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### Environmental Health Division

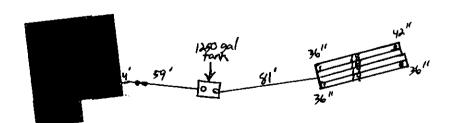
1675 W. Garden of the Gods Rd., Suite 2044 Colorado Springs, CO 80907 (719) 578-3199 phone (719) 575-8664 fax

www.elpasocountyhealth.org

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| ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION FO                                      | ORM ON-SITE ID: <u>ON0034176</u> P   |
|--|--|
|  | APN# <u>5116000001</u>   |
|  | DATE: 7/24/2015  |
| APPROVED YES NO Environmental Health Specialis   | t: <u>Neil Mayes</u>   |
| Address: 8055 Walker Rd Colorado Springs CO 80908                                      | Owner: David Johnson   |
| Residence: 🔀 #Bedrooms: 4 Commercial: 🗌 System Installer: Kunau                        | Drilling LLC   |
| SEPTIC TANK: Construction Material Concrete Capacity Gallon                            | 1250   |
| SOIL TREATMENT AREA:   |  |
| Trench: Depth (Range): Width: Total Length:  | Sq. Ft.:   |
| Bed: Depth (Range): Width: Total Length:   | Sq. Ft.:   |
| Depth of Rock: Under PVC: Type of cover o  | n Rock:  |
| <b>SEEPAGE PITS:</b> # of Pits: Working Depth #1: #2: Size (L x                        | W) #1 #2 Total Sq. Ft  |
| CHAMBER SYSTEMS:   |  |
| Type of Chamber: Quick 4 STD #Chambers: 74 Sq. Ft./Chamber: 12                         | Bed: 🛛 Trench: 🔲 Depth (Range): 36"-42"                                      |
| Sq. Ft. Required (10-1): <u>1050</u> Sq. Ft. Required (10-2): <u>1260</u> Sq. Ft. R    | equired (10-3): <u>882</u> Sq. Ft. Required for Diverter Valve: <u>(10</u> - |
| 2)/(2)   |  |
| Sq. Ft. Installed: 888   |  |
| Engineer Design: Y N Engineering Firm: Approval Letter F                               | rovided: Y 🔲 N 🔲   |
| Well installed at time of OWTS inspection: Y $\boxtimes$ N $\square$ Public Water: Y   | □ N□   |
| *Approval will be revoked if in the future the well is found to be within 50 feet of t | he septic tank and/or 100 feet of the soil treatment area.                   |
| Notes:   |  |







1/4"=20'

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: DAVID JOHNSON 8055 WALKER RD COLORADO SPRINGS, CO 80908



# **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 1/7/2015 To 1/7/2015

PERMITEE:

**DAVID JOHNSON** 8055 WALKER RD **COLORADO SPRINGS, CO 80908** 

Onsite ID: ON0034176

Tax Schedule #: 5118000001

Permit Issue Date: 12/29/2014

**Dwelling Type: RESIDENTIAL** 

# of Bedrooms (if Res): 4

Proposed Use (if Comm):

Designed Gallons/Day:

Water Source: PRIVATE WELL

**OWNER NAME:** 

**DAVID JOHNSON** 

#### **System Installation Requirements:**

#### The OWTS must be installed per the stamped and approved Design Document dated 12/29/2014.

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



Reviewed 2014 approved fee (4/10/2014)

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

| APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT   |
|---|
| NEW PERMIT MAJOR REPAIR PERMIT MINOR REPAIR PERMIT  |
| Owner DHUD AND LORRAUNE TOHNON Daytime Phone 719-290-0223   |
| System Installer Kunau Orling Daytime Phone   |
| Property Address 8055 WALKER NOAD City and Zip COLORADO PMMGS-80408   |
| Legal Description SECHIB TOWNSHIP 115, DANGE 65W ELDAKOCTY-CO. Tray LAND IN W25   |
| Owners Mailing Address 18170 RADX DOND - COLORADO (PILLINGS. CO. POGOD SEC16-11-1   |
| Email Address DLHS 1991 D HOL COM Fax #   |
| Tax Schedule # 511600000 Lot Size 40.3 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  |
| Pick up: Email:   |
|   |
| CURRENT FEES AS APPROVED BY THE EI PASO COUNTY BOARD OF HEALTH  |
| New Permit: \$630.00 (EPCPH Charge) + \$147.00 (EPC Planning Dept. Surcharge) + \$23.00 (CDPHE Surcharge) = \$800.00  |
| Major Repair Permit: \$515.00 (EPCPH Charge) + \$23.00 (CDPHE Surcharge) = \$538.00   |
| Minor Repair Permit: \$230.00 (EPCPH Charge) + \$23.00 (CDPHE Surcharge) = \$253.00   |
| 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.    Compared to the date of issuance   Compared to the da |
| 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: Johnson South Date: 22 bbc 2014   |
| Site Insp. Date: 17/15 Soil Test Results: Permit #ONOG 34176  |
|   |
| E.H.S. Review Notes:  |
|   |
|   |
| Date to: E.P.C. Development Services 12/23/14 Flood Plain and Enumerations 12/23/14   |
|   |
|   |
| Permit Requirements:  |
|   |
|   |
|   |
| <del></del>   |
|   |
| Min South Tout County   |
| Min. Septic Tank Capacity Min. Soil Treatment Area  |
| E.H. Specialist / Col / Col / Date / / 7/15 XApproved Denied  |
| E.H. Specialist / Col / Lange Date 1/9/15 Approved Denied   |