



Prevent • Promote • Protect

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REQUEST FOR On-Site Wastewater Treatment System (OWTS) Verification Form

Date of Request: _____

Requestors Name: _____

Request information via:

- Pick up in Person
- Mailed to address: _____
- Emailed: _____

Property Information:

Address: _____

City/State/Zip: _____

Existing Number of Bedrooms: _____

Request for Review:

- Connection of NEW home to existing OWTS:
 - Number of Bedrooms within New Home: _____
- Sufficiency of existing OWTS for Increased Capacity:
 - Planned addition of (no. bedrooms): _____

I understand that as a result of this request, using existing information on file, the sufficiency of the system may not conform to current regulations. In the case where the system is determined to not meet minimum regulations, further information including a modification permit maybe needed for approved use at an increased capacity.

Applicants Signature: _____ **Date:** _____

Please email the completed form to: healthinfo@elpasoco.com or Fax 719-578-3188