

Property Address: _____



Use Permit Inspection Form

Date of Inspection: _____

Use Permit Inspection Information

IMPORTANT NOTE: This Elbert County Public Health (ECPH) Inspection Form must be completed by a **CERTIFIED** inspector. An Inspection report completed by **UNCERTIFIED** inspector(s) will **NOT** be accepted.

Name: _____ Phone: _____ Email: _____

National Association of Wastewater Transporters (NAWT) (or other approved) Certification

Number: _____ If Other, certifying entity: _____

Owner and Property Information

Owners Name: _____ Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Address of Property for which Use Permit is requested (if different from above): _____

City: _____ Colorado Zip: _____ County: _____

Section 1: Tanks

Tank 1

Tank Size (gallons): _____

Does this match ECPH records? Yes No

Type: Concrete Polyethylene Fiberglass Other

Was tank pumped? Yes No

If yes: Date Pumped: _____ Pumped by: _____

Attach copy of pump receipt

Yes No

Is the tank in good condition such that the tank functions are not compromised?

Is the tank a two compartment tank?

Tees Baffles (check one)

If Tees or Baffles, are they in good condition?

Is tank riser to ground level or above?

Are the risers in good condition such that their function is not compromised?

Is the lid (riser or manhole) in good condition?

(Tank 1 information continued on next page)

Tank 2

Check if Not Applicable (N/A)

Tank Size (gallons): _____

Does this match ECPH records? Yes No

Type: Concrete Polyethylene Fiberglass Other

Was tank pumped? Yes No

If yes: Date Pumped: _____ Pumped by: _____

Attach copy of pump receipt

Yes No

Is the tank in good condition such that the tank functions are not compromised?

Is the tank a two compartment tank?

Tees Baffles (check one)

If Tees or Baffles, are they in good condition?

Is tank riser to ground level or above?

Are the risers in good condition such that their function is not compromised?

Is the lid (riser or manhole) in good condition?

(Tank 2 information continued on next page)

Property Address: _____

Tank 1 (continued)

Tank 2 (continued)

Yes No

- Was tank water level **above** the outlet invert?
- Was tank water level **below** the outlet invert?
- Does tank have an effluent filter(s)?
- If YES, is the filter accessible for cleaning?
- If YES, is the filter clean and in good condition?

Yes No

- Was tank water level **above** the outlet invert?
- Was tank water level **below** the outlet invert?
- Does tank have an effluent filter(s)?
- If YES, is the filter accessible for cleaning?
- If YES, is the filter clean and in good condition?

Comments: _____

◆◆◆ Are additional tanks installed? Yes No - If YES, complete another use permit inspection form for the additional tanks. ◆◆◆

Is system equipped with a Siphon, Pumps & Floats or Controls?

Yes

No

(If "Yes" complete Section 2)

Section 2: Dosing Systems

Dosing Unit: Siphon Pump

Note: N/A answers apply to a siphon only

N/A Yes No

- Is siphon or pump operational?
- Are floats properly tethered and operational?
- Is the junction box outside the tank riser?
- Is the junction box approved for intended use?
- Are the splices in the junction box made with silicon seals?
- Is there a means of disconnecting the house power supply to the pump at the junction box or control panel?

N/A Yes No

- Is there an audio visual alarm?
- If alarm, is alarm operational?
- Is pump in a screened vault?
- If Yes, is the vault in acceptable condition and screen clean?

Comments: _____

Does System Utilize Uniform or Pressure Dosing, or is a Low Pressure Pipe or Drip Irrigation?

Yes

No

(If "Yes" complete Section 2A)

Section 2A: Uniform or Pressure Dosed, Low Pressure Pipe (LPP) or Drip Irrigation Systems

N/A Yes No

- Are the distribution valves in a box or vault?
- If Yes, is the box or vault in acceptable condition?
- Are the distribution valves operational?
- If LPP, are risers at ends of zones in good condition?

Yes No

- Is there an automatic distribution valve (ADV)?
- If Yes, is the ADV working properly?
- Is the system equipped with flushing valves?
- If Yes, are the flushing valves accessible and operational?

Comments: _____

Property Address: _____

Is System Equipped with a Secondary Treatment Unit?

Yes

No

(If "Yes" complete Section 3)

Section 3: Secondary Treatment

Type of Unit:

- ATU
 RSF
 ISF
 Textile Fiber
 Peat Filter
 Other

If other, indicate type: _____

Yes No

Is secondary treatment unit operating properly?

Yes No

Is there a current operation and maintenance (O&M) contract?

If Yes, when was system last inspected?

_____/_____/_____

Comments: _____

Section 4: Absorption Area (Required for all Systems)

Yes No

Is absorption area covered with snow?

Are there odors?

Are there wet areas on ground surface?

Is irrigated landscaping planted over absorption area?

Is surface drainage adequate to protect absorption area?

Is vegetative cover adequate to protect absorption area from excessive erosion?

Is vegetative cover excessive?

Yes No

Are driveways, horse corrals, patios, or pools constructed over the septic tank or absorption area?

Are there observation pipes in the absorption area?
If Yes, how many? _____

If observation pipes, is there standing effluent in observation pipes?

Is system equipped with a distribution box?

If there is a distribution box, is it accessible?

If distribution box is accessible, is it in good condition and are the outlets level?

Comments: _____

Section 5: Building Sewer (Required for all Systems)

Yes No

Is there a cleanout(s) on the building sewer from house to septic tank?

If Yes, state location of cleanouts or show on system diagram _____

Is there any evidence of damage, plugging or settlement of the building sewer from house to first septic tank?

Is there any evidence of damage, plugging or settlement of the building sewer from the septic tank to the absorption area?

Yes No

If system is equipped with a pump, is there any evidence of damage, plugging or settlement of the pump line (force main) from the septic tank to the absorption area?

If Yes, explain what was noted: _____

If system has more than one tank, is there any evidence of damage, plugging or settlement of the building sewer between the tanks?

Comments: _____

Property Address: _____

Section 6: General Questions and Inspector Comments (Required for All Systems)

Is the property Vacant Occupied If vacant, how long? _____

Yes No

Is property served by a well?

Is there a system diagram Record Drawing?

If Yes, is drawing accurate?

If No drawing exists or if the drawing is inaccurate, please provide a system diagram to ECPH from the website or from the office .

Does the entire system meet all required set-backs in Table 7-1 of ECPH Regulation 43 On-site Wastewater Treatment System (OWTS)

(If No, provide detailed information in Comments and indicate on drawing)

Comments: _____

Yes No

In my opinion, at the time of the inspection, the OWTS has deficiencies that require repairs.

IMPORTANT NOTE:
*All non-permitted repairs will negate issuance of a Use Permit.

Yes No

In my opinion, at the time of the inspection, the OWTS is functioning adequately.

Inspector Signature

Date