

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



On-site ID: ON0028782

Tax schedule (APN) #: 5300000122

Permit Type: Minor repair

Environmental Health Specialist: Kevin Bolinsky

Final Inspection Date: 12.27.2019

Approved: Yes

**Residential Property Information:**

Owner: Stuck Michael D & Tammy L Address: 4370 N Meridian RD, Peyton, CO 80831 Approved No. Bedrooms: 3

Water supply: Well Well Installation verified: 12.27.2019 Well Location GPS: Well outside 50' to Tank

*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 (in-situ) Type: NA LTAR (In-situ soil): NA Limiting Layer: Groundwater: N/A Bedrock: N/A  
OWTS Tank: Capacity (gallons): 1000 OWTS Pump Tank: Capacity (gallons): N/A  
Soil Treatment Area (STA): Sq. Ft. (10-1): N/A Sq. Ft. (10-2): N/A Sq. Ft. (10-3): N/A Sq. Ft. (with Diverter Valve): NA

**Final system installation:**

Licensed Installer: Property Owner Installer: Property Owner

Treatment Level: 1

OWTS Tank: GPS Location: 38 53.45'N, 104 36.33'W

Tank Type: New Concrete Capacity (gallon): 1500

OWTS Pump Tank:

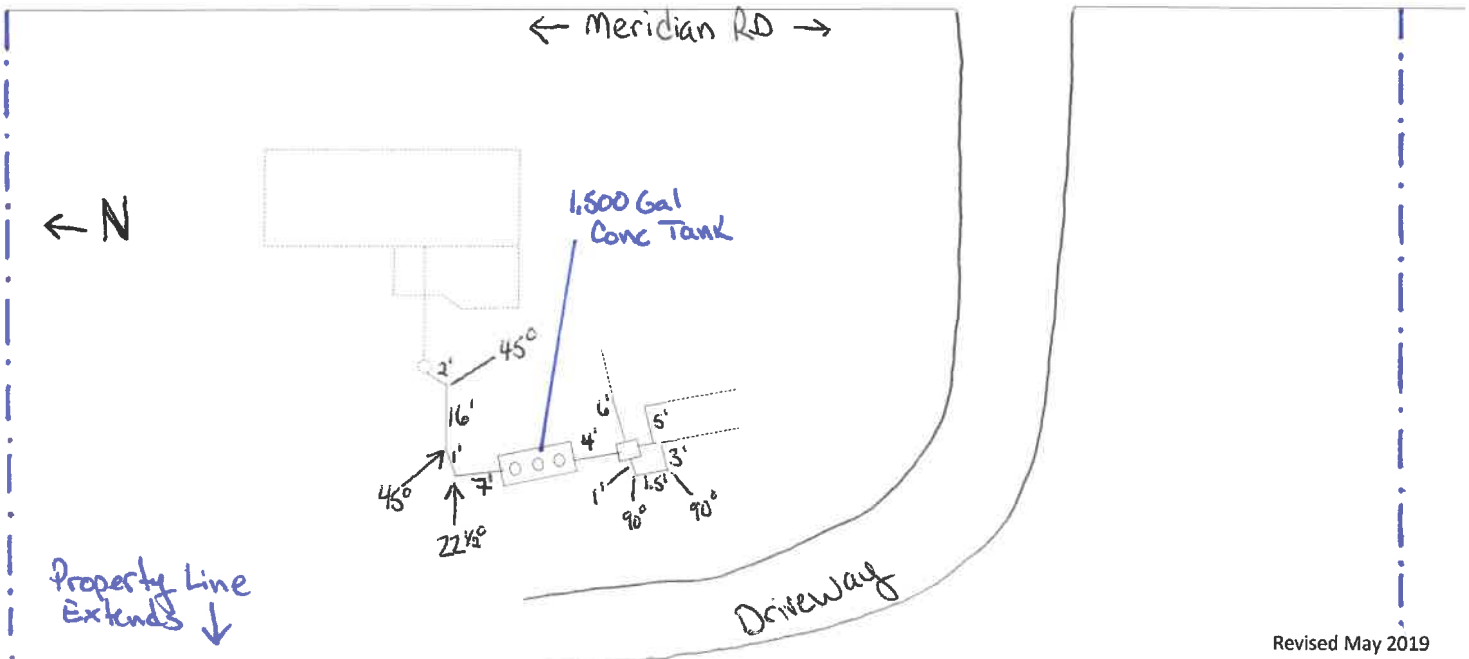
Tank Type: NA Capacity (gallon): NA Audio/Visual Alarm: NA

OWTS Pump: N/A

Soil Treatment Area (STA): GPS Location: N/A Total Sq. Ft installed: N/A

Configuration: NA Distribution: Gravity  
Distribution Media: Chambers Infiltrative Surface Depth: N/A  
Distribution Area Length: N/A Distribution Area Width: N/A  
Media Type: NA Total installed: N/A

Notes: Not to scale. Tank replacement with new Distribution box and laterals to existing tie ins.



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: STUCK MICHAEL D & TAMMY L  
4370 N MERIDIAN RD  
PEYTON, CO 80831-7713



**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 12/18/2019 To 12/18/2020

PERMITEE : STUCK MICHAEL D & TAMMY L  
4370 N MERIDIAN RD  
PEYTON, CO 80831-7713

Onsite ID: ON0028782  
Tax Schedule #: 5300000122  
Permit Issue Date: 12/18/2019  
Dwelling Type: RESIDENTIAL  
# of Bedrooms (if Res): 3  
Proposed Use (if Comm):  
Designed Gallons/Day:  
Water Source: PRIVATE WELL

OWNER NAME : STUCK MICHAEL D & TAMMY L

### System Installation Requirements:

- Permit is issued for a tank replacement only; minimum 1000 gallon tank must be installed
- Old tank must be abandoned according to EPCPH Chapter 8 regulations.
- All horizontal setbacks must be maintained when installing tank, sanitary Tee (5" above and 8" below operational level) and effluent filter must be installed
- Tank must remain uncovered for final inspection; well installation must be complete at time of final inspection

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

Environmental Health Division

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

El Paso County, CO



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530014236 AR0017013 ON0028782

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

**Property Information:**

Property Address: 4370 N. MERIDIAN ROAD City and Zip: Penix, CO 80831

Legal Description: \_\_\_\_\_

Tax Schedule #: 530000122 Lot size: 5 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: Michael & Tammy Stuck Daytime Phone: 719-499-5537

Owners Mailing Address: 4460 N MERIDIAN ROAD Penix, CO 80831

Email Address: 92hdride@gmail.com Fax #: 92HDRLIDE@gmail.com

General Contractor: SELF Phone/Email: \_\_\_\_\_

**OWTS Installer Information:**  Primary Contact

System Installer: Home owner Daytime Phone: 719-499-5537

Email Address: SAME 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
- Modification Permit:** \$675.00 (EPCPH Charge) + \$23.00 (CDPHE Surcharge) = \$698.00
- 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.**

Install new septic tank 1250

**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 backside 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 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: M. Stuck Date: 12-6-19

Kevin

- 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.

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

**Permit #:** \_\_\_\_\_ **Site Inspection date:** \_\_\_\_\_  
**Date Approvals Rcvd:** Development Services: N/A Floodplain/enumerations: N/A  
**Design:**  Conventional  Engineer **Design Engineer:** \_\_\_\_\_  
**Engineer Job #:** N/A **Engineer Date Stamped:** N/A  
**LTAR/Soil Type:** N/A **Groundwater:** N/A **PP1/N/A** **PP2** **Bedrock:** N/A **PP1/** N/A **PP2**  
**Minimum Requirements:** Tank Capacity: 1,000 Soil Treatment Area: N/A  
**System Feed:**  Gravity  Pump to Gravity  Pressure Dosed  Other: \_\_\_\_\_  
**System Media:**  Chambers  Rock and Pipe  Other **Soil Treatment Area:**  Trenches  Bed  
**Pump specs:** Tank capacity: \_\_\_\_\_ gal Gal/dose: \_\_\_\_\_ Flow: \_\_\_\_\_ gpm Total Dynamic Head: \_\_\_\_\_'  
**Additional Comments:** New tank, min 1,000 gal  


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**E.H. Specialist:** *K-M Tober* **Date:** 12/11/2019  Approved  Denied

*gm 12/12/19*