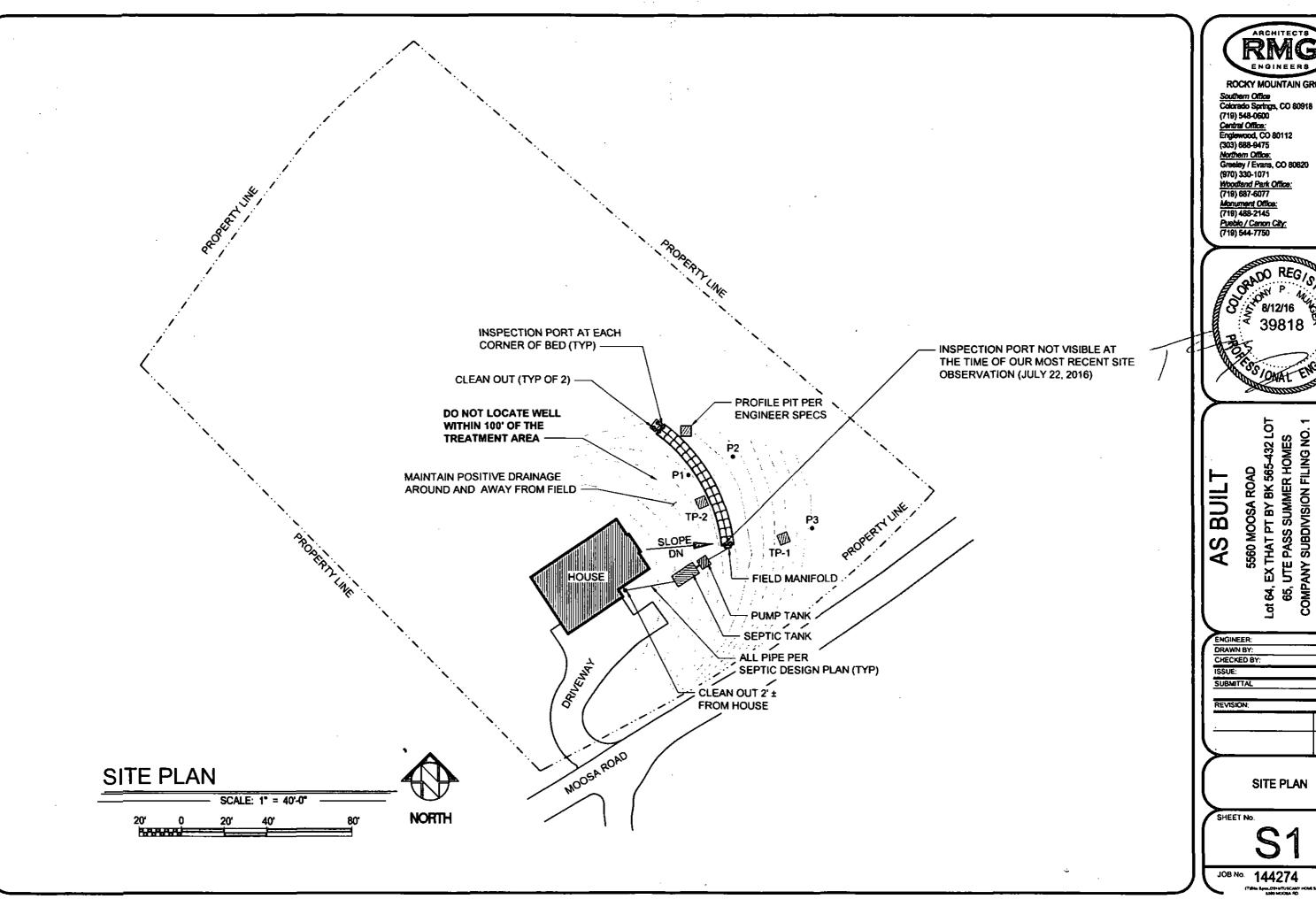


Prevent · Promote · Protect

1675 W. Garden of the Gods Rd., Suite 2044 Colorado Springs, CO 80907 (719) 578-3199 phone (719) 575-8664 fav. www.elpasocountyhealth.org

ON-SITE WASTEWATER SYSTEM INSPECTION FORM PERMIT # ONO 34628
DATE $\frac{5}{21/15}$ APN# $\frac{8315310008}{1}$
APPROVED YES NO DEnvironmental Health Specialist: Celeste Clesson Address: 5560 Moc Sa Bol, Cascade CO 80808 wher San Saucedo
tesidence#Bedrooms Commercial System Installer
EPTIC TANK: Construction Material Concrete Capacity Gallon 7000
ISPOSAL FIELD:
rench: Depth (Range) Width Total Length Sq. Ft
ed: Depth (Range) Width Total Length Sq. Ft
epth of RockUnder PVCType of cover on Rock
RYWELLS: # of Pits Rings(Pit 1) Rings(Pit 2) Working Depth #1 #2
ze (L x W) #1 #2 Total Sq. Ft
OCKLESS SYSTEMS:
andard Chamber: Type Quick 43 + #Chambers Sq. Ft./Chamber 12 Bed X Trench
gh Profile Units: Type #Chambers Sq. Ft./Chamber Bed Trench
eduction Allowed 8 Sq. Ft. Required 450 Depth (Range) 12" - 36"
. Ft. Installed 456 Equivalent Sq. Ft. Installed with Reduction
gineer Design: YX N□ Engineering Firm RMG Engineering Approval Letter Provided: YX N□
ell installed at time of septic inspection: y. N. Public Water: Y. N.
pproval 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 disposal field.
tes:





ROCKY MOUNTAIN GROUP



5560 MOOSA ROAD
Lot 64, EX THAT PT BY BK 565-432 LOT
65, UTE PASS SUMMER HOMES
COMPANY SUBDIVISION FILING NO. 1
EL PASO COUNTY, CO
TUSCANY HOMES

ENGINEER:	JL
DRAWN BY:	CL
CHECKED BY:	TM
ISSUE:	DATE:
SUBMITTAL	
REVISION:	DATE:
	

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: SAM SAUCEDO 5560 MOOSA RD CASCADE, CO 80809



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 10/2/2014 To 10/2/2015

PERMITEE:

SAM SAUCEDO 5560 MOOSA RD CASCADE, CO 80809

Onsite ID: ON0034628
Tax Schedule #: 8315310008
Permit Issue Date: 10/02/2014

Dwelling Type: RESIDENTIAL

OWNER NAME:

SAM SAUCEDO

of Bedrooms (if Res): 3 Proposed Use (if Comm): Designed Gallons/Day:

Water Source: PRIVATE WELL

System Installation Requirements:

- Contact engineer to verify dose volume.
- Contact engineer about direction of pipe orifices.
- Pump off float shall be raised so that pump remains submerged at all times.
- Install according to RMG Engineers Job# 144274, dated 9/30/14.
- Health department must receive certification letter and as-built drawing before final approval of system is given.
- If changes are made to design, RMG and Health Dept MUST BE CONTACTED.

The OWTS must be installed per the stamped and approved Design Document dated 10/02/2014.

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



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

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

NEW PERMIT MAJOR REPAIR PERMIT MINOR REPAIR PERMIT
Owner Sam Sauce Do STAN Campbelbaytime Phone (7197648-9198 (719)491-6510
System Installer Kulen Dibling Daytime Phone (7197683-3720)
Property Address 5560 NOOSA RD City and Zip CASCADE CO 90809
Legal Description LOT 64 LOT 65, LITE PASS SUMMER HOMES CO, SUBDIVISION K. TILE #1, EL PASO CO
Owners Mailing Address 4164 Sistem Ro Co Spes Co 80907
Email Address TUSCALLY HOMES COMCAST, NET Fax # N/A
Tax Schedule # \$3\33\0008 Lot Size 61,855 Sq. FT 1.42 aus
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
Pick up: Well Cisteria Withherpar Number of Bedrooms Fax: Email: Tuscany Homes @Concist, NET
CURRENT FEES AS APPROVED BY THE EI PASO COUNTY BOARD OF HEALTH
New Permit: \$630.00 (EPCPH Charge) + \$147.00 (EPC Planning Dept. Surcharge) + \$23.00 (CDPHE Surcharge) \$800.00
Major Repair Permit: \$515.00 (EPCPH Charge) + \$23.00 (CDPHE Surcharge) = \$538.00
Minor Repair Permit: \$230.00 (EPCPH Charge) + \$23.00 (CDPHE Surcharge) = \$253.00
 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. Phapter 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 Sounty Public Health to enter onto this property in order to obtain information.)
Applicants Signature: Date: 9/16/2014
Tipphound Digitatore.
Site Insp. Date: 9/18 Soil Test Results: 2 ~ Permit # 1/10034628
E.H.S. Review Notes: - Needs new engineered Plan-
should be pressure dosed (9/10)
Date to: E.P.C. Development Services 9/17 Flood Plain and Enumerations 9/18
Date to: E.F.C. Development Services Flood Flam and Enumerations
Charles Vertilla dose Volume
Permit Requirements: Contact Conjuner whom direction of Orchicas.
pump of float shall be raised so that
- pump remains subneged at all thes
<u> </u>
<u> </u>
Min. Septic Tank Capacity Min. Soil Treatment Area
*D/2/
E.H. Specialist Date Date Approved Denied
Reviewed 2014 approved fee (4/10/2014)
Neviewed 2014 approved rec (4/10/2014)

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 excavations 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.
-	