

EL PASO COUNTY HEALTH DEPARTMENT
INDIVIDUAL SEWAGE DISPOSAL INSPECTION FORM

Permit # 4553012

Date May 13, 1987

APPROVED YES ☒ NO ☐ # 8326101001

ENVIRONMENTALIST Rich Muckler

Address 4215 Outpost Rd Cascade Owner Olis

Legal Description Lot 2 Marigreen

Residence ☒ Commercial ☐ # of Bedrooms Three System Installer Kruitoff

SEPTIC TANK

Commercial ☐ Noncommercial ☒ Measurements: L W WD

Construction Material Precast Liq. Cap. 1250

DISPOSAL FIELD

Exc. Depth Width Total Length Sq. Ft.

Rock Depth Under Over

Rockless System: Diameter of Pipe

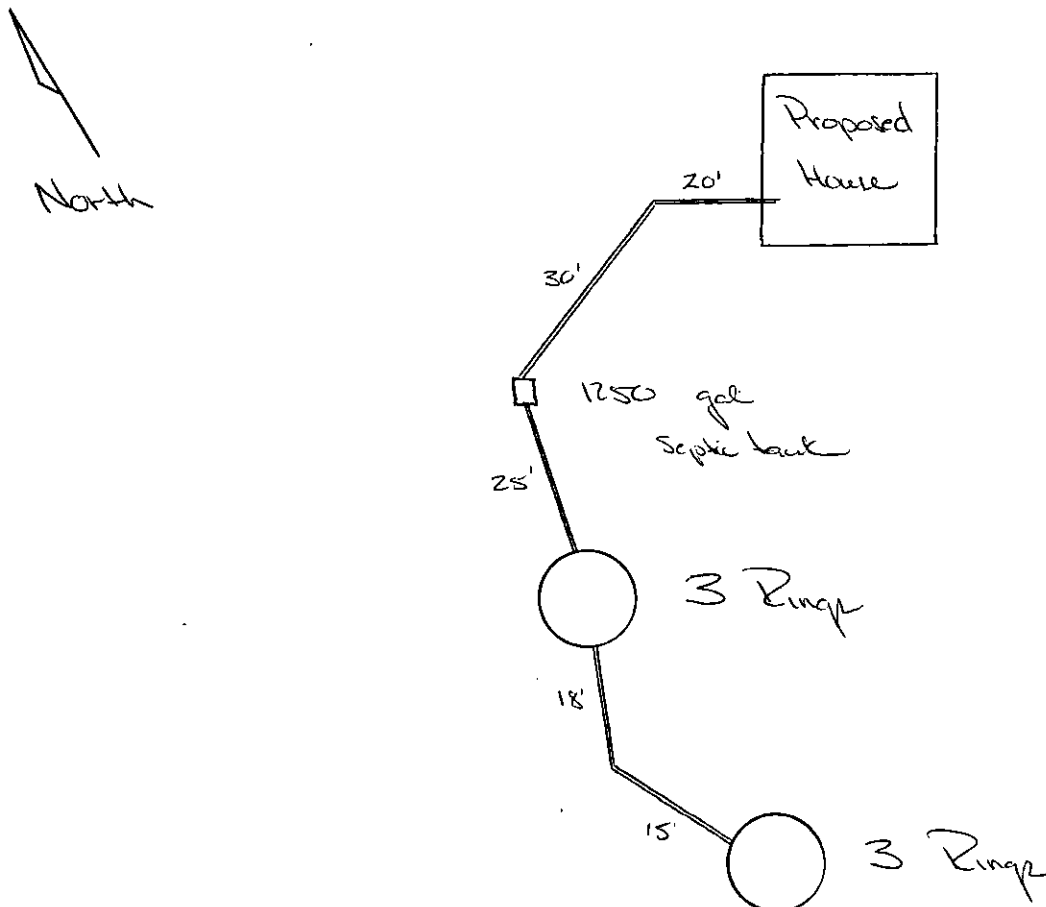
Seepage Pits: Number of rings Six Lining Material native Sq. Ft. 405

Working Depth 9' Width 7'

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 5**EL PASO COUNTY • COUNTY HEALTH DEPARTMENT**

Permit

4553Water Supply public

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

PERMIT

Receipt No.

5402**TO CONSTRUCT, ALTER, REPAIR or MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM**Issued To Nancy J. OtisDate 5-12-87Address of Property 4215 Outpost Road, Cascade, Lot 2 Marigreen Phone 593-7606

(Permit valid at this address only)

Sewage-Disposal System work to be performed by Bruce KristoffPhone 637-5551

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)

5-12-88

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 <u>405</u>
	_____ ft. of trench _____ inches wide		
<u>1250</u> gallons	_____ ft. of trench _____ inches wide	total square feet _____	<u>5</u> rings or _____ diam. x _____ w/d

NOTES: 6 rings required. To be placed in 2 pits. Backhoe profile to be dug prior to permitting.

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

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

NAME OF OWNER Nancy J. Otis HOME PHONE 598-7606 WORK PHONE -
ADDRESS OF PROPERTY 4215 Outpost Rd. Cascade, CO DATE May 7, 1987
LEGAL DESCRIPTION OF PROPERTY Lot 2, Marigreen Sub., Cascade, CO
TAX SCHEDULE NUMBER 8326101001 SYSTEM CONTRACTOR Bruce Kristoff PHONE 687-6551
OWNER'S ADDRESS IF DIFFERENT 803 HOLLAND PARK BLVD, Colorado Springs 80907
TYPE OF HOUSE CONSTRUCTION Single Family SOURCE AND TYPE OF WATER SUPPLY Cascade Town Co.
SIZE OF LOT 5 acres MAXIMUM POTENTIAL NUMBER OF BEDROOMS 3 BASEMENT (yes or no)
PERCOLATION TEST RESULTS ATTACHED (yes or no)

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

Nancy J. Otis

HEALTH DEPARTMENT USE ONLY

PERMIT NUMBER _____ RECEIPT NUMBER _____ DATE TO LAND USE DEPARTMENT Hand carried
ABSORPTION AREA 405 TANK CAPACITY 1250 DATE OF SITE INSPECTION 5/5/87

REMARKS:

6 rings required. To be placed in
2 pile Backhoe profile to be dug prior
to permitting.

APPLICATION IS APPROVED ☒ DENIED ☐ DATE 5/11/87 ENVIRONMENTALIST P. McNeil

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

PROPERTY LINES PLOT

PROPERTY DIMENSIONS "

LOCATION OF PROPOSED SEPTIC SYSTEM "

LOCATION OF WELL None

LOCATION OF ADJACENT WELLS None

BUILDINGS None

PROPOSED BUILDINGS None

WATER SUPPLY LINE PLOT

CISTERNS None

SPRINGS "

LAKES "

PONDS "

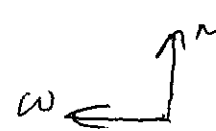
WATER COURSES "

STREAMS "

DRY GULCHES "

SUBSOIL DRAINS "

DIRECTIONS TO PROPERTY FROM MAIN HIGHWAYS:



APPROX.
HOME
LOCATION



130'

#1

24'

PROFILE

19'

#2

20'

#3



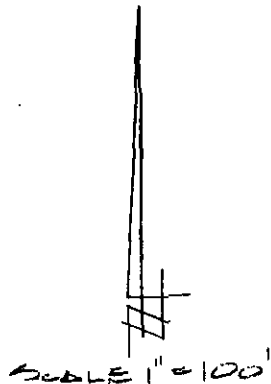
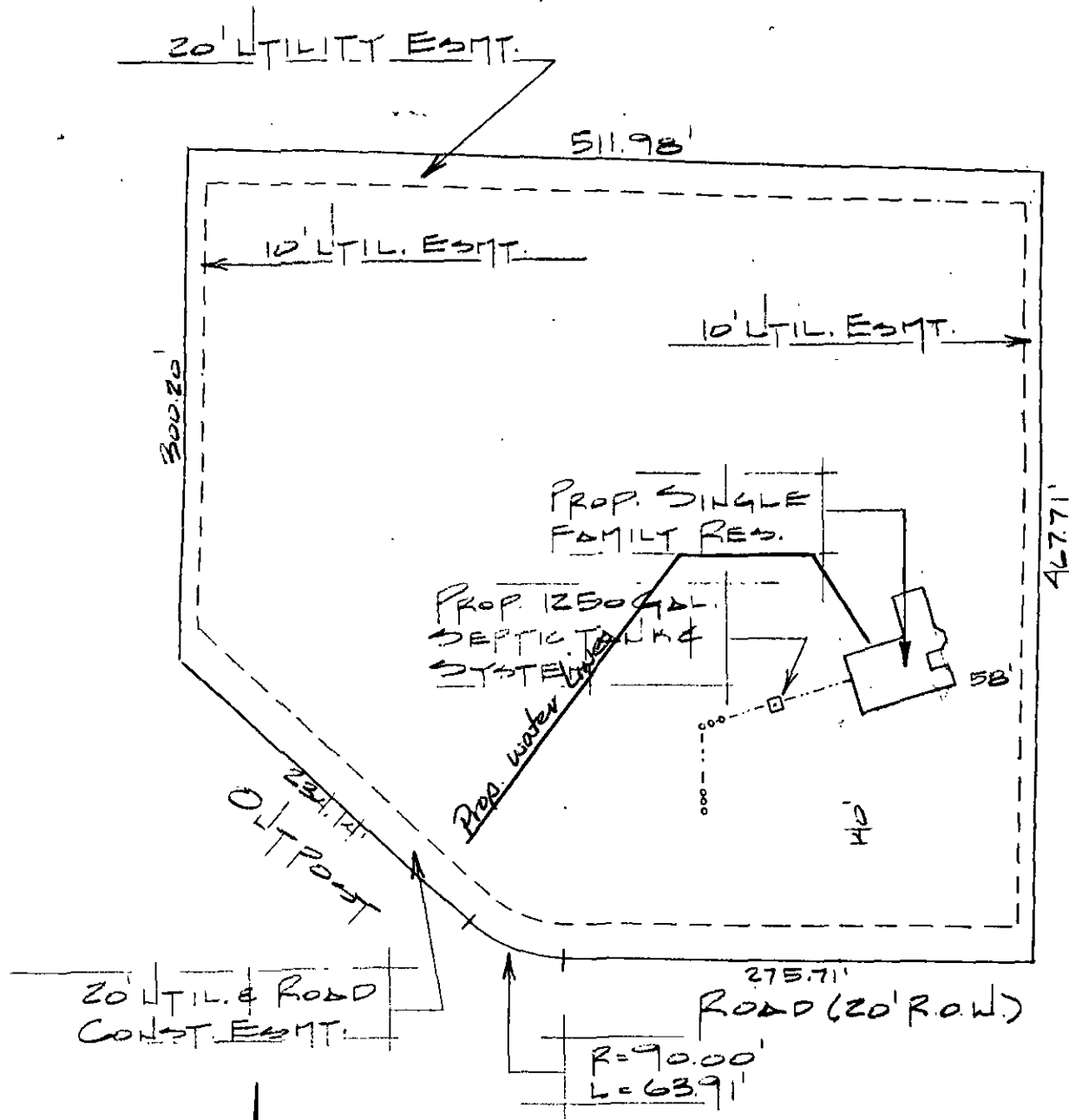
48'



PROPERTY LINE

NO SCALE

Plot Plan LOT 2, MARIGREEN SUB. CASCADE, COLO.



Δ E Δ ASSOCIATES
 2860 S. GIRCLE DR.
 #212B CO SPRING, CO.
 576-8530

REVIEWED BY:

DATE:

EL PASO COUNTY
LAND USE DEPARTMENT
SEPTIC SITE REVIEW*

ADDRESS: 4215 Outpost Rd. Cascade, CO TAX SCHEDULE # 83261-01-001

LEGAL DESCRIPTION: lot 2, Marigreen Sub, Cascade, CO.

SUBDIVISION PLAT: BOOK _____ PAGE _____ ZONE R-T

LOT AREA 5.12 ac. PLAT RECORDING DATE: _____

CHECKLIST

REMARKS

LOT AREA: 5.12 ac ✓

FLOODPLAIN: ✓

GEOLOGIC HAZARD: ✓

OTHER ZONE REQUIREMENTS: ✓

GENERAL REMARKS^f: _____

* Intended solely as checklist to forewarn builder/landowner of potential development problems.

^f Plat information and general remarks may affect development and should be noted.

Prior to issuance of a building permit, final Plot Plan approval is required.

El Paso County Land Use Department
County Office Building, 3rd Floor
27 East Vermijo
Colorado Springs, Colorado 80903

Phone: (303) 520-6300