

ON-SITE WASTEWATER SYSTEM INSPECTION FORM

PERMIT # ON0025003

DATE 11/15/13

APPROVED YES ☒ NO ☐ # 3407000001 Environmental Health Specialist: Neil Myles

Address: 19370 E Hwy 94 Colo Spgs CO 80920 Owner: Mary Allison

Legal Description: _____

Residence ☒ #Bedrooms 3 Commercial _____ System Installer: Down to Earth Excavating

SEPTIC TANK: Construction Material Precast Concrete Capacity Gallon 1500

DISPOSAL FIELD:

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 _____

DRYWELLS: # of Pits _____ Rings(Pit 1) _____ Rings(Pit 2) _____ Working Depth #1 _____ #2 _____

Size (L x W) #1 _____ #2 _____ Total Sq. Ft. _____

ROCKLESS SYSTEMS:

Standard Chamber: Type Quick 4' STD #Chambers 59 Sq. Ft./Chamber 11.55 Bed _____ Trench ☒

High Profile Units: Type _____ #Chambers _____ Sq. Ft./Chamber _____ Bed _____ Trench _____

Reduction Allowed 40 % Sq. Ft. Required 891 Depth (Range) 30" - 34"

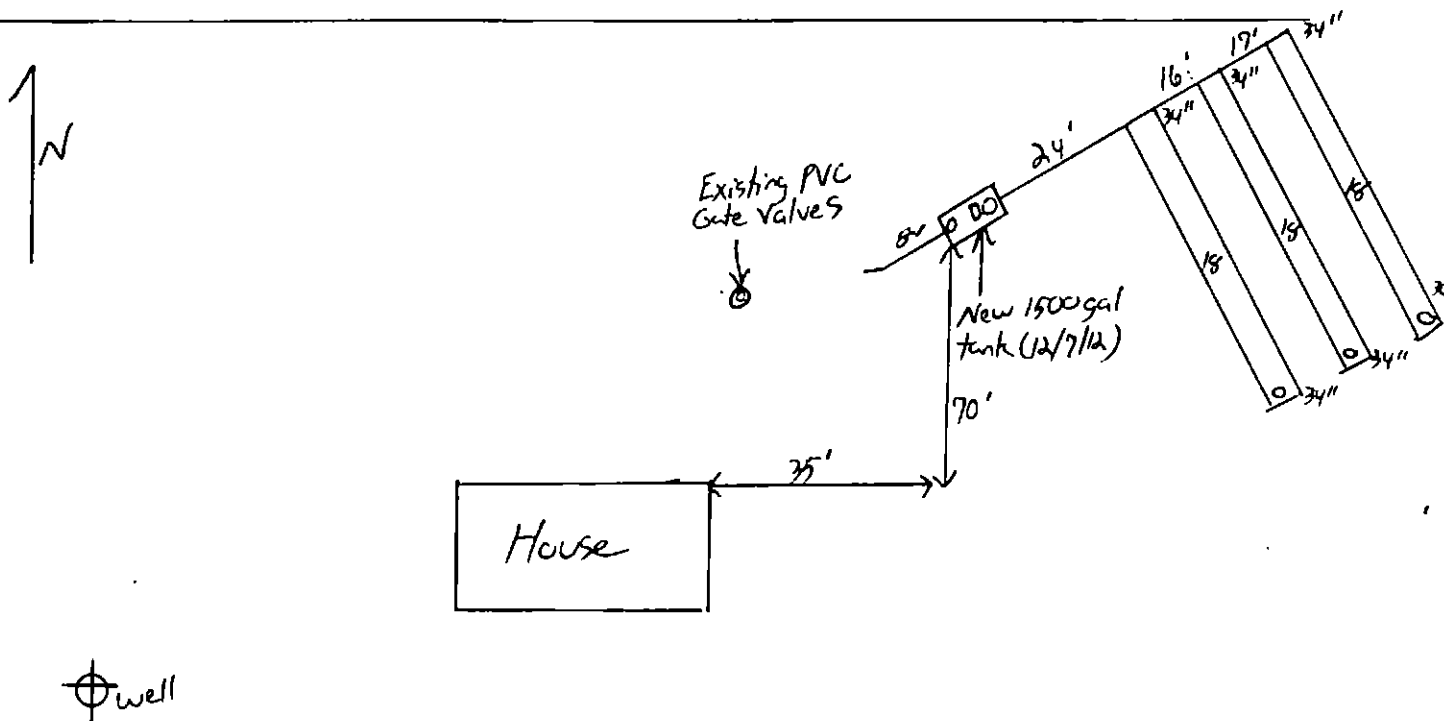
Sq. Ft. Installed 623.7 Equivalent Sq. Ft. Installed with Reduction 1,039.5

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

Well Installed at time of septic inspection: ☒ 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 disposal field.

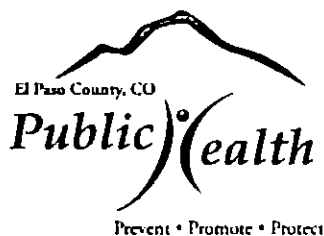
Notes:



[Signature]

Attn: MARY ALLISON
18370 E HIGHWAY 94
COLORADO SPRINGS, CO 80930

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 10/29/2013 To 10/29/2014

PERMITEE:

MARY ALLISON
18370 E HIGHWAY 94
COLORADO SPRINGS, CO 80930

Onsite ID: ON0025003

Tax Schedule #: 3407000001

Permit Issue Date: 10/29/2013

Dwelling Type: RESIDENTIAL

of Bedrooms (if Res): 3

Proposed Use (if Comm):

Designed Gallons/Day:

Water Source: PRIVATE WELL

OWNER NAME:

MARY ALLISON

System Installation Requirements :

1. Install soil treatment area(STA) in area of percolation test that was performed on October 10, 2013 with a maximum cover over chambers of 34 inches.
2. A trench system is preferred but, if a bed system is installed it shall not exceed a maximum width of 12 feet.

Septic Tank Capacity Required: 1250 (Gallons) Soil Treatment Area Required: 891 (SQ. Feet)

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)

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

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. Onsite Wastewater Treatment System to be installed by an El Paso County Licensed System Contractor, or the property owner.

[Signature]
Authorized By: Environmental Health Specialist

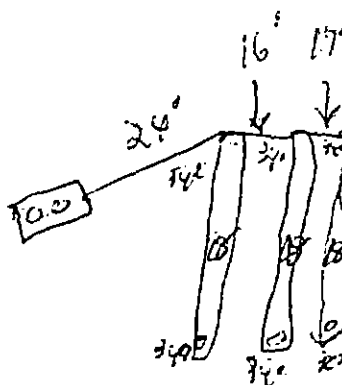
10/29/2013

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11.55

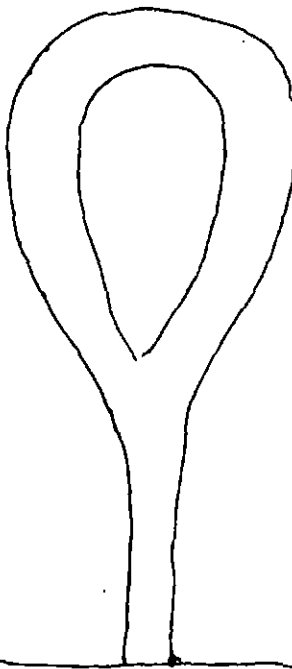
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Well



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Environmental Health Division

1675 W. Garden of the Gods Rd., Suite 2044
Colorado Springs, CO 80907
(719) 578-3199 phone
(719) 578-3188 fax
www.elpasocountyhealth.org

Prevent • Promote • Protect

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

☐ NEW PERMIT ☒ MAJOR REPAIR PERMIT ☐ MINOR REPAIR PERMIT

Owner MARY ALLISON Daytime Phone 719-594-6207
System Installer RICK PRING Daytime Phone 719-495-3660
Property Address 18370 E. HWY 94
Owners Mailing Address 7140 MILNER DRIVE COLO SPRS, CO 80920
Email Address BREN. ESSER@CENTURYLINK.NET Fax # _____
Tax Schedule # 34070-00-001 Lot Size APPROX 38 ACRES
Site Located Inside City Limits ☐ Yes ☒ No Primary Contact ☐ Owner ☐ Contractor
Proposed Use: ☒ Single Family ☐ Multi-Family ☐ Commercial
Water Supply: ☒ Well ☐ Cistern ☐ Municipal Number of Bedrooms 3
☐ Pick up: ☐ Fax: ☒ Email: BREN. ESSER@CENTURYLINK.NET

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

New Permit: \$440.00 (EPCPH Charge) + \$147.00 (EPC Planning Dept. Surcharge) + \$23.00 (CDPHE Surcharge) = \$610.00

Major Repair Permit: \$494.00 (EPCPH Charge) + \$23.00 (CDPHE Surcharge) = \$517.00

Minor Repair Permit: \$188.00 (EPCPH Charge) + \$23.00 (CDPHE Surcharge) = \$211.00

- All Payments are due at the time of application submittal; by cash, check or major credit card (Visa / MC)
- This permit will expire one year from the date of issuance.

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: Brenda Luchinger P.A. for Mary Allison Date: 10/22/2013

Site Insp. Date: 10/28/13 Perc. Rate: 17 Permit # ON 0025003

E.H.S. Review Notes: _____

Date to: E.P.C. Development Services N/A Flood Plain and Enumerations N/A

Permit Requirements: 1. Install Soil Treatment Area (STA) in area of percolation test that was performed on 10/10/2013 with a maximum cover over chambers of 34 inches.
2. A French system is preferred but if a bed system is installed it shall not exceed a maximum width of 12 ft.
3. Keep vehicular and animal traffic off of STA at all times.

Existing 1250
Min. Septic Tank Capacity

391
Min. Absorption Area

E.H. Specialist Neil Mung Date 10/28/13 ☒ Approved ☐ Denied

NM