

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

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On-site ID: 0N0049612 Tax schedule (APN) #: 715000024 Permit Type: New ☒ Major ☐ Minor ☐
Environmental Health Specialist: M. Bondi Final Inspection Date: 9/20/18 Approved: YES ☒ NO ☐

Residential Property Information:

Owner: Aspen View Homes Address: 1805 O'Leary Pt Downgraded by RBD to 4 bdrm
Approved No. Bedrooms: 4
Water supply: Municipal ☐ Well ☒ Cistern ☐ Date well installation verified: 9/20/18 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: 2A LTAR: .5 Limiting Layer: ☐ Groundwater ☐ Bedrock _____

OWTS Tank: Capacity (gallons): 1250

Soil Treatment Area (STA): Sq. Ft. (10-1): 1050 Sq. Ft. (10-2): 1200 Sq. Ft. (10-3): 882 Sq. Ft. (with Diverter Valve): _____

Final system installation:

Licenses Installer: Tier 1 ☐ Tier 2: ☒ Homeowner: ☐ Installer: KUNAU

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

GPS Location of tank: _____

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: _____ Total Sq. Ft installed: 900

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

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

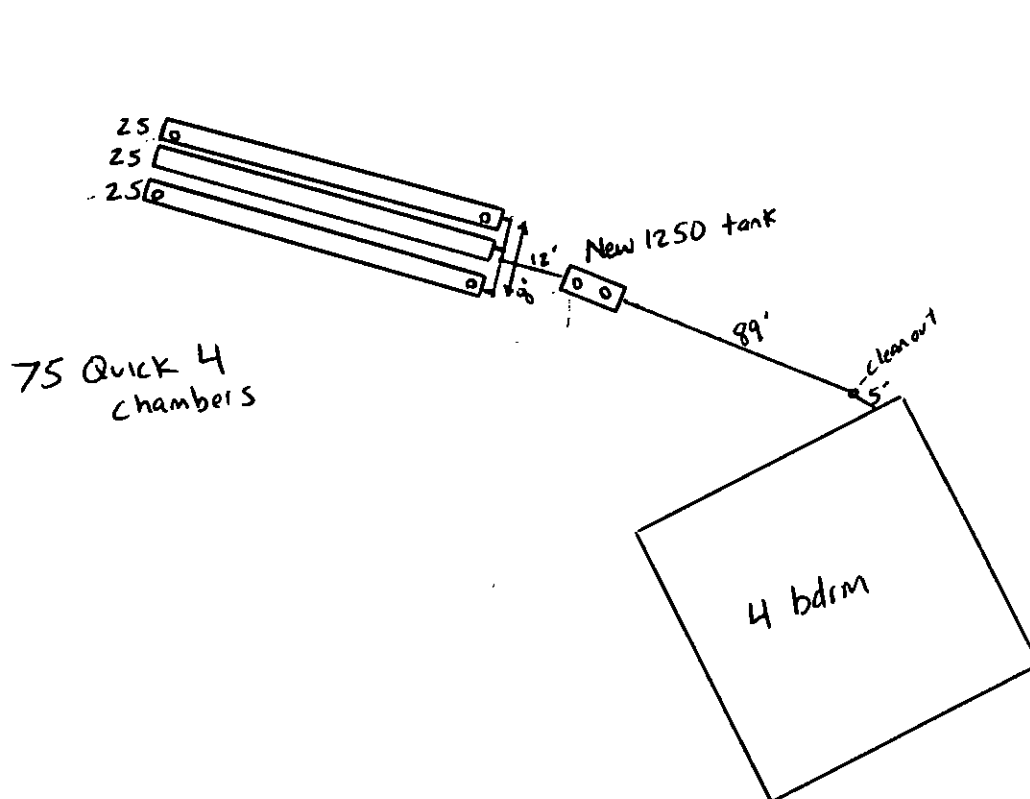
Depth of Rock(under pipe): _____ Type of cover on Rock: _____

☒ Chambers: Type: Quick 4 Sq. Ft./chamber: 12 No. Chambers: 75 Installation Depth (range): 18-36"

Record Drawing: _____

O'Leary Pt

System was
downgraded to
4 bdrm in RBD



• well >50' to tank
>100' to STA

September 20, 2017

Attn: ASPEN VIEW HOMES
1805 OLEARY PT
MONUMENT, CO 80132

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 5/8/2018 To 5/8/2019

PERMITEE :

ASPEN VIEW HOMES
1805 OLEARY PT
MONUMENT, CO 80132

OWNER NAME :

ASPEN VIEW HOMES

Onsite ID: ON0049612

Tax Schedule #: 713000024

Permit Issue Date: 05/08/2018

Dwelling Type: RESIDENTIAL

of Bedrooms (if Res): 4

Proposed Use (if Comm):

Designed Gallons/Day:

Water Source: PRIVATE WELL

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 gravity fed system with chamber in bed. Minimum tank requirements 1250 gallon and 882 sq ft of soil treatment area (74 Q4 / 59 Arc 36 chambers required).
- The system must be installed per approved RMG non-engineered design document #161895-4 signed and dated 2.26.2018, 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.

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.

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APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

Property Information:

Property Address: 1005 Clearing Point City and Zip: Monument 80132

Legal Description: Parcel 4

Tax Schedule #: 713000024 Lot size: 35 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: 5

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

Owner Information: ☐ Primary Contact

Owner: Aspen View Homes Daytime Phone: 719-382-9433

Owners Mailing Address: 555 Middle Creek Dr. Ste. 380

Email Address: jooper@aspenviewhomes.net Fax #: 719-382-9408

General Contractor: Aspen View Homes Phone/Email: 719-382-9433

OWTS Installer Information: ☐ Primary Contact

System Installer: Hunda Drilling LLC Daytime Phone: 719-683-3120

Email Address: hunda@hunda.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.

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: Jooper

Date: 4/25/18

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.

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

Permit #:	Site Inspection date:
	5/4/18
Date Approvals Rcvd: Development Services:	Floodplain/enumerations:
4/25/18	4/27/18
Design: <input checked="" type="checkbox"/> Conventional <input type="checkbox"/> Engineer	Design Engineer: RMG
Engineer Job #: 111895-4	Engineer Date Stamped: 2.26.18
LTAR/Soil Type: 05/2A	Groundwater: None PPI/ None MPP2 Bedrock: None PPI/ None MPP2
Minimum Requirements: Tank Capacity: 1250	Soil Treatment Area: 882
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 type="checkbox"/> Trenches <input checked="" type="checkbox"/> Bed
Additional Comments: $525/0.5 = 1050(1.2) = 1260(0.7) = 882$ (74 04/59 Arc 36)	
E.H. Specialist:	Date: 6/7/18 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied