



Prevent • Promote • Protect

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 SYSTEM FINAL INSPECTION FORM

P

On-site ID: ON0049624 Tax schedule(APN) #: 500000195 Permit Type: New ☒ Major ☐ Minor ☐
Environmental Health Specialist: Kat McGarvy Final Inspection Date: 7.9.2018 Approved: YES ☒ NO ☐

Residential Property Information:

Owner: Ramona Houser Address: 6115 S Whittemore Rd, Rush CO 80833 Approved No. Bedrooms: 3
Water supply: Municipal ☐ Well ☒ Cistern ☐ Date well installation verified: 7.9.2018 GPS of Well: 38° 44.604 N, 104° 06.423 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: Soil Type: 4 LTAR: 0.2 Limiting Layer: ☐ Groundwater ☐ Bedrock

OWTS Tank: Capacity (gallons): 1000

Soil Treatment Area (STA): Sq. Ft. (10-1): 2250 Sq. Ft. (10-2): 2250 Sq. Ft. (10-3): 1575 Sq. Ft. (with Diverter Valve): NA

NDDS (STA): Sq. Ft. (10-1): NDDS Factor: Sq. Ft. (NDDS adjustment):

Engineering:

Design Engineer: Parr Engineering Engineer design #: 18.153
Date engineer record drawing/certification letter received: 7.11.2018

Final system installation:

Licensed Installer: Teir 2: ☒ Installer: Kunau Drilling

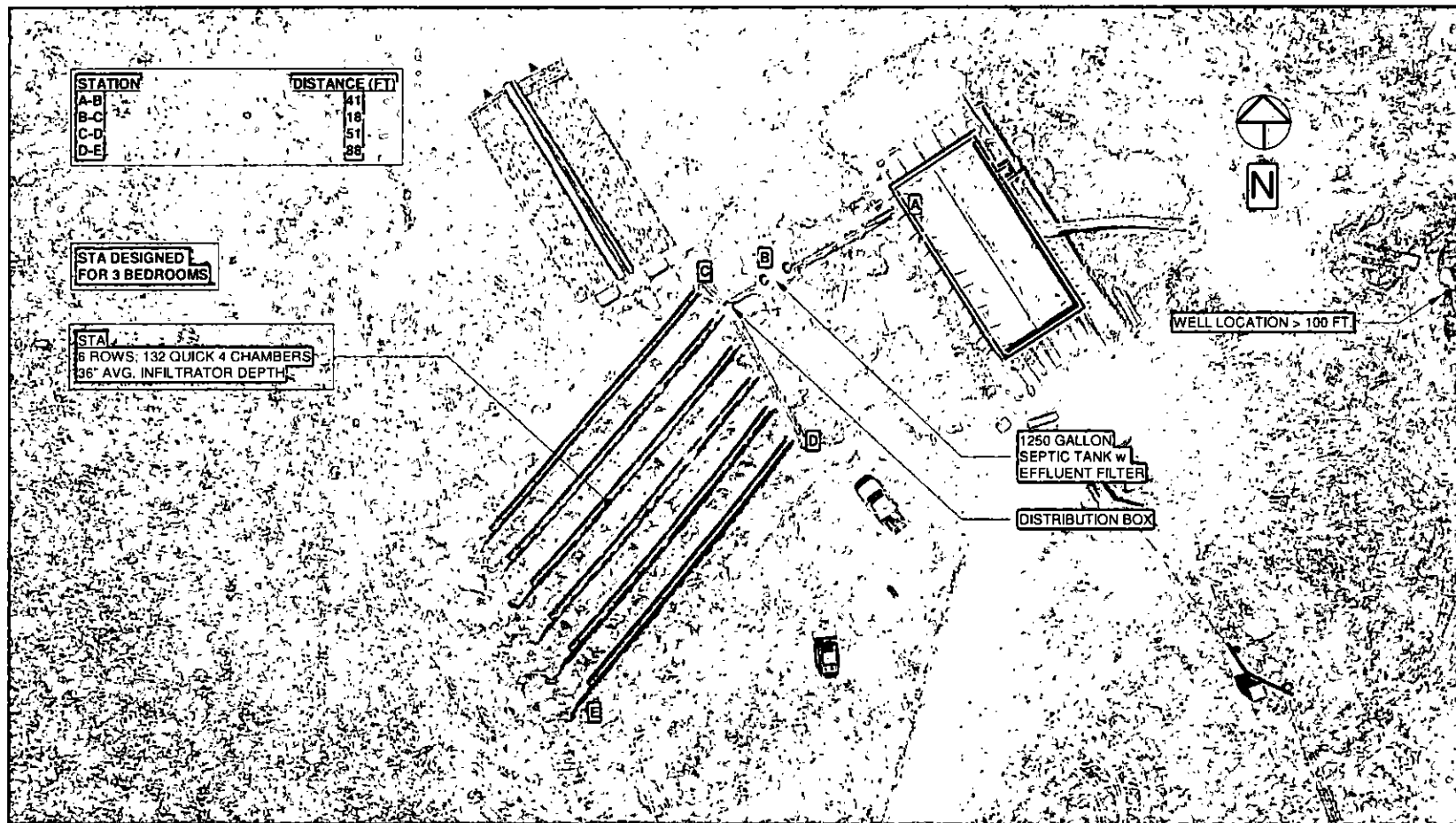
Treatment Level: 1 ☒ 1PD ☐ 2 ☐ 2N ☐ 3 ☐ 3N ☐

OWTS Tank: GPS Location: 38° 44.611 N, 104° 06.470 W
Construction Material: concrete Capacity (gallon): 1250 Existing ☐ New ☒

OWTS Pump Tank: YES ☐ NO ☐ Capacity (gallon): Capacity Audio/visual Alarm: YES ☐ NO ☐
Pump (Gal/dose): Flow: Total Dynamic Head: Elevation difference: not provided

Soil Treatment Area (STA): GPS Location: 38° 44.601 N, 104° 06.482 W Total Sq. Ft installed: 1584
Configuration: Trench ☒ Bed ☐ Distribution: Gravity ☒ Pressure Dosed ☐ NDDS ☐
☐ Rock and Pipe: Width: Total Length: Installation Depth:
Depth of Rock(under pipe): Type of cover on Rock:
☒ Chambers: Type: Q4 Sq. Ft./chamber: 12 No. Chambers: 132 Installation Depth(range): 36"
☐ NDDS: # Zones: # Laterals/zone: Field Dimensions:
☐ Seepage Pit: # Rings:

Notes:



① Site Map - AS-BUILT
1" = 30'-0"



Parr Engineering & Consulting, Inc.
11590 Black Forest Road, Suite 10
Colorado Springs, Colorado 80908
Phone: 719-494-0404

6115 Whittemore Road, 80833

As-Built

Project number 18.153
Date 07/10/18
Drawn by J.DUMKE
Checked by C.PARR

C1 A.B.

Scale 1" = 30'-0"

Attn: RAMONA HOUSER
6115 S WHITEMORE RD
RUSH, CO 80833

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.



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NEW SYSTEM PERMIT - OWTS

Valid From 5/11/2018 To 5/11/2019

PERMITEE :

**RAMONA HOUSER
6115 S WHITEMORE RD
RUSH, CO 80833**

Onsite ID: ON0049624

Tax Schedule #: 500000195

Permit Issue Date: 05/11/2018

Dwelling Type: RESIDENTIAL

OWNER NAME :

RAMONA HOUSER

of Bedrooms (if Res): 3

Proposed Use (if Comm):

Designed Gallons/Day:

Water Source: PRIVATE WELL

System Installation Requirements:

- An Engineered OWTS system to be installed on site due to encountering Soil Type 4, requiring a Tier II licensed installer.
- System installation to include a gravity fed system with a d-box to chamber in trenches, max installation depth of 48". Minimum tank requirements 1000 gallon and 1575 sq ft of soil treatment area (132 Q4 / 105 Arc 36 chambers required).
- The system must be installed per approved Parr Engineering design document #18.153 stamped and dated 4.19.2018, 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.
- The well must be installed at time of final inspection, or final approval will not be given until well installation is verified.
- Engineered systems require the as built drawing and certification letter from the engineer be submitted to Public Health prior to final approval and Regional Building sign off
- Ensure that all work is completed prior to contacting and requesting final line for inspection, otherwise additional fees may be incurred.

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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.

Authorized By: Environmental Health Specialist



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530009194 AS0013360 ON0049624

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

Property Information:

Property Address: 6115 SW HITTMORE RD City and Zip: RUSH 80833

Legal Description: W2W2SW4 SEC 15-15-60

Tax Schedule #: 500000195 Lot size: 40 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: 3

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

Owner Information: ☒ Primary Contact

Owner: RAMONA Houser Daytime Phone: _____

Owners Mailing Address: 1350 8th St NO 9 AVE 9 CALHAN, CO 80808

Email Address: 719-216-1016 Fax #: _____

General Contractor: _____ Phone/Email: _____

OWTS Installer Information: ☐ Primary Contact

System Installer: Humax Drilling Daytime Phone: _____

Email Address: _____ 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:** \$750.00 (EPCPH Charge) + \$147.00 (EPC Planning Dept. Surcharge) + \$23.00 (CDPHE Surcharge) = \$920.00

☐ **Major Repair Permit:** \$535.00 (EPCPH Charge) + \$23.00 (CDPHE Surcharge) = \$558.00

☐ **Minor Repair Permit:** \$245.00 (EPCPH Charge) + \$23.00 (CDPHE Surcharge) = \$268.00

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.

NEW IRC HOME SEPTIC WELL

RAMONA HOUSER WILL PAY FOR SEPTIC PERMIT

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 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.

Applicant Signature: _____ Date: _____

Reviewed 2018 approved fee (12/04/2017)

Not

- 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.

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

Permit #:	Site Inspection date:	<u>5/3/18</u>
Date Approvals Rcvd: Development Services:	<u>5/2/18</u>	Floodplain/enumerations: <u>N/A</u>
Design: <input type="checkbox"/> Conventional <input checked="" type="checkbox"/> Engineer	Design Engineer:	<u>Parr Engineering</u>
Engineer Job #: <u>18-153</u>	Engineer Date Stamped:	<u>4/19/18</u>
LTAR/Soil Type: <u>0.20 / 4</u>	Groundwater: <u>PP1/</u> <u>PP2</u> Bedrock: <u>PP1/</u> <u>PP2</u>	
Minimum Requirements: Tank Capacity: <u>1000</u>	Soil Treatment Area:	<u>1575</u>
System Feed: <input checked="" type="checkbox"/> Gravity <input type="checkbox"/> Pump to Gravity <input type="checkbox"/> Pressure Dosed <input type="checkbox"/> Other:		
System Media: <input checked="" type="checkbox"/> Chambers <input type="checkbox"/> Rock and Pipe <input type="checkbox"/> Other	Soil Treatment Area: <input checked="" type="checkbox"/> Trenches <input type="checkbox"/> Bed	
Additional Comments: _____		

E.H. Specialist: <u>Neil May</u>	Date: <u>11 May 18</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied