

ON#

2207002030
EL PASO COUNTY HEALTH DEPARTMENT
COLORADO SPRINGS, COLORADO

942
P

SEWAGE DISPOSAL INSPECTION FORM

PERMIT NUMBER 4158

APPROVAL:

YES ☒ NO ☐

DATE September 2, 1986

ENVIRONMENTALIST Michael Wallingford

LOCATION (street number) 12710 Palamino Dr. OCCUPANT Lois Renzelozan

LEGAL DESCRIPTION Lot 9, Block 4 Equestrian Country

TYPE OF CONSTRUCTION Mobile Home NO. OF BEDROOMS 4

SYSTEM INSTALLED BY Merrill Weeks

COMMERCIAL MFG. yes SIZE

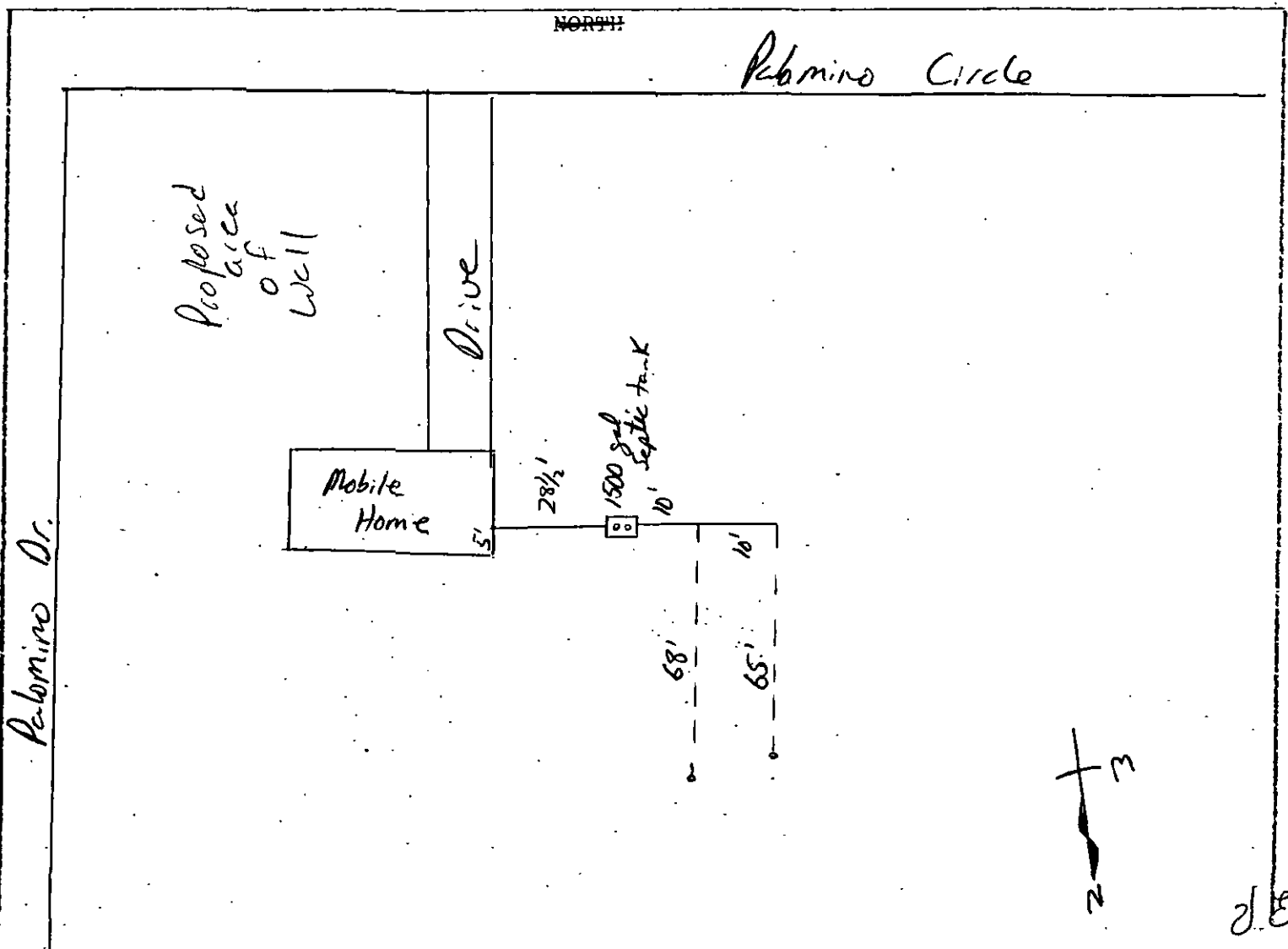
TYPE OF MATERIAL Concrete NO. COMPARTMENTS 2

WIDTH LENGTH DEPTH (total) LIQ. CAP. 1500 gal

DISPOSAL FIELD: BED OR TRENCH DEPTH 36" WIDTH 36" LENGTH 133 SQ. FT. 399 ft²

DISTANCE BETWEEN LINES 10' ROCK 1 1/2" RIVER DEPTH 12" UNDER 6" OVER 2"

LEACHING PITS (NO.) LINING MATERIAL CAPACITY SQ. FT.



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

Permit

458

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

Water Supply well**PERMIT**

Receipt No.

6353**TO CONSTRUCT, ALTER, REPAIR or MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM**Issued To Lois RenzelozanDate 8-20-86Address of Property 12710 Palamino Drive Lot 9 Blk 4

Phone

(Permit valid at this address only)

Sewage-Disposal System work to be performed by Merrills Pump & Exc.

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)

DIRECTOR, COUNTY HEALTH DEPARTMENT

ENVIRONMENTALIST

8-20-87
 DATE OF EXPIRATION
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 <u>402</u>		total square feet
	<u>13</u> ft. of trench <u>36</u> inches wide		
<u>1500</u> gallons	ft. of trench _____ inches wide	total square feet _____	_____ rings or _____ diam.x _____ w/d

NOTES: Keep ISDS 100' from any well. Meet all minimum distances. Should
 soil conditions deviate from the perc test or profile hole, then
 work is to stop on ISDS and this department contacted.

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

MW

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

NAME OF OWNER Lois Renzelman HOME PHONE 12710 Palmers Dr. WORK PHONE
ADDRESS OF PROPERTY lot 9 Blk 4 Eg Country DATE 8-2-86
LEGAL DESCRIPTION OF PROPERTY Same
TAX SCHEDULE NUMBER 22070-02-030 SYSTEM CONTRACTOR Merrill's Pump & Exc. PHONE
OWNER'S ADDRESS IF DIFFERENT Gen Del Calhan
TYPE OF HOUSE CONSTRUCTION mobile SOURCE AND TYPE OF WATER SUPPLY well
SIZE OF LOT 5 ak MAXIMUM POTENTIAL NUMBER OF BEDROOMS 4 BASEMENT (yes or no)
PERCOLATION TEST RESULTS ATTACHED (yes or no)

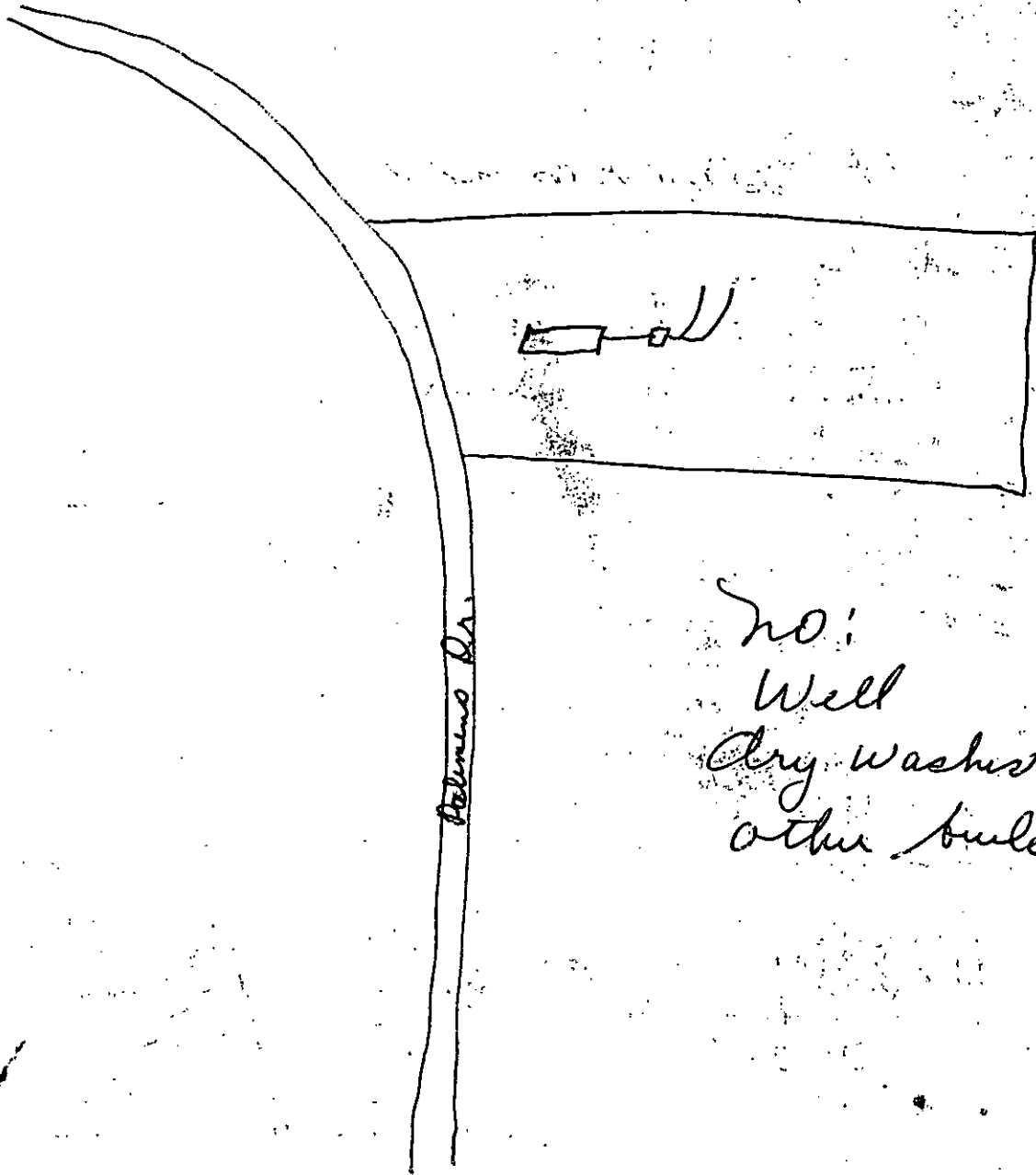
A plot plan and accompanying information are essential; it may be drawn on the back of this application or be attached. Please include by measured distance the location of wells including neighbors' wells, springs, water supply lines, cisterns, buildings, proposed structures, property lines, property 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.

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 Lois Renzelman

HEALTH DEPARTMENT USE ONLY

PERMIT NUMBER _____ RECEIPT NUMBER _____ DATE TO LAND USE DEPARTMENT 8/12/86
ABSORPTION AREA 402 TANK CAPACITY 1500 gal DATE OF SITE INSPECTION 8/14/86 MW
REMARKS: Keep ISDS 100' from well. Meet all minimum distances.
Should Soil conditions deviate from the perc test or profile
hole, then work is to stop on ISDS and this department
contacted.
* Need 134 linear feet of 36" wide trench.
APPLICATION IS APPROVED ☒ DENIED () DATE August 14, 1986 ENVIRONMENTALIST Michael Wallingford



No:
Well
dry washes
other buildings

Hwy 24 to Palmenos Drive & turn
Right & go about $\frac{3}{4}$ mile

4

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

MW

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

NAME OF OWNER Louis Renzelman HOME PHONE 12710 Palmers Dr. WORK PHONE _____
ADDRESS OF PROPERTY Lot 9 Blk 4 Eg Country DATE 8-2-86
LEGAL DESCRIPTION OF PROPERTY Same
TAX SCHEDULE NUMBER 2070-02-03 SYSTEM CONTRACTOR MAYVINS Pump + Exc. PHONE _____
OWNER'S ADDRESS IF DIFFERENT Gen Del Calhoun
TYPE OF HOUSE CONSTRUCTION mobile SOURCE AND TYPE OF WATER SUPPLY well
SIZE OF LOT 5 ak MAXIMUM POTENTIAL NUMBER OF BEDROOMS 4 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.

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By _____

SIGNATURE

Louis Renzelman

AUG 13 1986

El Paso County Health Department
Permitting Department

HEALTH DEPARTMENT USE ONLY

PERMIT NUMBER _____ RECEIPT NUMBER _____ DATE TO LAND USE DEPARTMENT _____

ABSORPTION AREA _____ TANK CAPACITY _____ DATE OF SITE INSPECTION _____

REMARKS: Unzoned.

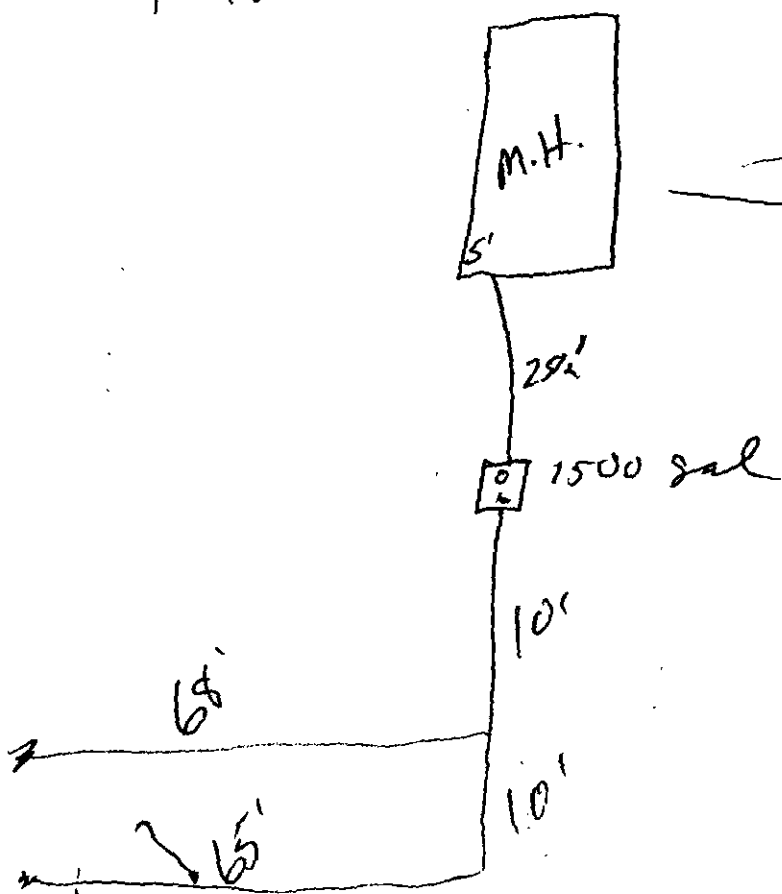
APPLICATION IS APPROVED () DENIED () DATE _____

ENVIRONMENTALIST _____

Palomino Dr.

8/29/86

S-2-A/

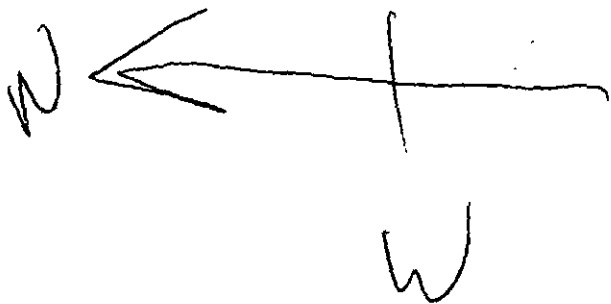


Drive

No Way

Palomino Circle

$$\begin{array}{r} 68 \\ 65 \\ \hline 133 \end{array}$$



$$\begin{array}{r} 68 \\ 65 \\ \hline 133 \end{array}$$