



Prevent • Promote • Protect

Environmental Health Division

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 www.elpasocountyhealth.org

APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

Property Information:

Property Address: _____ City and Zip: _____

Legal Description: _____

Tax Schedule #: _____ Lot size: _____

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: _____

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

Owner Information: Primary Contact

Owner: _____ Daytime Phone: _____

Owners Mailing Address: _____

Email Address: _____ Fax #: _____

General Contractor: _____ Phone/Email: _____

OWTS Installer Information: Primary Contact

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**

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: _____ Date: _____

- 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:** _____

Date Approvals Rcvd: _____ **Development Services:** _____ **Floodplain/enumerations:** _____

Design: Conventional Engineer **Design Engineer:** _____

Engineer Job #: _____ **Engineer Date Stamped:** _____

LTAR/Soil Type: _____ **Groundwater:** _____ **PP1/** _____ **PP2** **Bedrock:** _____ **PP1/** _____ **PP2**

Minimum Requirements: **Tank Capacity:** _____ **Soil Treatment Area:** _____

System Feed: Gravity Pump to Gravity Pressure Dosed Other: _____

System Media: Chambers Rock and Pipe Other **Soil Treatment Area:** Trenches Bed

Additional Comments: _____

E.H. Specialist: _____ **Date:** _____ Approved Denied