

Engineer Design: Y 🛛 N 🗌

Notes:

Well installed at time of OWTS inspection: Y

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

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION FORM	ON-SITE ID:	ON0049119	
	APN# ·	5125402007	
	DATE:	1.24.2018	P
APPROVED YES NO Environmental Health Specialist: Kat McGarvy			
Address: 11721 Smokey Hill Grv Colorado Springs CO 80908 Owner: Tim and Nancy Jeffersor	<u>1</u>		
Residence: 🛛 #Bedrooms: 5 Commercial: 🗌 System Installer: Backehoe Services			
SEPTIC TANK: Construction Material <u>concrete</u> Capacity Gallon <u>1250 gallon</u> , <u>500 gallo</u>	n pump	•	
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 on Rock:			
SEEPAGE PITS: # of Pits: Working Depth #1: #2: Size (L x W) #1 #2	Total:	Sq. Ft	
CHAMBER SYSTEMS:			
Type of Chamber: ARC 36 #Chambers: 72 Sq. Ft./Chamber: 15 Bed: 🗌 Trench: 🔀 Depth	ı (Range): <u>abo</u> v	<u>ve grade</u>	
Sq. Ft. Required (10-1): <u>1500</u>	Sq. Ft. Required	with DV: (10-2)/(2)	

See attached GeoQuest LLC record drawing dated 2.9.18

Engineering Firm: GeoQuest LLC

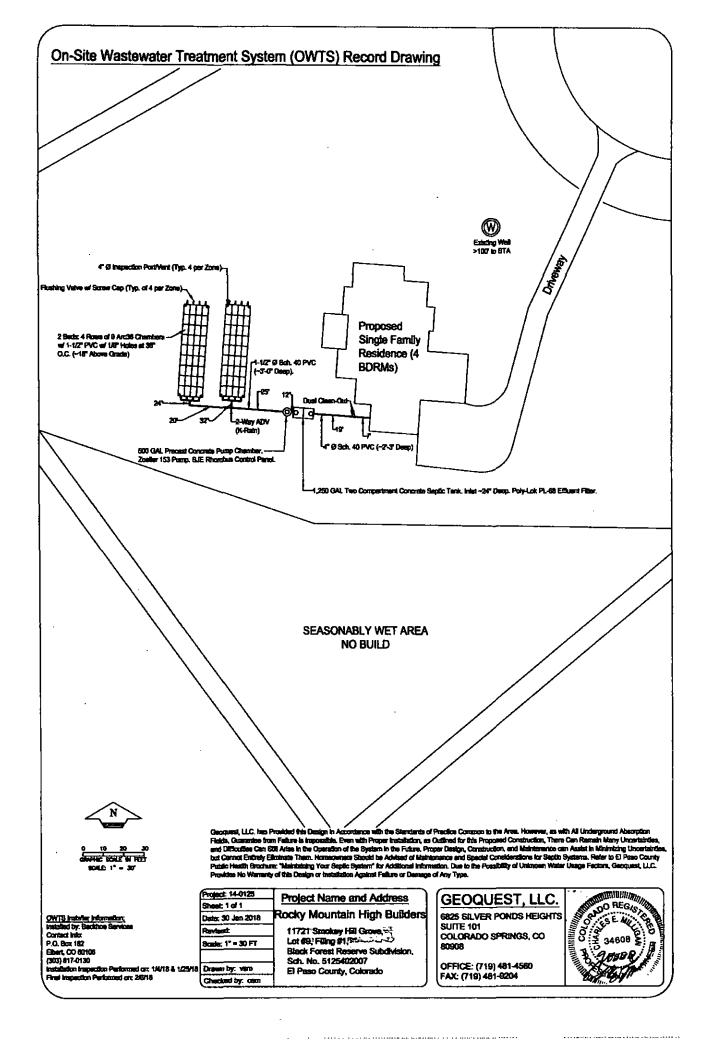
N  $\square$ 

Dump 24.85 pm@ 26' head 100 gal I dose

Public Water: Y

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

Approval Letter Provided: Y 🛛 N 🗌



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, Permil/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: TIM & NANCY JEFFERSON 11721 SMOKEY HILL GRV 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 2/28/2017 To 2/28/2018

PERMITEE:

TIM & NANCY JEFFERSON 11721SMOKEY HILL GRV COLORADO SPRINGS, CO 80908

Onsite ID: ON0049119
Tax Schodule #: 5125402007

Pormit Issue Date: 02/28/2017

Dwelling Type: RESIDENTIAL

OWNER NAME:

**TIM & NANCY JEFFERSON** 

# of Bedrooms (if Res): 5
Proposed Use (if Comm):
Designed Gallons/Day:

Water Source: PRIVATE WELL

## System Installation Requirements:

- \* Engineer designed pressure dosed system to be installed per Geoquest design document (14-0125) stamped and dated 2/3/2017.
- \* System must be installed by a tier 2 licensed septic installer.
- \* Must maintain a minimum 100' setback to any existing well and 10' to any property line.
- \* Engineered asbuilt and certification letter must be received prior to approval.
- \* Any changes or modification to the approved system will require health department approval.
- \* Questions contact Matthew Bondi at 719-244-6177.

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 (normit).

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



1675 W. Garden of the Gods Rd., Suite 2044 Colondo Springs, CC) 80907 (719) 578-3199 (719) 578-3188 fm: www.elpasocountybealth.org

فنوي المساور والمساور
APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT
NEW PERMIT ☐ MAJOR REPAIR PERMIT ☐ MINOR REPAIR PERMIT
Owner Tim & Nancy Jefferson Daytime Phone 719 333-2359
System Installer Backhoe Services Daytime Phone 303 817-0130
Property Address 11721 Smokey Hill Grove City and Zip Colo Spgs 80908
Legal Description Lot 9 Filing 1 Black Forest Reserve
Owners Mailing Address
Email Address timmiamm@sbcglobal.net Fax # N/A
Tax Schedule # 5125402007 Lot Size 2.5 scre
Site Located Inside City Limits Yes X No Primary Contact Owner X Contractor
Proposed Use: 🔯 Single Family. 🔲 Multi-Family 🔲 Commercial
Water Supply: □ Well □ Cistern □ Municipal Number of Bedrooms 5
CURRENT FEES AS APPROVED BY THE ELPASO COUNTY BOARD OF HEALTH
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
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.
Country that the information provided on this application is in compliance with Section 8.3, Chapter 8 of the Onits Westerness System (OWS) Regulations of the El
Paso County Board of Hestin. I also authorize the Assistance representative of II Paso County Public Health to enter onto this property in order to obtain information Successary for the basence of a portion.
Applicants Signature Date: 1-31-2017
Site Insp. Date: 2/3/17 Perc. Rate: 135 Permit #000049119
E.H.S. Review Notes:
E.ILO. REVIEW NOICS.
Date to: E.P.C. Development Services 2317 Flood Plain and Enumerations 2617
<u></u>
Permit Requirements:
Engineer de signed pressure desert system.
100
<u> 150                                   </u>
Min. Segtic Tank Caracity Min. Absorption Area
E.H. Specialist Matt Ton Date 2/15/17 Approved Denied
E.H. Specialist Date 2/15/1/ Approved Denied

Reviewed 2016 approved fee (12/30/2015)

