

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

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On-site ID: 0N0049651 Tax schedule (APN) #: 5728004026 Permit Type: New ☒ Major ☐ Minor ☐
Environmental Health Specialist: M. Bondi Final Inspection Date: 7/23/18 Approved: YES ☒ NO ☐

Residential Property Information:

Owner: Gary Smith Address: 20201 Landend Ct Approved No. Bedrooms: 4
Water supply: Municipal ☒ Well ☐ Cistern ☐ Date well installation verified: _____ GPS of Well: _____

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: 1 LTAR: .8 Limiting Layer: ☐ Groundwater ☐ Bedrock _____

OWTS Tank: Capacity (gallons): 1250

Soil Treatment Area (STA): Sq. Ft. (10-1): 460 Sq. Ft. (10-2): _____ Sq. Ft. (10-3): _____ Sq. Ft. (with Diverter Valve): _____

Final system installation:

Licenses Installer: Tier 1 ☒ Tier 2: ☐ Homeowner: ☐ Installer: All Seasons

OWTS Tank: Construction Material: Concrete Capacity (gallon): 1250 Existing ☐ New ☒

GPS Location of tank: 38.537016°N 104.071667°W

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

Pump (Gal/dose): _____ Dose: _____ Total Dynamic Head: _____ Elevation difference: _____

Soil Treatment Area (STA): GPS Location: 38.537114°N 104.071472°W Total Sq. Ft installed: _____

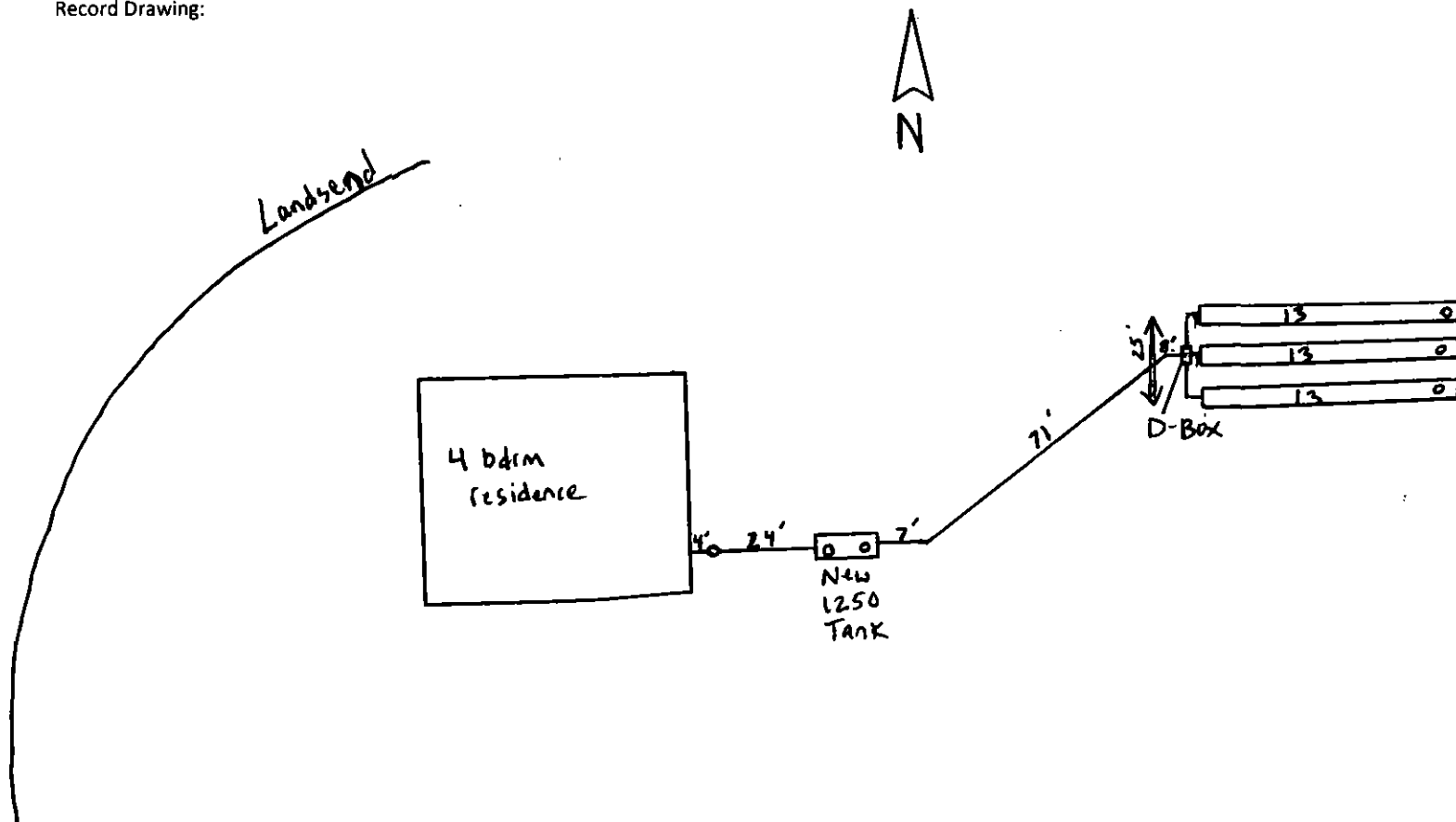
Configuration: Trench ☒ Bed ☐ Distribution: Gravity ☒ Pump to Gravity ☐

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

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

☒ Chambers: Type: Quick 4 Sq. Ft/chamber: 12 No. Chambers: 39 Installation Depth (range): 6-24"

Record Drawing:



Attn: GARY SMITH
20201 LANDSEND CT
FOUNTAIN, CO 80817

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

NEW SYSTEM PERMIT - OWTS

Valid From 5/23/2018 To 5/23/2019

PERMITEE :

**GARY SMITH
20201 LANDSEND CT
FOUNTAIN, CO 80817**

Onsite ID: ON0049651

Tax Schedule #: 5728004026

Permit Issue Date: 05/23/2018

Dwelling Type: RESIDENTIAL

OWNER NAME :

GARY SMITH

of Bedrooms (if Res): 4

Proposed Use (if Comm):

Designed Gallons/Day:

Water Source: PUBLIC WATER

System Installation Requirements:

- System installation includes gravity fed system to chambers in trenches, max installation depth of 48".
- Minimum tank requirement is 1250 gallons and 460 sq ft of soil treatment area (39 Q4 / 31 Arc 36 chambers required).
- The system must be installed per approved Jesik Consulting non-engineered design document #17-7302-8 signed and dated 5.22.2018, 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.
- Property is on public water. No well will be located on property.
- Ensure that all work is completed prior to contacting and requesting final line for inspection, otherwise additional fees may be incurred.

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.

SR009333 AB0013494 ON0049651

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

Property Information:

Property Address: 20201 LANSEND CT. City and Zip: FOUNTAIN 80817

Legal Description: LOT 22 SANDCREEK PRESERVE

Tax Schedule #: 5729004026 Lot size: 4.58 AC

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: 4

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

Owner Information: ☒ Primary Contact

Owner: GARY SMITH Daytime Phone: 719 491 1671

Owners Mailing Address: P.O. Box 25068, COLO. SPRGS., CO 80936

Email Address: GARY SMITH 719 2 COMCAST-NET Fax #: _____

General Contractor: SAME Phone/Email: _____

OWTS Installer Information: ☐ Primary Contact

System Installer: ALL SEASONS EXCAVATION Daytime Phone: 871-680-7173

Email Address: EXCAVATION 75 @ MSN .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:** \$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

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.

BUILD HOUSE WITH ATTACHED GARAGE ON CRAWL SPACE FOUNDATION TO INCLUDE REAR PATIO & FRONT PORCH. INSTALL UNDER GROUND ELECTRIC WATER SERVICE. INSTALL PROPANE TANK WITH UNDER GROUND SUPPLY LINE TO HOUSE. HAVE CONTRACTOR INSTALL ON-SITE WASTE WATER TREATMENT SYSTEM. FINE GRADE AROUND HOUSE. INSTALL GRAVEL DRIVEWAY FROM GARAGE TO ROAD.

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: _____

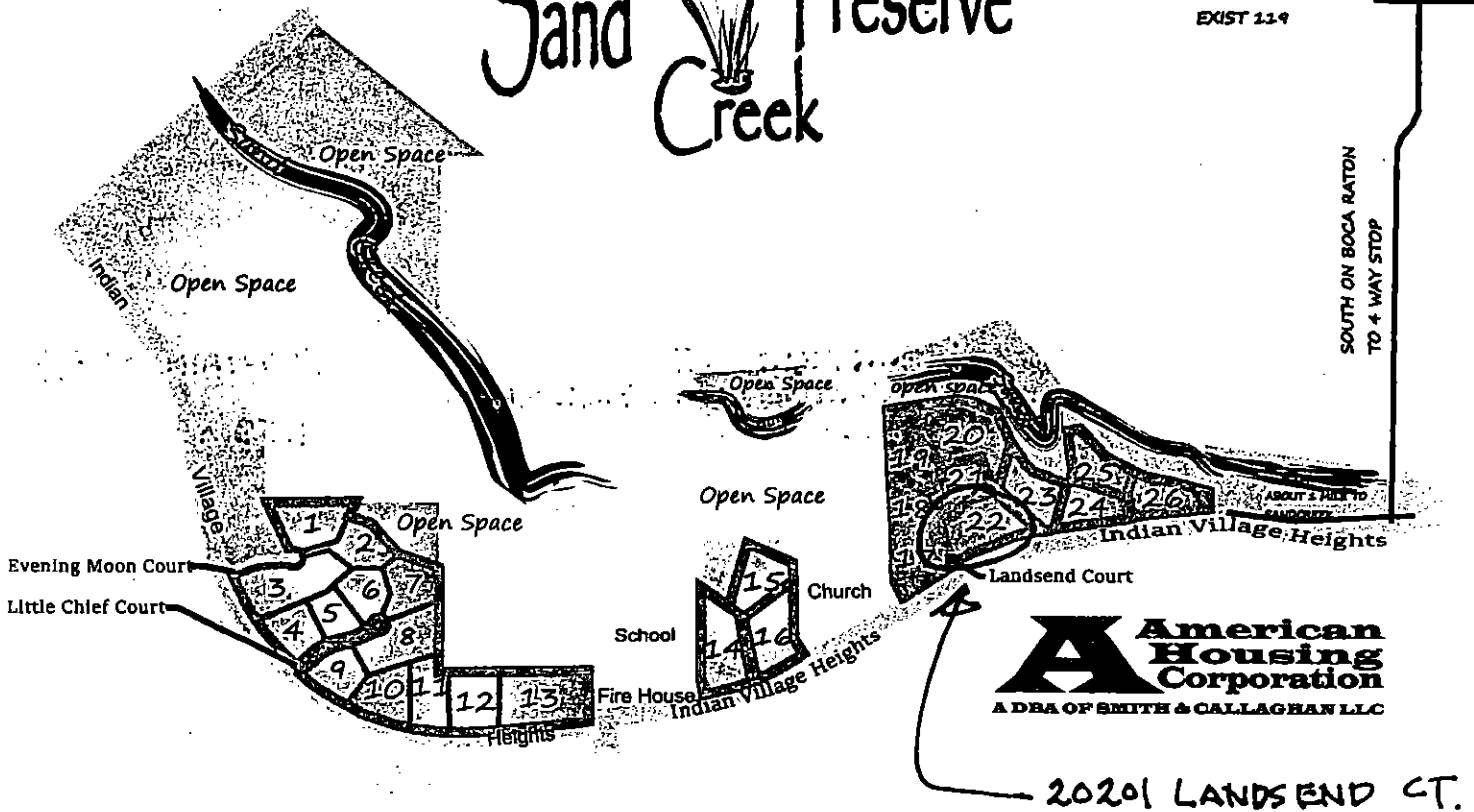
Date: 3/11/10

Chelsec

Sand Creek Preserve

RANCHO COLO BLVD
EXIST 119

SOUTH ON BOCA RATON
TO 4 WAY STOP



American Housing Corporation
A DBA OF SMITH & CALLAGHAN LLC

20201 LANSEND CT.

Permit #:	Site Inspection date: <u>5-22-18</u>		
Date Approvals Rcvd:	Development Services: <u>5-18-18</u>	Floodplain/enumerations: <u>5-21-18</u>	
Design:	<input checked="" type="checkbox"/> Conventional <input type="checkbox"/> Engineer	Design Engineer: _____	
Engineer Job #:	Engineer Date Stamped: <u>5-22-18</u>		
LTAR/Soil Type: <u>0.8 / type 1</u>	Groundwater: <u>PP1/</u>	PP2 Bedrock: <u>PP1/</u>	PP2
Minimum Requirements: Tank Capacity: <u>1250</u>	Soil Treatment Area: <u>460 ft²</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: <u>Groundwater + bedrock not encountered. Max install depth of 48"</u> <u>525/0.8 = 656 (1.0) = 656 (0.77) = 460 ft² 460/12 = 39' 0" or 460/15 = 31' 0" 36</u> <u>Property is on public water No well will be on property</u>			
E.H. Specialist: <u>Oliver S. Jones</u>	Date: <u>5-22-18</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	