drywell to system. Maintain at least 10 ft setback to original drywell. Keep ~~area~~ at least 12 foot setback from ~~cutbank~~ cutbank at road.

EHS INSPECTOR [Signature] DATE 10/23/03 APPROVED DENIED

FEE AS OF 11/1/02:

NEW CONSTRUCTION \$432.00 + Planning Department Surcharge of \$30. = \$462.00
 MAJOR REPAIR/ADDITION \$342.00
 MINOR REPAIR/ADDITION \$162.00

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	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.

_____ Well(s)	_____ Adjacent property well(s)	_____ Subsoil drain
_____ Cistern	<u>RAW</u> _____ Water line	
- 5) Initial any of the following that are within 100 feet of your proposed septic system and INCLUDE on your PLOT PLAN.

_____ Spring(s)	_____ Lake(s)
_____ Pond(s)	_____ Stream(s)
_____ Dry Gulch(es)	_____ Natural drainage course(s)

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