



Prevent • Promote • Protect

Environmental Health Division

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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 EI 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.

Blank lines for providing 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 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: 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

Pump specs: **Tank capacity:** _____ **gal** **Gal/dose:** _____ **Flow:** _____ **gpm** **Total Dynamic Head:** _____'

Additional Comments: _____

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