

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

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On-site ID: ON0033998 Tax schedule (APN) #: 5229006001 Permit Type: New ☐ Major ☒ Minor ☐
Environmental Health Specialist: M. Bondi Final Inspection Date: 5/16/18 Approved: YES ☒ NO ☐

Residential Property Information:

Owner: Low Miller LLC Address: 10345 Black Forest Rd Approved No. Bedrooms: 3
Water supply: Municipal ☐ Well ☒ Cistern ☐ Date well installation verified: 5/16/18 GPS of Well: 38.980951°N 104.698724°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: 3 LTAR: .35 Limiting Layer: ☒ Groundwater 8' ☐ Bedrock _____

OWTS Tank: Capacity (gallons): 1000

Soil Treatment Area (STA): Sq. Ft. (10-1): 810 Sq. Ft. (10-2): _____ Sq. Ft. (10-3): _____ Sq. Ft. (with Diverter Valve): _____

Final system installation:

Licenses Installer: Tier 1 ☐ Tier 2: ☒ Homeowner: ☐ Installer: TCS Septic

OWTS Tank: Construction Material: Concrete Capacity (gallon): 1000 Existing ☐ New ☒
GPS Location of tank: 38.980815°N 104.699296°W

OWTS Pump Tank: YES ☒ NO ☐ Capacity (gallon): _____ Audio/visual Alarm: YES ☐ NO ☐

Pump (Gal/dose): siphon pump to gravity Dose: _____ Total Dynamic Head: _____ Elevation difference: _____

Soil Treatment Area (STA): GPS Location: 38.980726°N 104.699452°W Total Sq. Ft installed: 810

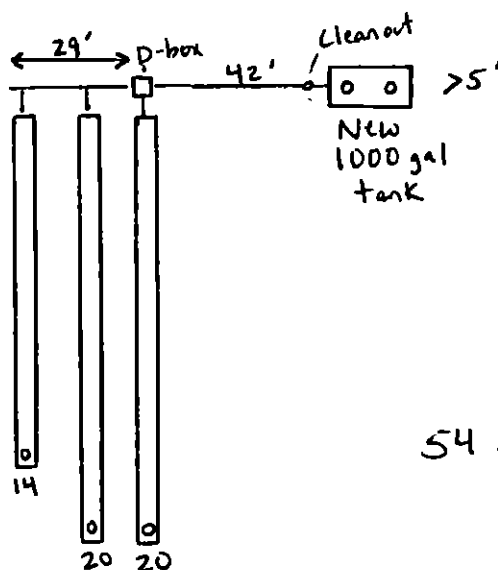
Configuration: Trench ☐ Bed ☐ Distribution: Gravity ☐ Pump to Gravity ☐

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

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

☒ Chambers: Type: Arc 36 Sq. Ft/chamber: 15 No. Chambers: 54 Installation Depth (range): 24-36"

Record Drawing:

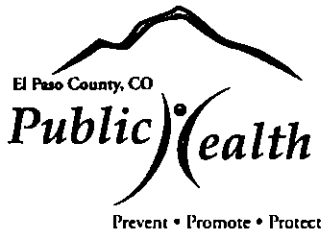


• Well
> 50' to tank
> 100' to STA

54 Arc 36 chambers

Attn: LOWMILLER LLC
10345 BLACK FOREST RD
COLORADO SPRINGS, CO 80908

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

MAJOR REPAIR PERMIT - OWTS

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

PERMITEE :

LOWMILLER LLC
10345 BLACK FOREST RD
COLORADO SPRINGS, CO 80908

OWNER NAME :

LOWMILLER LLC

Onsite ID: ON0033998

Tax Schedule # : 5229006001

Permit Issue Date: 05/11/2018

Dwelling Type: RESIDENTIAL

of Bedrooms (if Res): 3

Proposed Use (if Comm):

Designed Gallons/Day:

Water Source: PUBLIC WATER

System Installation Requirements:

- A Conventional non-engineered OWTS system to be installed on site, requiring a minimum of Tier I licensed installer to be named prior to final approval.
- System installation includes pump to gravity system with d-box to chamber in trenches, max installation depth of 48" due to groundwater evidence at 96". Minimum tank requirements 1000 gallons and 810 sq ft of soil treatment area (68 Q4 / 54 Arc 36 chambers required).
- Choice for a gravity fed system was given, installer chose to install pump to gravity.
- The system must be installed per approved design document signed and dated 5.11.2018, 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.
- Ensure that all work is completed prior to contacting and requesting final line for inspection, otherwise additional fees may be incurred.

22nd May 5/11/18

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10345 BLACK FOREST RD
COLORADO SPRINGS, CO 80908

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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

530009181 AR0013348 ON0033998

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

Property Information:

Property Address: 10345 Black forest Rd. City and Zip: CS Co 80908
 Legal Description: lots 123 of Block 18 Park forest Estate File No 2 El Paso Co Colorado
 Tax Schedule #: 522 900 6001 Lot size: 7.69 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: Tom Miller LLC Daytime Phone: 719 492 6818
 Owners Mailing Address: 3811 Ohio Street Bellingham Wash 98229
 Email Address: TMcCobb@gmail.com Fax #: _____
 General Contractor: TCS Seprie Phone/Email: 719 492 6818

OWTS Installer Information: ☐ Primary Contact

System Installer: TCS Seprie Daytime Phone: 719 492 6818
 Email Address: TMcCobb@gmail.com 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.

Replace Tank with New 1000 Gallon Tank Abandon existing
STP + Install New STA

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: 4/22/18

Chelsoa

- 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.

Woodman east to Black Forest Rd North
 to 10345 Black Forest Rd on Right

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

Permit #: _____ Site Inspection date: 4-27-18

Date Approvals Rcvd: Development Services: _____ Floodplain/enumerations: _____

Design: ☒ Conventional ☐ Engineer

Design Engineer: _____

Engineer Job #: _____ Engineer Date Stamped: 5-11-18

LTAR/Soil Type: 0.35/type 3 Groundwater: 8' PP1/ 8' PP2 Bedrock: / PP1/ / PP2

Minimum Requirements: Tank Capacity: 1,000 gallons Soil Treatment Area: 816 ft²

System Feed: ☐ Gravity ☒ Pump to Gravity ☐ Pressure Dosed ☐ Other: _____

System Media: ☒ Chambers ☐ Rock and Pipe ☐ Other Soil Treatment Area: ☒ Trenches ☐ Bed

Additional Comments: Groundwater encountered at 8' in pits 1+2
max install depth of 48". Design Siphon chosen over gravity system
 $4SD/0.35 = 1285(0.9) = 1157(0.7) = 810 \text{ ft}^2$, $810/12 = 67.5$ or $810/15 = 54 \text{ Acres}$

E.H. Specialist: Colleen Speer Date: 5-11-18 ☒ Approved ☐ Denied