

**CONVENTIONAL ON-SITE WASTEWATER TREATMENT SYSTEM
FINAL INSPECTION FORM**

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On-site ID: 0N0049825 Tax schedule (APN) #: 3410005007 Permit Type: New ☒ Major ☐ Minor ☐
Environmental Health Specialist: M. Bondi Final Inspection Date: 1/4/19 Approved: YES ☒ NO ☐

Residential Property Information:

Owner: Rocky Mt. Bank & Trust Address: 1005 Spotted Owl Way Approved No. Bedrooms: 3
Water supply: Municipal ☒ Well ☐ Cistern ☐ Date well installation verified: _____ GPS of Well: _____

Approval will be revoked if in the future any well is found to be within 50 feet of the septic tank and/or 100 feet of the soil treatment area.

Minimum System Requirements: Soil Type: 2A LTAR: .5 Limiting Layer: ☐ Groundwater ☐ Bedrock _____

OWTS Tank: Capacity (gallons): 1000

Soil Treatment Area (STA): Sq. Ft. (10-1): 900 Sq. Ft. (10-2): 900 Sq. Ft. (10-3): 630 Sq. Ft. (with Diverter Valve): _____

Final system installation:

Licenses Installer: Tier 1 ☐ Tier 2: ☒ Homeowner: ☐ Installer: Down to Earth

OWTS Tank: Construction Material: Concrete Capacity (gallon): 1250 Existing ☐ New ☒

GPS Location of tank: 38.84615 -104.42918

OWTS Pump Tank: YES ☐ NO ☒ Capacity (gallon): _____ Audio/visual Alarm: YES ☐ NO ☐

Pump (Gal/dose): _____ Dose: _____ Total Dynamic Head: _____ Elevation difference: _____

Soil Treatment Area (STA): GPS Location: _____ Total Sq. Ft installed: 630

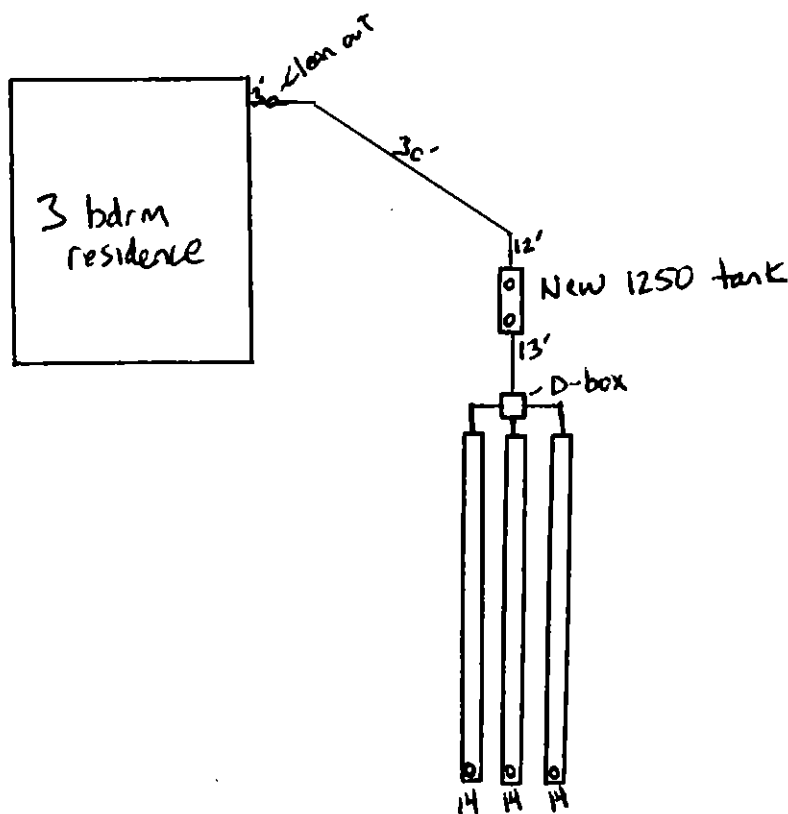
Configuration: Trench ☒ Bed ☐ Distribution: Gravity ☒ Pump to Gravity ☐

☐ Rock and Pipe: Width: _____ Total Length: _____ Installation Depth: _____

Depth of Rock(under pipe): _____ Type of cover on Rock: _____

☒ Chambers: Type: Arc 36 Sq. Ft./chamber: 15 No. Chambers: 42 Installation Depth (range): 24-36"

Record Drawing:



42 Arc 36 chambers

Attn: ROCKY MOUNTAIN BANK AND
TRUST
1005 SPOTTED OWL WAY
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

NEW SYSTEM PERMIT - OWTS

Valid From 10/8/2018 To 10/8/2019

PERMITEE:

**ROCKY MOUNTAIN BANK AND TRUST
1005 SPOTTED OWL WAY
CALHAN, CO 80808**

Onsite ID: ON0049825

Tax Schedule #: 3410005007

Permit Issue Date: 10/08/2018

Dwelling Type: RESIDENTIAL

OWNER NAME:

ROCKY MOUNTAIN BANK AND TRUST

of Bedrooms (if Res): 3

Proposed Use (if Comm):

Designed Gallons/Day:

Water Source: PUBLIC WATER

System Installation Requirements:

- A Conventional non-engineered OWTS system to be installed on site, requiring a minimum of Tier I licensed installer.
- System installation includes gravity fed system with d-box to chamber in trenches, max installation depth of 48". Minimum tank requirements 1000 gallon and 630 sq ft of soil treatment area (53 Q4 / 42 Arc 36 chambers required).
- The system must be installed per approved design document signed and dated 10.5.2018, changes to the approved design document must be submitted and approved by Public Health prior to installation.
- All horizontal setbacks must be maintained through system installation. In addition system must remain completely uncovered, including the tank size, for final inspection.
- Ensure that all work is completed prior to contacting and requesting final line for inspection, otherwise additional fees may be incurred.

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 3:30 p.m. the business day prior to the requested inspection date.

Bex Peter, R.S. For Chelsea

El Paso County, CO

Public Health

Prevent • Promote • Protect

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

SB0010384 KB0014460 ON0049825

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

Property Information:

Property Address: 1005 Spotted Owl Way City and Zip: Ellicott, 80808

Legal Description: View Point Estates, Lot 7

Tax Schedule #: 34100-05-007

Lot size: _____

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: Rocky Mtn. Bank & Trust Daytime Phone: 702-400-9504

Owners Mailing Address: _____

Email Address: _____

Fax #: _____

General Contractor: Poulson Const. Inc. Phone/Email: 719/491-2121

OWTS Installer Information: ☐ Primary Contact

poulsonconstructioninc@gmail.com

System Installer: Rick Pring Daytime Phone: 719/338-0594

Email Address: rick.dowd2pcrthecoc@gmail.com Licensed installer: ☐ Tier 1 ☒ Tier 2

All engineer-design systems 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, unless otherwise noted

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

HUD Manufactured Home on crawl space
with detached garage

The following documents MUST be included 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 On-site Wastewater System (OWS) Regulations of the El Paso County Board of Health. I also authorize the undersigned representative of El Paso County Public Health to enter onto this property in order to obtain information necessary for the issuance of a permit.

Applicant Signature: _____

Date: 10/2/18

Reviewed 2017 approved fee (12/30/2015)

Chelsee

- 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
- Locked gates require the gate code or lock combination be provided on front of application
- Please provide directions to the property from a main highway, by text or picture, below.

East on Hwy 94
 Left on Antelope
 1st Right on Chesley
 1st Left on Spotted Owl
 Right / East side

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

Permit #: _____ Site Inspection date: 10-5-18

Date Approvals Rcvd: Development Services: 10-4-18 Floodplain/enumerations: 10-5-18

Design: ☒ Conventional ☐ Engineer Design Engineer: _____

Engineer Job #: _____ Engineer Date Stamped: 10-5-18

LTAR/Soil Type: 0.5/2A Groundwater: PP1/ PP2 Bedrock: / PP1/ PP2

Minimum Requirements: Tank Capacity: 1,000 Soil Treatment Area: 630 ft²

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

System Media: ☒ Chambers ☐ Rock and Pipe ☐ Other Soil Treatment Area: ☒ Trenches ☐ Bed

Additional Comments: 450/0.5 = 900 (1.0) = 900 (0.7) = 630 ft² 630/1.2 = 525 or 630/1.5 = 420 Ac 36

E.H. Specialist: C. S. Jones Date: 10-5-18 ☒ Approved ☐ Denied