

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

P

On-site ID: ON0023008

Tax schedule(APN) #: 4323001021

Permit Type: New ☐ Major ☐ Minor ☒

Environmental Health Specialist: Kat McGarvy

Final Inspection Date: 8/11/2017

Approved: YES ☒ NO ☐

**Residential Property Information:**

Owner: Kristen Miller

Address: 16107 Falcon Hwy Peyton CO 80831

Approved No. Bedrooms: 2

Water supply: Municipal ☐ Well ☒ Cistern ☐ Date well installation verified: 8/11/2017

GPS of Well: not documented

*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: NA

LTAR: NA

Limiting Layer: ☐ Groundwater ☐ Bedrock

OWTS Tank: Capacity (gallons): 2250

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

**Final system installation:**

Licensed Installer: Teir 1 ☐

Teir 2: ☒

Homeowner: ☐

Installer: Bugenhagen Excavating

OWTS Tank:

Construction Material: Concrete

Capacity (gallon): 2250

Existing: YES ☐ NO ☒

GPS Location of tank: not documented

OWTS Pump Tank: YES ☐ NO ☒

Capacity (gallon):     

Audio/visual Alarm: YES ☐ NO ☐

Pump (Gal/dose): NA

Dose: NA

Total Dynamic Head: NA

Elevation difference: NA

Soil Treatment Area (STA): GPS Location: not documented

Total Sq. Ft installed: unk

Configuration: Trench ☐ Bed ☐

Distribution: Gravity ☐ Pump to Gravity ☐

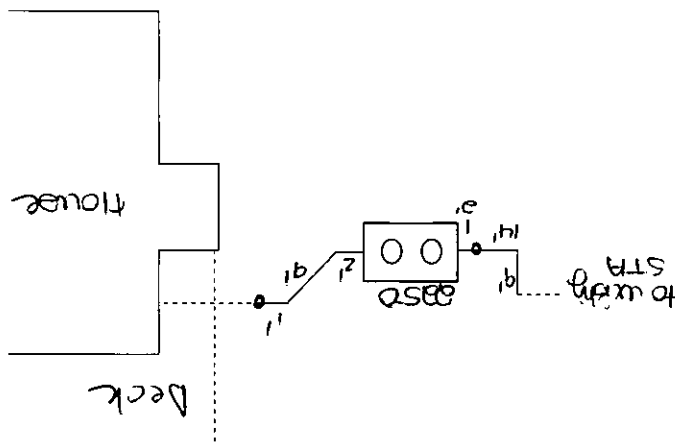
☐ Rock and Pipe: Width:      Total Length:      Installation Depth:     

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

☐ Chambers: Type:      Sq. Ft./chamber:      No. Chambers:      Installation Depth(range):     

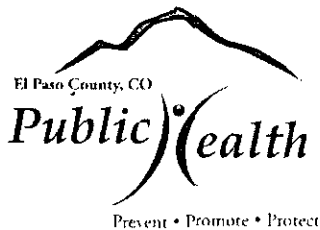
Record Drawing: Tank replacement only

sol 35 pipe



Attn: KRISTEN MILLER  
16107 FALCON HWY  
PEYTON, CO 80831-8193

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](http://www.elpasocountyhealth.org)

## MINOR REPAIR PERMIT - OWTS

Valid From 8/7/2017 To 8/7/2018

PERMITEE:

KRISTEN MILLER  
16107 FALCON HWY  
PEYTON, CO 80831-8193

Onsite ID: ON0023008

Tax Schedule #: 4323001021

Permit Issue Date: 08/07/2017

Dwelling Type: RESIDENTIAL

OWNER NAME:

KRISTEN MILLER

# of Bedrooms (if Res): 7

Proposed Use (if Comm):

Designed Gallons/Day:

Water Source: PRIVATE WELL

### System Installation Requirements:

1. This permit is to replace a failed OWTS tank with a new 2,250 gallon tank only.
2. The old tank must be properly abandoned per the EPCPH Ch 8 Regulations.
3. All horizontal set backs must be maintained.

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

530007589 AR0011830 ON0023008

**APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT**

**Property Information:**

Property Address: 16107 Falcon Hwy. City and Zip: Payton 80831

Legal Description:

Tax Schedule #: 4323.001.001 Lot size: 11.88 acres

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: 6

Has a Conditional Acceptance Document been issued for this property: ☐ Yes ☒ No ☐ Unsure

Owner Information: ☐ Primary Contact

Owner: Kristen Miller Daytime Phone: 719-233-3031

Owners Mailing Address: 16107 Falcon Hwy. Payton, CO 80831

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

General Contractor: Longhorn Foundation Phone/Email: (719) 447-2140

OWTS Installer Information: ☒ Primary Contact

System Installer: Fitzburgh, Inc. Daytime Phone: 719-440-8400

Email Address: WASDelivery@fitzburgh.com Licensed installer: ☐ Tier 1 ☒ Tier 2

All engineer-design systems must be installed by a Tier 1 licensed installer

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

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

- ☐ **New Permit:** \$635.00 (EPCPH Charge) + \$247.00 (EPC Planning Dept. Surcharge) + \$23.00 (CDPHE Surcharge) = \$855.00
- ☐ **Major Repair Permit:** \$825.00 (EPCPH Charge) + \$23.00 (CDPHE Surcharge) = \$848.00
- ☒ **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.

Pump and casing, filling with dirt existing septic tank(s).  
and replace with new 2250 g septic tank with upland  
filter, risers to grade.

The following documents **MUST** be included with your application:

- A soils report including at least 1 soil profile examination pit in accordance with Section 3.3 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 accordance with Section 3.3, Chapter 1 of the Onsite Wastewater System (OWTS) 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: [Signature] Date: 7-30-17

[Signature]  
8-7-17