

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION FORM

ON-SITE ID: ON0033448

APN # 1500000155

DATE: 6/1/2017

P

APPROVED YES ☒ NO ☐

Environmental Health Specialist: Kat McGarvy

Address: 3550 S Calhan Hwy, Calhan, CO 80808

Owner: Burr Robert E & Sharon A

Residence: ☒ #Bedrooms: 3 Commercial: ☐ System Installer: Huddleson Excavating

SEPTIC TANK: Construction Material concrete

Capacity Gallon existing

SOIL TREATMENT AREA:

Trench: Depth (Range): Width: Total Length: Sq. Ft.:

Bed: Depth (Range): Width: Total Length: Sq. Ft.:

Depth of Rock: Under PVC: Type of cover on Rock:

SEEPAGE PITS: # of Pits: Working Depth #1: #2: Size (L x W) #1 #2 Total Sq. Ft.

CHAMBER SYSTEMS:

Type of Chamber: Arc 36 #Chambers: 36 Sq. Ft./Chamber: 15 Bed: ☐ Trench: ☒ Depth (Range): 18-26"

Sq. Ft. Required (10-1): 750 Sq. Ft. Required (10-2): 750 Sq. Ft. Required (10-3): 525 Sq. Ft. Required for Diverter Valve: (10-2)/(2)

Sq. Ft. Installed: 540

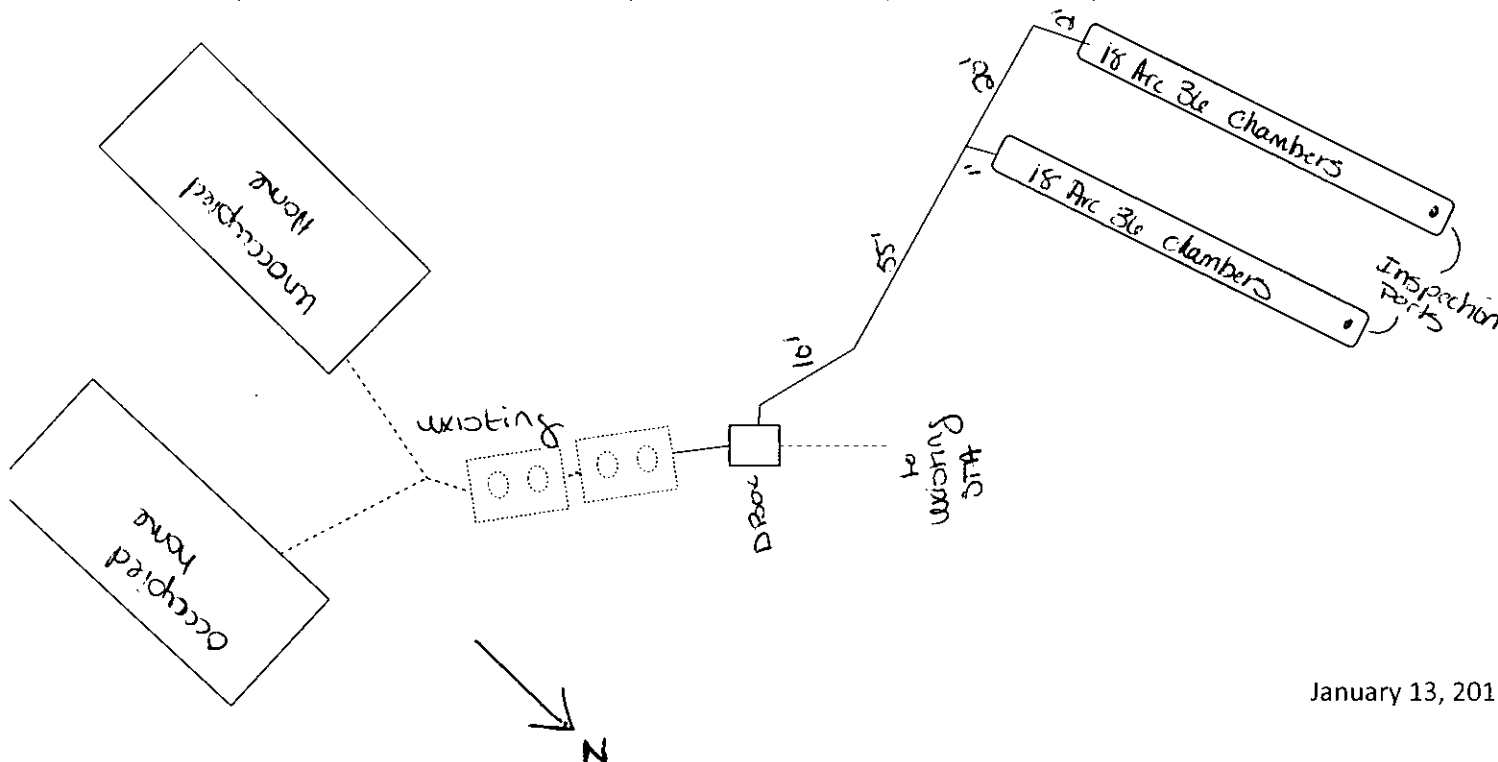
Engineer Design: Y ☐ N ☒ Engineering Firm: Approval Letter Provided: Y ☐ N ☐

Well installed at time of OWTS inspection: Y ☒ N ☐ Public Water: Y ☐ N ☒

*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 soil treatment area.

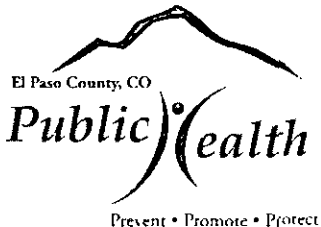
Notes:

- New Pipe is SDR35, both homes connected to system. 2nd home is unoccupied at time of new system installation



Attn: ROBERT BURR
3550 S CALHAN HWY
CALHAN, CO 80808

Notify Environmental Health of any change of ownership, type of business activity, business name, or billing address by calling (719) 578-3199. Failure to notify Environmental Health may result in late penalties, Permit/License denial or revocation, and business closure. PERMITS/LICENSES TO OPERATE AND ANNUAL FEE PAYMENTS ARE NOT TRANSFERABLE. Permits become void on change of ownership. New owners must apply and pay for a new Permit(s)/License(s) prior to beginning operation.



**EL PASO COUNTY PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION**
1675 W. GARDEN OF THE GODS ROAD, SUITE 2044
COLORADO SPRINGS, CO 80907
PHONE: (719) 578-3199 FAX: (719) 578-3188
www.elpasocountyhealth.org

MAJOR REPAIR PERMIT - OWTS

Valid From 5/25/2017 To 5/25/2018

PERMITEE :

**ROBERT BURR
3550 S CALHAN HWY
CALHAN, CO 80808**

Onsite ID: ON0033448

Tax Schedule #: 1500000155

Permit Issue Date: 05/25/2017

Dwelling Type: RESIDENTIAL

OWNER NAME :

BURR ROBERT E & SHARON A

of Bedrooms (if Res): 3

Proposed Use (if Comm):

Designed Gallons/Day:

Water Source: PRIVATE WELL

System Installation Requirements:

- * Additional 525 square feet of drainfield to be installed with diverter valve on conventional gravity fed system per design document stamped and dated 5/25/2017.
- * Must maintain a minimum 100' to any existing well and 10' to any existing property line.
- * Any changes or modifications to the approved design document will require health department approval prior to installation.
- * Questions contact Matthew Bondi at 719-244-6177

This permit is issued in accordance with 25-10-106 Colorado Revised Statutes. The PERMIT EXPIRES upon completion/installation of the Onsite Wastewater Treatment System, or at the end of twelve (12) months from date of issue, whichever occurs first. If both a Building Permit and an Onsite Wastewater Treatment System Permit are issued for the same property and construction has not commenced prior to the expiration date of the Building Permit, the Onsite Wastewater Permit shall expire at the same time as the Building Permit. This permit is revocable if all stated requirements are not met. The Onsite Wastewater Treatment System must be installed by an El Paso County Licensed System Contractor, or the property owner.

The Health Officer shall assume no responsibility in case of failure or inadequacy of an Onsite Wastewater Treatment System, beyond consulting in good faith with the property owner or representative. Access to the property shall be authorized at reasonable time for the purpose of making such inspections as are necessary to determine compliance with the requirements of this law (permit).

**Inspection request line: Call (719) 575-8699 before 8:30 a.m. of the day that the inspection is requested
Weekends & Holidays excluded.**

Authorized By: Environmental Health Specialist

SB0006947 AR0011205 AN0033448

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

Property Information:

Property Address: 3550 S. Calhan Hwy City and Zip: Vander, 80864
 Legal Description: NE4NE4 Sec. 06-15-61 To g with Easement & Egress RB-6211-310
 Tax Schedule #: 15000-00-155 Lot size: 40. ACR.
 Is the property gated: ☐ Yes ☒ No Please provide a gate code if necessary: _____
 Site Located Inside City Limits: ☐ Yes ☒ No Proposed Use: ☒ Residential ☐ Commercial
 Water Supply: ☒ Well ☐ Cistern ☐ Municipal Potential Number of Bedrooms: 3
 Has a Conditional Acceptance Document been issued for this property: ☐ Yes ☒ No ☐ Unsure

Owner Information: ☒ Primary Contact

Owner: Robert Burr Daytime Phone: 719-421-9852
 Owners Mailing Address: 3550 S. Calhan Hwy Vander, CO. 80864
 Email Address: _____ Fax #: _____
 General Contractor: _____ Phone/Email: _____

OWTS Installer Information: ☐ Primary Contact

System Installer: Hugheson Excavation Daytime Phone: 719-683-4552
 Email Address: _____ Licensed installer: ☐ Tier 1 ☒ Tier 2

All engineer-design system must be installed by a Tier 2 licensed installer

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

All Payments are due at the time of application submittal; by cash, check or major credit card (Visa / MC)

- ☐ **New Permit:** \$685.00 (EPCPH Charge) + \$147.00 (EPC Planning Dept. Surcharge) + \$23.00 (CDPHE Surcharge) = \$855.00
☒ **Major Repair Permit:** \$525.00 (EPCPH Charge) + \$23.00 (CDPHE Surcharge) = \$548.00
☐ **Minor Repair Permit:** \$240.00 (EPCPH Charge) + \$23.00 (CDPHE Surcharge) = \$263.00

Permits expire one year from date of issuance

Provide a complete written scope of work to be performed on the property.

adding a secondary leach field

Please include the following documents with your application.

- A soils report: including at least 1 soil profile excavation pit, in accordance with section 8.5 A-F of OWTS regulations
- A clear and legible design document: including the proposed and alternate locations, as well as system layout, labeled with all setbacks to pertinent structures and features in table 7-1.
- Provide directions to property, from a main highway, on the back side of application.

Failure to provide the above listed documents may result in denial of the permit application

I certify that the information provided on this application is in compliance with Section 8.3, Chapter 8 of the Onsite Wastewater System (OWS) Regulations of the El Paso County Board of Health. I also authorize the assigned representative of El Paso County Public Health to enter onto this property in order to obtain information necessary for the issuance of a permit.

Applicants Signature: Robert Burr Date: 5-5-2017

mat

- Property address or lot number must be clearly marked and visible from the road.
- Profile excavation test pit and/or soil profile holes must be clearly marked.
- Proposed and alternate soil treatment areas must be protected from compaction and disturbance.
- Please provide directions to the property from a main highway, by text or picture, below.

Failure to comply with the above information may result in an additional charge for a return trip.

Permit #: 0N0033448 Site Inspection date:

Date Approvals Rcvd: Development Services: Floodplain/enumerations:

Design: ☒ Conventional ☐ Engineer Design Engineer:

Engineer Job #: Engineer Date Stamped:

LTAR/Soil Type: .60 Groundwater: N/A Bedrock: N/A

Minimum Requirements: Tank Capacity: 2 X 1000 gal tanks Soil Treatment area: 525

System Feed: ☒ Gravity ☐ Pump to Gravity ☐ Pressure Dosed ☐ Other:

System Media: ☒ Chambers ☐ Rock and Pipe ☐ Other System Layout: ☒ Trenches ☐ Bed

Additional Comments: Conventional gravity fed system to be installed

E.H. Specialist: Matt G.L. Date: 5/25/17 ☒ Approved ☐ Denied