



ONSITE WASTEWATER TREATMENT SYSTEM

Property Transfer Certification Instructions and Inspection Report

These instructions are for homeowners and inspectors completing the onsite wastewater treatment system (OWTS) inspection report for a property transfer certificate. **The first page of the report must be completed and signed by the homeowner or the person acting as the homeowner's agent.**

IMPORTANT: Not all systems require an inspection. Visit www.SepticSmart.org or call Boulder County Public Health (BCPH) at 303-441-1564 to determine if an inspection is required for the OWTS. The process for issuing a property transfer certificate takes approximately 7-10 business days from the time the report is submitted to BCPH; the report should be submitted to BCPH at least 2 weeks prior to the closing of the sale.

OWNER INFORMATION SECTION

The box at the top of the first page of the report **MUST** be filled out completely. The inspection must be less than 12 months old.

SECTION I. GENERAL INFORMATION

*This section **MUST** be completed and **SIGNED** by the **homeowner or the homeowner's agent***

1. Determine the age of the OWTS through existing permit(s).
2. Mark "Yes" or "No" if the property served by the OWTS has a water softener, garbage disposal, or grease trap.
3. Mark "Yes" or "No" if the property is residential, commercial, has a water-flow meter, or is a home business (include type).
4. **This is a PASS/FAIL criterion.** List the current number of bedrooms in the home, the number of bedrooms listed on the OWTS permit, and the number of bedrooms listed in the Boulder County Assessor's records. Also include if the home is currently unoccupied; if so, for how long.
 - OWTS records can be found at www.SepticSmart.org
 - Assessor's records can be found at www.BoulderCounty.org/assessor

Note: *If the current number of bedrooms in the home or number of bedrooms listed in the assessor's records is **GREATER** than the number of bedrooms noted on the OWTS permit, it will result in a "FAIL," and BCPH will not accept the inspection report until the discrepancy is resolved. Call BCPH if assistance is needed.*

5. Note if a sewage backup has ever occurred inside the home.
6. List any known repairs made to the OWTS, even if they were done without a permit.
7. Note if a service contract is in place for system components, such as an aerobic tank, chlorinator, or effluent filter; include the name of the servicing company.
8. List the date of the last septic tank pumping and the frequency with which the septic tank is pumped (e.g. once per year, every two years, etc.). Note the name of the pumping company and attach available receipts.
9. Note if the water to the property is supplied by a well.
10. Note if a water sample test was taken for potability and if the water sample passed or failed.
11. If applying for a Property Transfer Renewal, please complete the first page with updated information. The homeowner or the homeowner's agent must sign and date the form.

Expired Property Transfer Certificates cannot be renewed. If the original inspection report is less than 365 days old it may be used to re-apply for a new Property Transfer Certificate. The fee is \$50.

SECTION II. SYSTEM TYPE – Sections II-IV must be completed and signed by the inspector.

1. List the type (e.g. concrete, plastic), manufacturer, and capacity of the septic tank or write in "unknown."

2. List the capacity of the lift station (i.e. pump tank) if applicable, or write "N/A."
3. List the type of secondary tank utilized if applicable, or write "N/A."
4. List the capacity of the secondary lift station if applicable, or write "N/A."
5. Mark the type of soil treatment unit utilized (i.e. absorption bed, trenches, chambers, drip irrigation, ET, etc.). If possible, list the soil treatment area in square feet.
6. If there is a vault ONLY, list the type, manufacturer, and capacity.
 - Check if the warning device is a "Pass" (i.e. is present and functioning) or "Fail."
 - Note the location of the warning device.
 - Check if pumping receipts "Pass" (i.e. are available and will show that the tank is pumped frequently, permitting all wastewater to go into the vault and pumped out before filling to capacity) or "Fail."
7. List any additional components employed with the OWTS.
8. Note if any greywater discharge is observed and where it is noted. If surface greywater discharge is observed, mark "Fail."

SECTION III. EVALUATION PROCEDURES

The NAWT (National Association of Wastewater Technicians) inspector must walk through the home to verify the current number of bedrooms. Inspectors must use the following definition for a legal bedroom: *A room with a closet, a window, and private access such that access to other rooms does not have to be gained by going through the bedroom. Basement bedroom windows must meet this egress code: a minimum clear width of 20", a minimum clear height of 24", with a total net clear opening of 5 sq. ft. for grade-level windows and 5.7 sq. ft. for all others. Sill height must be not more than 44" above the finished floor.*

The number of bedrooms currently in the house must not exceed the number of bedrooms listed on the Boulder County Public Health OWTS permit for the property. Go to www.SepticSmart.org, click on "Check Septic Records," and confirm the number of bedrooms approved by the OWTS permit.

1. Note the number of current bedrooms counted (according to the legal definition above) and if that number doesn't exceed number on OWTS (i.e. Pass) or does exceed the number on the OWTS permit (i.e. Fail).
2. Note if the septic tank was located, accessed, and opened.
3. Note if the tank cover is secured.
4. Note if the tank seal was checked for integrity.
5. Note if any indications of previous failure, such as past repairs to the tank, were made.
6. Note if the tank lid integrity was inspected and if the sludge and scum layer in the tank was measured.
7. If applicable, note if the effluent filter was inspected.
8. Note if an operation test was run, how many gallons of water were added to the tank, and if water flowed back into the tank. A maximum of 100 gallons of water should be added during an operation test.
9. Note if the primary septic tank was pumped and how many gallons were pumped out. **The septic tank must be pumped in order to conduct a complete inspection of the tank interior. If the septic tank is not pumped, the inspection report will be considered a failed inspection.**
10. Note if the condition of the septic tank and the inlet and outlet tees were inspected, and comment on the condition.
11. Note if a dosing, pump tank or advanced treatment unit (ATU) is utilized and whether the condition was checked.
 - a. Check the condition of the tank and note comments
 - b. Check if the pump (dosing or pump tank only) is elevated off of the tank bottom.
 - c. Check if the pump (dosing or pump tank only) is working. If not, mark "Fail."
 - d. Note if a check valve or purge hole is present.
 - e. Note if a high water alarm float is present.
 - f. Check the alarm float. If alarm float doesn't work, mark "Fail."
 - g. Mark the type of alarm utilized.

- h. Inspect electrical components to ensure they are satisfactory.
- i. Note if the pump/ATU tank was cleaned out. If not mark "Fail"
- j. For ATU, note if the motor is working or not, if not working, mark "Fail"
- k. For ATU, note if there is a current operation & maintenance agreement/contract in place.

Check if the treatment area was probed and if excessive moisture, odor, and/or effluent were present.

- a. Check to see if the area of the system is properly graded and not subject to serious erosion, such as channeling or gullying. No portion of the system may be uncovered or exposed.
 - b. Mark "Yes" if the system is located in a corral; under a driveway, parking lot or other structure; or otherwise subject to compaction. If not mark "No."
 - c. Note if there is any indication of previous failure, such as excessive growth in one area, organic deposit, erosion, etc.
 - d. Note if any visible seepage of effluent is present on absorption field. If so, mark "Fail."
 - e. Mark "No" if the area of the system is well-vegetated with grasses, weeds, and wild flowers, with only an occasional small shrub. If the area is heavily vegetated with shrubs and/or trees to the extent that it will allow root infiltration into the system, mark "Yes."
 - f. Note if the system area contains heavy saturation in the gravel or media area by probing or observing monitor ports.
 - g. Note if effluent is being distributed evenly in the system area.
 - h. Note "Yes" if snow cover is present to the extent that it would limit the inspector's ability to properly evaluate the system.
 - i. Note if irrigation is present on the field such as water sprinklers.
12. Note the distance from any well to the closest edge of the system area, measured in linear feet.
13. Note inspection results as "Acceptable" or "Unacceptable." Note if repairs to the OWTS are required, and explain the repairs required. Note if an entire system replacement is required or if further exploratory work is required.

SECTION IV. SKETCH OF THE SYSTEM.

Make an accurate sketch of the entire system that shows the location of the dwelling or structure with two triangulated distance measurements to the septic tank lid(s) or GPS coordinates. Include sewer location to structure, septic tank(s), lift station, and soil treatment area. Include all pertinent setback locations, such as lakes, rivers, irrigation ditches, and water wells. *Note: we are no longer accepting BCPH final drawings from existing permits.*

ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) Property Transfer Inspection Report

Name of Owner:	Date of Inspection:
Inspection Ordered By:	Name of Inspector:
Site Address:	Inspector's Certification No:
Owner's Phone:	Inspector's Address:
Property Legal Description:	Inspector's Phone:
Send Inspection Report To:	Inspector's E-mail:
Mailing or Email Address:	
Size of Property (i.e. # of acres):	
Type of Existing Building or Structure (if commercial, list all uses or tenants):	

I. GENERAL INFORMATION (TO BE COMPLETED AND SIGNED BY OWNER)

1. Age of OWTS: _____ years
2. Water Softener Yes No
 Garbage Disposal Yes No
 Grease Trap Yes No
3. Residential Yes No
 Commercial Yes No
 Flow Meter Yes No
 In-Home Business Yes No Type: _____
4. Number of Bedrooms in House _____
 Number Listed on OWTS Permit _____ **PASS** **FAIL**
 Number Listed in Assessor's Records _____
 House Currently Unoccupied Yes No How long? _____
5. Has a sewage backup ever occurred? Yes No
6. List any known repairs to system _____

7. Is there a service contract for system components? Yes No Company: _____
8. Date septic tank last pumped: _____ Frequency: _____ Company: _____
 (Attach pumping receipt)
9. Water supply supplied by a well? Yes No
10. Std. potability test sample of well taken? Yes No
 Potability test results: PASS FAIL
 (NOTE: A pass or fail here does not indicate a pass/fail for the inspection)
11. Is this a renewal? (If yes, complete and return this page) Yes No

The above information is true to the best of my knowledge.

Owner/Legal Agent: _____ Date: _____

- | | | |
|---|-------------------------------|-------------------------------|
| b. Any area subject to compaction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Any indication of previous failure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Seepage visible on the surface of the field? | <input type="checkbox"/> PASS | <input type="checkbox"/> FAIL |
| e. Is improper vegetation present? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Heavy saturation in the distribution media? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Even distribution of effluent in the field? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Snow cover over the absorption area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Irrigation present on absorption area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

13. Distance between water well and soil treatment area: _____ Feet

14. Inspection results of OWTS:

- Acceptable (no repairs required)
- Unacceptable (repairs required)**
- Repairs required**

Explain/define repairs needed or repairs made: _____

Complete system replacement required. Explain: _____

Further exploratory work is required. Explain: _____

By signing this form, I hereby verify that I am a NAWT or NSF-certified inspector who personally conducted the inspection of this property.

Certified Inspector Signature: _____ Date: _____

IV. SKETCH OF SYSTEM

Make an accurate sketch of the entire system that shows the location of the dwelling or structure with two triangulated distance measurements to the septic tank lid(s) or GPS coordinates. Include sewer location to structure, septic tank(s), lift station, and soil treatment area. Include all pertinent setback locations, such as lakes, rivers, irrigation ditches, and water wells.

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