



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

ENGINEERED ON-SITE WASTEWATER TREATMENT SYSTEM FINAL INSPECTION FORM

P

On-site ID: ON0049941
Environmental Health Specialist: Kat McGarvy

Tax schedule(APN) #: 6136006002
Final Inspection Date: 8.26.2019

Permit Type: New
Approved: Yes

Residential Property Information:

Owner: Lon Frohling Address: 4945 Stagecoach Rd, Colorado Springs CO 80921 Approved No. Bedrooms: 4
Water supply: Well Well Installation verified: 8.26.2019 Well Location GPS: 39 03.228'N, 104 44.232'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 (in-situ) Type: 3A LTAR (In-situ soil): 0.3 Limiting Layer: Groundwater: 84" Bedrock: NONE
OWTS Tank: Capacity (gallons): 1500 OWTS Pump Tank: Capacity (gallons): N/A
Soil Treatment Area (STA): Sq. Ft. (10-1): 2000 Sq. Ft. (10-2): 2400 Sq. Ft. (10-3): 1680 Sq. Ft. (with Diverter Valve): N/A
NDDS (STA): Sq. Ft. (10-1): N/A NDDS Factor: N/A Sq. Ft. (NDDS adjustment): N/A
Mound (STA): LTAR (imported soil): N/A Chamber adjustment: N/A Distribution Area: N/A Basal Area: N/A

Engineering:

Design Engineer: GeoQuest Engineer design #: 18-0491
Date engineer record drawing/certification letter recieved: 12.16.19
Tier II Licensed Installer: Kunau Drilling

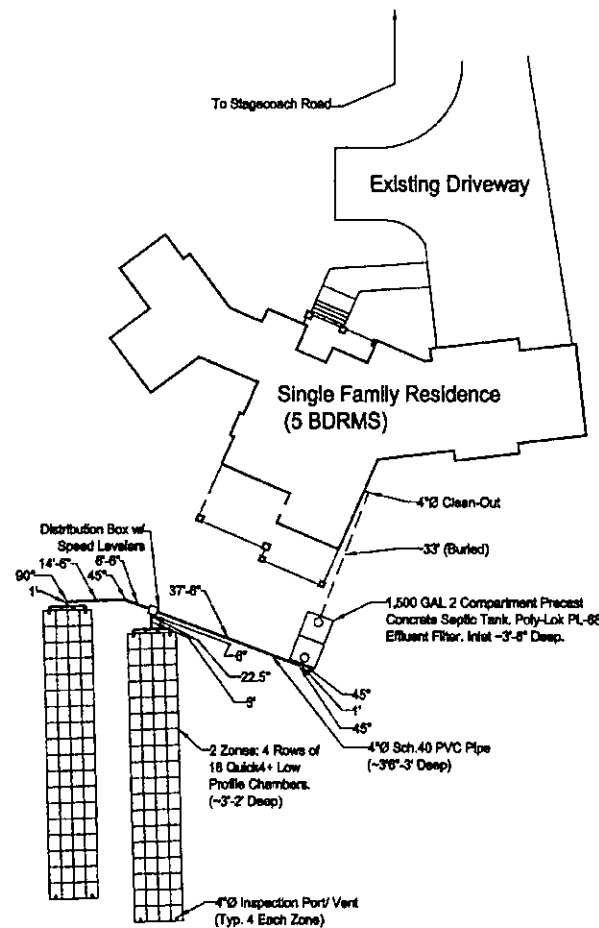
Final system installation:

Treatment Level: 1PD
Annual Operation and Maintenance Inspection: Required
OWTS Tank: GPS Location: 39 03.227' N, 104 44.261' W
Tank Type: New Concrete Capacity (gallon): 1500
OWTS Pump Tank:
Tank Type: None Capacity (gallon): N/A Audio/Visual Alarm: N/A
OWTS Pump: N/A
Gal/dose: N/A Flow(gpm): N/A Total Dynamic Head: N/A
Soil Treatment Area (STA): GPS Location: 39 03.223'N, 104 44.267' W
Configuration: Bed Distribution: Gravity
Distribution Media: Chambers Infiltrative Surface Depth: 24-36"
Distribution Area Length: 72' Distribution Area Width: 30'
Basal Area Length: N/A Basal Area Width: N/A
Media Type: Q4 LP (12 sq/ft) Total installed: 144 chambers Total Sq. Ft installed: 1728

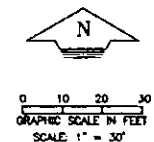
Notes:

On-Site Wastewater Treatment System (OWTS) Record Drawing

Geoquest, LLC. has Provided this Design in Accordance with the Standards of Practice Common to the Area. However, as with All Underground Absorption Fields, Guarantee from Failure is Impossible. Even with Proper Installation, as Outlined for this Proposed Construction, There Can Remain Many Uncertainties, and Difficulties Can Still Arise in the Operation of the System in the Future. Proper Design, Construction, and Maintenance can Assist in Minimizing Uncertainties, but Cannot Entirely Eliminate Them. Homeowners Should be Advised of Maintenance and Special Considerations for Septic Systems. Refer to El Paso County Public Health Brochure: "Maintaining Your Septic System" for Additional Information. Due to the Possibility of Unknown Water Usage Factors, Geoquest, LLC. Provides No Warranty of this Design or Installation Against Failure or Damage of Any Type.



Well Not Observed Within 100 FT of STA



OWTS Installer Information:

Installed by: Kurnau Drilling

Contact Info:

Tim Kurnau

(719) 663-3720

23945 Lucky Lane

Cathon, Colorado 80806

Installation Inspection Performed on: 8/26/19

Final Inspection Performed on: 11/18/19

Project: 18-0491

Sheet: 1 of 1

Date: 19 Nov 2019

Revised:

Scale: 1" = 30 FT

Drawn by: jtk

Checked by: cam

Project Name and Address

Lon Frohling

4945 Stagecoach Road,

Lot #73, Filing #1,

Flying Horse North Subdivision

Sch. No. 8136006002

El Paso County, Colorado

GEOQUEST, LLC.

6825 SILVER PONDS HEIGHTS

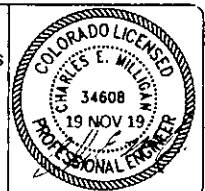
SUITE 101

COLORADO SPRINGS, CO

80908

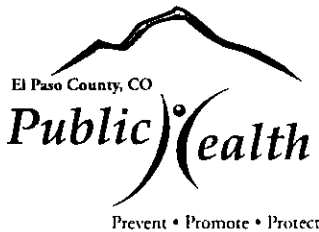
OFFICE: (719) 481-4560

FAX: (719) 481-9204



Attn: LON FROHLING
4945 STAGECOACH RD
COLORADO SPRINGS, CO 80921

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 3/21/2019 To 3/21/2020

PERMITEE :

LON FROHLING
4945 STAGECOACH RD
COLORADO SPRINGS, CO 80921

Onsite ID: ON0049941

Tax Schedule # : 6136006002

Permit Issue Date: 03/21/2019

Dwelling Type: RESIDENTIAL

OWNER NAME :

LON FROHLING

of Bedrooms (if Res): 4

Proposed Use (if Comm):

Designed Gallons/Day:

Water Source: PRIVATE WELL

System Installation Requirements:

- An Engineered OWTS system to be installed on site due to encountering groundwater between 84", requiring a Tier II licensed installer.
- TIER II LICENSED INSTALLER MUST BE NAMED AND VERIFIED PRIOR TO FINAL APPROVAL OF SYSTEM.
- System installation to include gravity chamber in bed, max installation depth of 36" due to ground water evidence. Minimum tank requirements 1500 gallon and 1680 sq ft of soil treatment area (140 Q4 / 112 Arc 36 chambers required).
- The system must be installed per approved GeoQuest design document #18-0491 stamped and dated 8.Dec.2018, changes to the approved design document must be submitted and approved by both the engineer and 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. Must maintain 100' set back to all wells on property or neighboring property.
- Engineered systems require the as built drawing and certification letter from the engineer be submitted to Public Health prior to final approval and Regional Building sign off
- Ensure that all work is completed prior to contacting and requesting final line for inspection, otherwise additional fees may be incurred.

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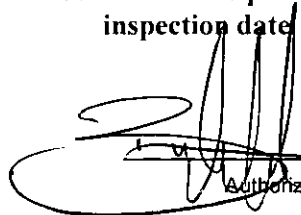


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This permit is issued in accordance with 25-10-106 Colorado Revised Statutes. The PERMIT EXPIRES upon completion/installation of the Onsite Wastewater Treatment System, or at the end of twelve (12) months from date of issue, whichever occurs first. 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

SP001116 AR0015120 ON00049941

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

Property Information:

Property Address: 4945 STAGE CREST City and Zip: CS 80921

Legal Description: LOT 73 PL 114 H 125E N 1/2 1/4

Tax Schedule #: 613 600 600 2 Lot size: 3.1 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: 4

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

Owner Information: ☒ Primary Contact

Owner: LON FROHLING Daytime Phone: 719-243-2508

Owners Mailing Address: 2293 RED EDGE HT CS CO 80921

Email Address: FROHLING@COMCAST.NET Fax #: _____

General Contractor: FROHLING ENTERPRISES Phone/Email: SAME

OWTS Installer Information: ☐ Primary Contact OUT FOR BIOS

System Installer: _____ Daytime Phone: _____

Email Address: _____ 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.

NEW ENGINEERED SYSTEM FOR 4 BRM
HOME

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: [Signature] Date: 2/14/19

Kat

- 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.

DIRECTIONS - HWY 83 TO SATEC VICT
EAST 2 MILES

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

Permit #: _____ Site Inspection date: 3/6/19

Date Approvals Rcvd: Development Services: 3/5/19 Floodplain/enumerations: 2/15/19

Design: ☐ Conventional ☒ Engineer Design Engineer: GeoQuest

Engineer Job #: 18-0491 Engineer Date Stamped: 8 Dec 18

LTAR/Soil Type: (1.3 / 3A) Groundwater: 84' PP1/~~none~~ PP2 Bedrock: none PP1/~~none~~ PP2

Minimum Requirements: Tank Capacity: 1500 Soil Treatment Area: 11680 (30' x 72')

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: $600 / 0.3 = 2000 (1.2) = 2400 (0.7) = 11680 (140.04 / 112 Area)$
max 30" instl depth

E.H. Specialist: [Signature] Date: 2/25/19 ☒ Approved ☐ Denied