



**EL PASO COUNTY DEPARTMENT
OF HEALTH AND ENVIRONMENT**
 31 S. Union Blvd. • Colorado Springs, CO • 80910-3123 •
 (719) 575-8635 • Fax: (719) 578-3188

Record I.D. _____

***ALL PAYMENTS ARE DUE AT TIME OF SUBMITTAL IN CASH, CHECK, or MAJOR CREDIT CARD**

APPLICATION FOR AN ONSITE WASTEWATER SYSTEM PERMIT

NEW PERMIT
 MINOR REPAIR PERMIT
 MAJOR REPAIR PERMIT

Owner _____ Daytime Phone _____

Address of Property _____ City & Zip _____

Legal Description _____

Owner's MAILING Address _____ City, State & Zip _____

Lot Size _____ Tax Schedule # _____

Type of Building:
 Frame
 Modular
 Mobile
 Commercial
 Manufactured
 Other _____

Water Supply:
 Well or Spring
 Cistern
 Public
Inside City Limits:
 No
 Yes-City _____

MAIL PERMIT - OR -
 PICK UP PERMIT
 FAX - FAX TO AND # _____

MAXIMUM POTENTIAL NUMBER OF BEDROOMS _____					
Percolation Test Attached	Y	N	Basement	Y	N
Garbage Disposal	Y	N	Clothes Washer	Y	N

I have supplied a plot plan as described on the back of this form. I acknowledge the completeness of the application is conditional upon such further mandatory and additional tests and reports as may be required by the Department to be made and furnished by an applicant for purposes of evaluating the application, and issuance of the permit is subject to such terms and conditions as deemed necessary to ensure compliance with rules and regulations adopted pursuant to C.R.S. 25-10-107 et. seq. I hereby certify all represented to be true and correct to the best of my knowledge and belief, and are designed to be relied on by the El Paso County Department of Health and Environment in evaluating the same for purposes of issuing the permit applied for herein. I further understand any falsification or misrepresentation may result in the denial of the application or revocation of any permit granted based upon said application and in legal action for perjury as provided by law.

OWNER'S/OWNER'S AGENT SIGNATURE _____ **Date** _____

You will be notified by telephone when your permit is ready for pick up. Please allow a minimum of 10 days for new septics.

DEPARTMENT OF HEALTH USE ONLY		
Minimum Tank Capacity	Minimum Absorption Area	Date of Site Inspection
REMARKS _____		

EHS INSPECTOR _____	DATE _____	APPROVED _____ DENIED _____
CURRENT FEES AS APPROVED BY EL PASO COUNTY BOARD OF HEALTH		

- 1) We require an original of your **PERCOLATION (PERC) TEST** with an original licensed engineer's (PE) stamp and signature as well as a plot of the percolation test hole locations with measurements from a fixed reference point. (A faxed copy directly from the engineering firm to this office is acceptable.)
- 2) **PROPERTY ADDRESS OR LOT NUMBER MUST BE POSTED AND CLEARLY VISIBLE FROM ROAD. PERC HOLES MUST BE CLEARLY MARKED OR AN ADDITIONAL CHARGE FOR A RETURN TRIP TO THE SITE MAY BE ASSESSED.**

3) A **PLOT PLAN** must be drawn (not to scale) on an 8 ½ x 11 inch sheet of paper. The plot plan must include:

- | | | |
|-------------------------------|---------------------------------|---------------------------------|
| 1) a north bearing | 5) proposed septic system site | 8) Distance of percolation test |
| 2) property lines | 6) alternate septic system site | to two property lines. |
| 3) property dimensions | 7) driveway (proposed or | |
| 4) all buildings (proposed or | existing and name of adjoining | |
| existing) | street) | |

4) Initial any of the following features that apply to your property and **INCLUDE them on your PLOT PLAN.**

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Well(s) | <input type="checkbox"/> Adjacent property well(s) | <input type="checkbox"/> Subsoil drain |
| <input type="checkbox"/> Cistern | <input type="checkbox"/> Water line | |

5) Initial any of the following that are within 100 feet of your proposed septic system and **INCLUDE on your PLOT PLAN.**

- | | |
|--|---|
| <input type="checkbox"/> Spring(s) | <input type="checkbox"/> Lake(s) |
| <input type="checkbox"/> Pond(s) | <input type="checkbox"/> Stream(s) |
| <input type="checkbox"/> Dry Gulch(es) | <input type="checkbox"/> Natural drainage course(s) |

6) **GIVE COMPLETE DIRECTIONS TO THE PROPERTY FROM A MAIN HIGHWAY**