



Prevent • Promote • Protect

Environmental Health Division

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

ENVIRONMENTAL HEALTH SERVICE REQUEST FORM 2019

Owner Name: _____ **Date:** _____

Owner Address: _____

Establishment/Business Name: _____

Establishment/Business Address: _____ **Phone** _____

Fax: _____ **EmailAddress:** _____

Air Quality			
	Construction Activity Permit (Per Six Months)	\$165.00 per six months	
Body Art			
	Body Art Regulations Competency Exam	\$30.00 per attendee	#
	Body Art Plan Review (incl pre-opening inspection)	\$315.00	
	Body Art Establishment License	\$345.00	
	Follow-Up Inspection	\$75.00	
	Body Art Change in Ownership	\$176.00	
	Temporary Event Fee	\$120.00 per vendor	
Retail Food Safety			
	Food Handler Training	\$15.00 per attendee	#
	Review of Potential Retail Food Establishment Site	\$75.00 or actual cost at \$62.00 per hour, whichever is greater	
	Change in Ownership Inspection	\$120.00 (non-refundable)	
	Change in Ownership Inspection (Additional Inspection)	\$65.00 (non-refundable)	
	RFE Plan Review Application	\$100.00 (non-refundable)	
	RFE Plan Review initial minimum time: 90 min at \$62.00 per hour	\$93.00	
	Special Event License- Full Menu	\$100.00 per 1 Day Event \$174.00 per 1- 8 Day Event \$330.00 Multiple Events	
	Special Event License-Limited Menu	\$75.00 per 1 Day Event \$125.00 per 1-8 Day Event \$235.00 Multiple Events	
	RFE Plan Review and Pre-Opening Inspection	\$62.00/hour not to exceed \$580.00	To be calculated
	RFE Equipment/Product Review Application	\$100.00 (non-refundable)	
	RFE Equipment/Product Review	\$62.00/hour not to exceed \$280.00	To be calculated
	RFE HACCP Plan Review (Written)	\$62.00/hour not to exceed \$100.00	To be calculated
	RFE HACCP Plan Review (Operational)	\$58.00/hour not to exceed \$200.00	To be calculated
	RFE Other Services Requested	\$62.00 per hour	To be calculated
On-Site Wastewater Treatment System (OWTS)			
	OWTS Installer Exam Tier 1 (2 year license)	\$125.00 per 2-Year License	
	OWTS Installer Exam Tier 2 (2 Year license)	\$150.00 per 2-Year License	
	Certified Inspector	\$150.00 per 2 year	
	Certified O and M Specialist	\$150.00 per 2-year	
	OWTS Return Trip Fee	\$90.00	
	OWTS Variances	\$59.00 per hour (non-refundable)	To be calculated
	Altered/Renewed OWTS Permit	\$90.00 per permit	

	Pumper Truck Inspection (Systems Cleaner)	\$90.00 per truck		
	OWTS Transfer of Title Acceptance Document	\$55.00		
	OWTS Transfer of Title Acceptance Document Renewal	\$27.00		
	OWTS Permits (New and Repair)	Complete OWTS Application		
Compliance and Enforcement				
	Certificate of Non-Compliance Release	\$100.00		
Administration				
	Copy of State/Local Regulations	\$5.00 per copy		
	File Search	\$50.00		
	Non-Sufficient Funds	\$30.00		
	Other Administrative Requested Services	\$30.00 per hour		

Recreational Water (Commercial Pools/Spas)						
	Plan Review	\$250.00				
	Inspection – Year Around Pool/Spa	\$207.00				
	Inspection – Seasonal Pool/Spa	\$130.00				
	Follow-Up Inspections	\$62.00 per hour				
	Additional Body(s) of Water	\$35.00 per body of water				
	Additional Services Recreational Water Program	\$62.00 per hour				
Child Care Inspection						
	Type of Facility	Routine	Pre-Operational	Follow-Up	Room Change	
	Child Care	\$155.00	\$120.00	\$75.00	\$80.00	
	School Age (Before and After)	\$117.00	\$120.00	\$75.00	\$80.00	
	Preschool	\$119.00	\$120.00	\$75.00	\$80.00	
	Group Homes	\$124.00	\$120.00	\$75.00	\$80.00	
	Residential Summer Camps	\$220.00	\$120.00	\$75.00	\$80.00	
	Large Summer Camps	\$175.00	\$120.00	\$75.00	\$80.00	
	Residential/Day Treatment Center	\$140.00	\$120.00	\$75.00	\$80.00	
	Child Care Plan Review (including pre-operational inspections)	\$185.00				
TOTAL FEES					\$	

Applicant Signature _____ **Date** _____

Environmental Health Specialist _____ **Date** _____



Prevent • Promote • Protect

Environmental Health Division

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

POOL AND SPA PLAN REVIEW

Date _____

Facility name _____ Phone _____

Address _____

Name of owner _____ Phone _____

Address _____

Name of contractor _____ Phone _____

Name of designer _____ Phone _____

General Information

Pool: length _____ width _____ shape _____

construction _____ depth: minimum _____ maximum _____

capacity _____ gallons surface area _____ sq ft bather load _____

Spa/Hot tub: length _____ width _____ shape _____

Construction _____ depth minimum _____ maximum _____

Capacity _____ gallons surface area _____ sq ft bather load _____

Wading pool: length _____ width _____ shape _____

Construction _____ depth minimum _____ maximum _____

Capacity _____ gallons surface area _____ sq ft bather load _____

Wading pool separately fenced? Yes No

Turnover rates (in hours)

pool _____ spa/hot tub _____

wading pool _____ other _____

Decks

Size (at least 5' clearance) _____ construction _____ finish _____

Slope of decks _____ Direction of slope of decks (towards drain, pool, and landscaping) _____

Deck drains provided? Yes No Fencing (describe) _____

Depth markers provided: pool wall/deck? Yes No Letter size (at least 4") _____

Water supply

Well or municipal supply? _____ fill spouts _____ location _____

Air gap provided on fill spout? _____ (must be at least twice the diameter of the pipe)

Backflow preventer? Type _____ location _____

Waste disposal

Backwash water to sanitary sewer? Yes No

Two times pipe diameter air gap? Yes No

Slight glass provided? _____ location _____

Other _____

Equipment

Pool

Main drain: number _____ size _____ pipe diameter _____

Main drain cover: name _____ model _____ vgb compliant? Yes No

Effective open area in main drain cover (in square inches) _____

Maximum flow through cover (gpm) _____

Skimmers: (one per 400 square feet of surface area) **minimum of two**

number _____ equalizer line provided? Yes No

Overflow gutters (if used): surge tank provided? Yes No

outlet pipe size (at least 2") _____

distance between outlets (maximum of 15") _____

Inlets: number _____ discharge depth (min 12") _____ distance between inlets (max 15") _____

Emergency shut off switch with protective cover provided? Yes No

Spa/Hot tub

Main drain: number _____ size _____ pipe diameter _____

Main drain cover: name _____ model _____ vgb compliant Yes No

Effective open area in main drain cover (in square inches) _____

Maximum flow through cover (gpm) _____

Skimmers: (one per 400 square feet of surface area) **minimum of two**

Number _____ equalizer line provided? Yes No

Overflow gutters (if used): surge tank provided? Yes No

outlet pipe size (at least 2") _____

distance between outlets (maximum of 15") _____

Inlets: number _____ discharge depth (min 12") _____ distance between inlets (max 15") _____

Emergency shut off switch with protective cover provided? Yes No

Wading pool

Main drain: number _____ size _____ pipe diameter _____

Main drain cover: name _____ model _____ vgb compliant Yes No

Effective open area in main drain cover (in square inches) _____

Maximum flow through cover (gpm) _____

Skimmers: (one per 400 square feet of surface area) **minimum of two**

number _____ equalizer line provided? Yes No

Overflow gutters (if used): surge tank provided? Yes No

outlet pipe size (at least 2") _____

distance between outlets (maximum of 15") _____

Inlets: number _____ discharge depth (min 12") _____ distance between inlets (max 15") _____

Emergency shut off switch with protective cover provided? Yes No

Pumps: pool	Make	Model	Hp	Capacity (gpm@60tdh)
Wading pool:				
Spa/hot tub				
Other				
Filters: pool	Make	Model	Hp	Capacity (gpm)
Wading pool				
Spa/hot tub				
Other				

Disinfection system

Chlorine _____ bromine _____ other _____

Equipment: make _____ model _____ type: gas _____ erosion _____ hypo _____

Hypo systems: regulator provided _____ backflow/back-siphonage features _____

Other equipment

flow meter provided: Yes No location _____

Pressure gauge(s) provided _____ suction cleaning provided _____

Diving boards: number _____ water depth _____
 board height _____ headroom _____
 horizontal separation _____

Lights: number _____ make _____
 model _____ watts _____ location _____

Ladders provided _____ steps: contrasting color Yes No

Electrical gfi's: mechanical room _____ bath/dressing rooms _____ pool complex _____

Bathroom facilities floors (construction)	Showers	Toilet rooms	Dressing rooms
Walls (construction)			
Ceilings (construction)			
Drainage			
Ventilation			
Fixtures			
Female			
Male			

Mechanical room/Chemical storage

Schematic diagram provided? Yes No

Will chemicals be stored in their original containers? Yes No

Are chemicals packaged in absorbant containers at least 6" off of the floor? Yes No

Is chemical storage appropriaetly plaquered? Yes No

ALL CHEMICALS SHOULD BE STORED AWAY FROM HEAT SOURCES AND POOL EQUIPMENT