

Environmental Health Division

1675 W. Garden of the Gods Rd., Suite 2044 Colorado Springs, CO 80907 (719) 578-3199 *phone* (719) 575-8664 *fax* www.elpasocountyhealth.org

ENGINEERED ON-SITE WASTEWATER TREATMENT SY	STEM
FINAL INSPECTION FORM	

Prevent • Promote • Protect

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Minimum System Requirements: Vater supply: Value Vell Installation verified: 9.19.2019 Well Location GPS: 39 04.349'N, 104 35.198'W   Minimum System Requirements: Minimum System Requirements:   High Rock Content: N/A Soil (in-situ) Type: 3A LTAR (In-situ soil): 0.3 Limiting Layer: Groundwater: 48-86" Bedrock: NONE   OWTS Tank: Capacity (gallons): 1500 OWTS Pump Tank: Capacity (gallons): 500   Soil Treatment Area (STA): Sq. Ft. (10-1): 2000 Sq. Ft. (10-2): 2000 Sq. Ft. (10-3): 1400 Sq. Ft. (with Diverter Valve): N/A   NDDS (STA): Sq. Ft. (10-1): N/A NDDS Factor: N/A Sq. Ft. (NDDS adjustment): N/A   Mound (STA): LTAR (imported soil): N/A Chamber adjustment: NA Distribution Area: NA Basal Area: NA
Water supply: Well Installation verified: 9.19.2019 Well Location GPS: 39 04.349'N, 104 35.198'W   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:   High Rock Content: N/A Soil (in-situ) Type: 3A LTAR (In-situ soil): 0.3 Limiting Layer: Groundwater: 48-86" Bedrock: NONE   OWTS Tank: Capacity (gallons): 1500 OWTS Pump Tank: Capacity (gallons): 500   Soil Treatment Area (STA): Sq. Ft. (10-1): 2000 Sq. Ft. (10-2): 2000 Sq. Ft. (10-3): 1400 Sq. Ft. (with Diverter Valve): N/A   NDDS (STA): Sq. Ft. (10-1): N/A NDDS Factor: N/A Sq. Ft. (NDDS adjustment): N/A
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Mound (STA): LTAR (imported soil): N/A Chamber adjustment: NA Distribution Area: NA Basal Area: NA
Engineering: Design Engineer: Geo Quest Engineer design #: 18-0194 Date engineer record drawing/certification letter recieved: <u>1み.1ろ.1</u> Tier II Licensesd Installer: Down to Earth Excavating
Final system installation:
Treatment Level: 1PD
Annual Operation and Maintenance Inspection: Required
OWTS Tank: <u>GPS Location</u> : 39 04.344'N, 104 35.196'W
Tank Type: New Concrete Capacity (gallon): 1500
OWTS Pump Tank:
Tank Type: New concrete - single comp <u>Capacity (gallon)</u> : 500 <u>Audio/Visual Alarm</u> : Yes
OWTS Pump: Zoller flow-mate 145
Gal/dose: 120 Flow(gpm): 36.5 Total Dynamic Head: 38.6'
Soil Treatment Area (STA): GPS Location: 39 04.330'N, 104 35.198'W Total Sq. Ft installed: 1440
Configuration: Bed <u>Distribution</u> : Pressured Distribution
Distribution Media: Chambers Inflitrative Surface Depth: grade – 12"
Distribution Area Length: 60' Distribution Area Width: 30'
Basal Area Length: NA Basal Area Width: NA
Media Type: Arc 36 Chambers (15 sq/ft) <u>Total installed</u> : 96 chambers

Notes:



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.

Attn: MYRON MOURN 12940 HODGEN RD COLORADO SPRINGS, CO 80908



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Â	EL PASO COUNTY PUBLIC HEALTH
	ENVIRONMENTAL HEALTH DIVISION
Public (ealth	1675 W. GARDEN OF THE GODS ROAD, SUITE 2044
Public) (ealth	COLORADO SPRINGS, CO 80907
	PHONE: (719) 578-3199
Prevent • Promote • Protect	www.elpasocountyhealth.org
the end of twelve (12) months from date of iss construction has not commenced prior to the c	0-106 Colorado Revised Statutes. The PERMIT EXPIRES upon completion/installation of the Onsite Wastewater Treatment System, or at sue, whichever occurs first. If both a Building Permit and an Onsite Wastewater Treatment System Permit are issued for the same property and expiration date of the Building Permit, the Onsite Wastewater Permit shall expire at the same time as the Building Permit. This permit met, The Onsite Wastewater Treatment System Contractor, or the property owner.
The Health Officer shall assume no responsible	ility in case of failure or inadequacy of an Onsite Wastewater Treatment System, beyond consulting in good faith with the property rty shall be authorized at reasonable time for the purpose of making such inspections as are necessary to determine compliance with

## Inspection request line: Call (719) 575-8699 before 3:30 p.m. the business day prior to the requested inspection date.

Authorized By: Environmental Health Specialist

F  D.	so County, CO	Environmental Health Division
	ublic) (ealth	1675 W. Garden of the Gods Rd., Suite 2044 Colorado Springs, CO 80907 (719) 578-3199 plonr (719) 578-3188 fax www.elpasocountyhealth.org
57	0017773 AR0016263 ON	0050146
	APPLICATION FOR AN ON-SITE WASTEWATER TREATM	ENT SYSTEM PERMIT
Primary Contact	Is the property gated: Yes No Please provide a gate code if nece Site Located Inside City Limits: Yes No Proposed Use: Water Supply: Well Cistern Municipal Potential Number of Has a Conditional Acceptance Document been issued for this property: Owner Information: Primary Contact Owners Mailing Address: 1765 Colget Colget Colf., Colf. Email Address: F General Contractor: Poulson Const. OWTS Installer Information: Primary Contact System Installer: TBD Daytime Phone:	Lot size: $4.84$ Acves essary: Residential Commercial of Bedrooms: $5$ Yes No SUnsure 9/355-4065 80918 Pax #: mail: $719/49/-2121$ n5fruction in C@gno; 1.com installer: Tier 1 Dettier 2 ensed installer BOARD OF HEALTH for credit card (Visa / MC) 00 (CDPHE Surcharge) = \$920.00
	REQUIRED: Provide a complete written scope of work to be performed by the provide of the provide o	cation. tion 8.5 A-F of OWTS regulations as well as system layout, labeled with permit application astewater System (OWS) Regulations of the El
	Applicant Signature:	Date: 8/2/19

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- 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.

From Wordmen
north on Meridian Rd.
east on Hodgen
AUTTA SIVE
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Failure to comply with the above information may result in an additional charge for a return trip.

Permit #: Site Inspection date: 8114117
Date Approvals Rcvd: Development Services: Y819 Floodplain/enumerations: 81619
Design: Conventional Bengineer Design Engineer: Coolumn
Engineer Job #: [8-064] Engineer Date Stamped: U.20,18
LTAR/Soil Type: <u>31-10.3</u> Groundwater: <u>48" PP1/80" PP2</u> Bedrock: <u>MONE PP1/ONE-PP2</u>
Minimum Requirements: Tank Capacity: 1500 Soil Treatment Area: 1400
System Feed: Gravity Pump to Gravity Pressure Dosed Other:
System Media: A Chambers D Rock and Pipe Other Soil Treatment Area: D Trenches Red
Additional Comments: $1000 0.3=2000(10)=2000(0.3)=1400$ (11704/94/94/8/2 Ble)
max 121 from grade 500 gal /120gal laved / 36.5 gpm / 38. 6'TON
E.H. Specialist:Date:Date:DAte:Approved [] Denied

Reviewed 2018 approved fee (12/04/2017)