

Attn: HOFFMAN HOMES INC
19270 SAVANNA ACRES GRV
COLORADO SPRINGS, CO 80930

Notify Environmental Health of any change of ownership, type of business activity, business name, or billing address by calling (719) 578-3199. Failure to notify Environmental Health may result in late penalties, Permit/License denial or revocation, and business closure. PERMITS/LICENSES TO OPERATE AND ANNUAL FEE PAYMENTS ARE NOT TRANSFERABLE. Permits become void on change of ownership. New owners must apply and pay for a new Permit(s)/License(s) prior to beginning operation.



**EL PASO COUNTY PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION**
1675 W. GARDEN OF THE GODS ROAD, SUITE 2044
COLORADO SPRINGS, CO 80907
PHONE: (719) 578-3199 FAX: (719) 578-3188
www.elpasocountyhealth.org

NEW SYSTEM PERMIT - OWTS

Valid From: 9/10/2020 To 9/10/2021

PERMITEE :

HOFFMAN HOMES INC
19270 SAVANNA ACRES GRV
COLORADO SPRINGS, CO 80930

Onsite ID: ON0050555

Tax Schedule #: 3500000299

Permit Issue Date: 09/28/2020

Dwelling Type: RESIDENTIAL

OWNER NAME :

HOFFMAN HOMES INC

of Bedrooms (if Res): 4

Proposed Use (if Comm):

Designed Gallons/Day:

Water Source: PRIVATE WELL

System Installation Requirements:

- A Conventional non-engineered OWTS system to be installed on site, requiring a minimum of Tier I licensed installer to be named prior to final approval.
- System installation includes gravity fed system with d-box to chamber in trenches. Minimum tank requirements 1250 gallon and 735 sq ft of soil treatment area (61 Q4 / 49 Arc 36 chambers required).
- The system must be installed per approved GeoQuest LLC non-engineered design document #19-1205 signed and dated 08.07.2020, changes to the approved design document must be submitted and approved by Public Health prior to installation.
- All horizontal setbacks must be maintained through system installation. In addition, system must remain completely uncovered, including the tank size, for final inspection.
- The well must be installed at time of final inspection, or final approval will not be given until well installation is verified.
- Ensure that all work is completed prior to contacting and requesting final line for inspection, otherwise additional fees may be incurred.

This permit is issued in accordance with 25-10-106 Colorado Revised Statutes. The PERMIT EXPIRES upon completion/installation of the Onsite Wastewater Treatment System, or at the end of twelve (12) months from date of issue, whichever occurs first. If both a Building Permit and an Onsite Wastewater Treatment System Permit are issued for the same property and construction has not commenced prior to the expiration date of the Building Permit, the Onsite Wastewater Permit shall expire at the same time as the Building Permit. This permit is revocable if all stated requirements are not met. The Onsite Wastewater Treatment System must be installed by an El Paso County Licensed System Contractor, or the property owner.

The Health Officer shall assume no responsibility in case of failure or inadequacy of an Onsite Wastewater Treatment System, beyond consulting in good faith with the property owner or representative. Access to the property shall be authorized at reasonable time for the purpose of making such inspections as are necessary to determine compliance with the requirements of this law (permit).

Inspection request line: Call (719) 575-8699 before 3:30 p.m. the business day prior to the requested inspection date.

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Authorized By: Environmental Health Specialist



Not Required
BESQCP
10/01/2020 2:33:11 PM
dsdespinoza
EPC Planning & Community
Development Department

Environmental Health Division

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BILL
TO

Hoffman Homes INC
19270 Savanna Acres Grove
Colorado Springs, CO 80903

FACILITY
ADDRESS

Invoice #:	IN0036686
Invoice Date:	08/28/2020
Facility ID:	
Account ID:	AR0018522

	DATE	PROGRAM ELEMENT	PROGRAM IDENTIFIER AND DESCRIPTION	RECORD ID	AMOUNT
1	08/28/20	5090			\$ 750.00
			NEW SYSTEM PERMIT - OWTS		
2	08/28/20	5036			\$ 147.00
			DSD SURCHARGE FEE - OWTS		
3	08/28/20	5037			\$ 23.00
			CDPHE SURCHARGE FEE - OWTS		
TOTAL AMOUNT DUE:					\$920.00

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Total Amount Due
920.00	0.00	0.00	0.00	0.00	920.00

Please return the portion below with your payment.

REMITTANCE

Invoice Date:	08/28/2020
Invoice #:	IN0036686
Total Amount Due:	\$920.00
Amount Enclosed:	



To insure proper credit to your account, please return this
remittance coupon with your payment.

Make payment online at www.elpasocountyhealth.org

Please make your check payable to
El Paso County Public Health

A Civil Penalty may be applied to PAST DUE accounts.

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