



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: ON0048743 P
APN # 6110003001
DATE: 6/16/16

APPROVED YES NO Environmental Health Specialist: Neil Mayes
Address: 3640 Sand Tail Ct, CS CO 80908 Owner: Bassam Norma Chedid
Residence: #Bedrooms: 6 Commercial: System Installer: Kunav Drilling LLC

SEPTIC TANK: Construction Material Concrete Capacity Gallon 2250

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: Quick 4" LP #Chambers: 20 Sq. Ft./Chamber: Bed: Trench: Depth (Range): 30"-48"
Sq. Ft. Required (10-1): 1715 Sq. Ft. Required (10-2): 1715 Sq. Ft. Required (10-3): 1200 Sq. Ft. Required for Diverter Valve: (10-2)/(2)
Sq. Ft. Installed: 1440

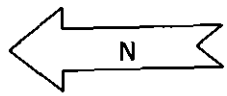
Engineer Design: Y N Engineering Firm: Approval Letter Provided: Y N

Well installed at time of OWTS inspection: Y N Public Water: Y N

*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.

Notes:
See following page for as-built drawing. All pipe is 4" SCH 40.

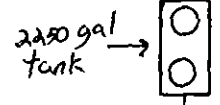
Sand Tail CT



Well

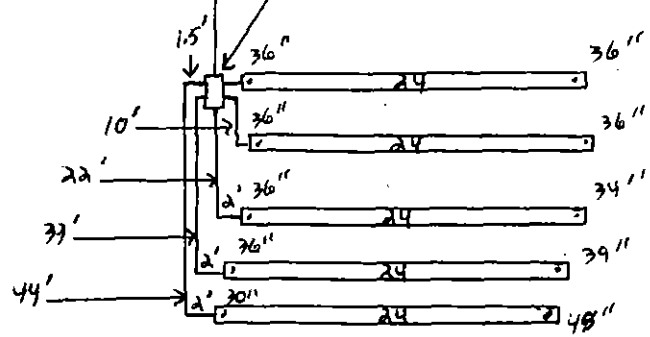


21' →



48' →

O-box



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: BASSAM NORMA CHEDID
3640 SAND TAIL CT
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 1/19/2016 To 1/19/2017

PERMITEE :

BASSAM NORMA CHEDID
3640 SAND TAIL CT
COLORADO SPRINGS, CO 80908

Onsite ID: ON0048743

Tax Schedule # : 6110003001

Permit Issue Date: 01/19/2016

Dwelling Type: RESIDENTIAL

OWNER NAME :

BASSAM NORMA CHEDID

of Bedrooms (if Res): 5

Proposed Use (if Comm):

Designed Gallons/Day:

Water Source: PRIVATE WELL

System Installation Requirements:

- Per Rocky Mountain Group (RMG) soils data OWTS system to be engineered for treatment level 1
- Install system per approved design document RMG JOB #150621 stamped and dated 1.19.16
- As built drawing and PE certification letter required prior to final approval

The OWTS must be installed per the stamped and approved Design Document dated 01/19/2016.

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



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

Prevent • Promote • Protect

SB0004127 AB0008391

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

NEW PERMIT MAJOR REPAIR PERMIT MINOR REPAIR PERMIT

Owner BASSAN CHEED Daytime Phone IAN SWICKLY 719-209-0194

System Installer KUNAV Daytime Phone 719-683-3720

Property Address 3640 SAND TAIL CT. City and Zip CO. 80908?

Legal Description LOT 11 HAWK RIDGE WEST.

Owners Mailing Address 1225 DIAMOND RIM DR. CO. CO. 80921

Email Address SanctuaryCustomConstruction@yahoo.com Fax # _____

Tax Schedule # 6110203001 Lot Size 6 ACRE

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 5

Pick up: _____ Fax: _____ Email: SanctuaryCustomConstruction@yahoo.com

CURRENT FEES AS APPROVED BY THE EI PASO 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.

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: [Signature] Date: 1-7-2016

Site Insp. Date: 1/12/16 Perc. Rate: N/A Permit # 0N0048743

E.H.S. Review Notes: soils pits no perc.

Date to: E.P.C. Development Services 4/14/16 Flood Plain and Enumerations 1/13/16

Permit Requirements: _____

Min. Septic Tank Capacity _____ Min. Absorption Area _____

E.H. Specialist [Signature] Date 1/19/16 Approved Denied

* PLEASE CALL WHEN EMAILED 719-209-0194

Kat

- 1) A report is required per Section 8.5 A-E, "Site and Soil Evaluation", or Section 8.5 A-F if the OWTS requires design by a Colorado Registered Professional Engineer. If your permit application submittal is incomplete, the application will not be accepted.
- 2) Property address or lot number must be posted and clearly visible from the road. The percolation test holes and/ or soil profile test pit must be clearly marked or an additional charge for a return trip to the site may be assessed.
- 3) The proposed soil treatment area must be protected from compaction and disturbance by staking, fencing, posting or other effective method.
- 4) In the Box below, please provide complete and accurate directions to the property from a main highway.

