Boulder County Public Health

ONSITE WASTEWATER SYSTEM
Inspection Report Instructions

These instructions are for homeowners and inspectors completing the Onsite Wastewater System (OWS) Inspection Report for a Property Transfer Permit.

IMPORTANT: Not all systems need an inspection. Visit www.SepticSmart.org/permit or call 303-441-1564 to determine if an inspection is required for this system.

HOW TO FILL OUT OWNER INFORMATION SECTION: All of the boxes on the top of the form must be filled out. If you want to be called when certificate is ready, a number where to be reached should be put in the Send copy to section. **Inspection must be less than 90 days old**. **It takes 7-10 business days to get Certificate**.

SECTION I. GENERAL INFORMATION

This section should be completed by the homeowner or legal agent.

1. Determine the age of the OWS through existing permit(s).
2. Mark the appropriate area if the property served by the OWS has a water softener, garbage disposal or grease trap.
3. Mark appropriate area if the property is either residential or commercial, if a water flow meter is installed or if an in home business is employed and what type.
4. Determine the numbers of bedrooms in the home through existing OWS records and Assessor's records. **If the Assessor records do not the match the number of bedrooms on the OWS permit, you will need to call BCPH to resolve this issue**. Also include how long the home has been unoccupied (if applicable).
5. Note if a sewage backup has ever occurred inside the home.
6. List any known repairs to the OWS either with or without an OWS permit.
7. Note if a service contract is in place for system components such as an aerobic tank, chlorinator or effluent filter.
8. List the date when the septic tank was last pumped, the frequency when the septic tank is pumped (i.e. once per year, every two years, etc.) List the company that pumped the septic tank and attach, if available, pumping receipts.
9. Note if the water to the property is supplied by a well, if a water sample test was taken for potability, and if the water sample passed or failed.

   The homeowner or legal agent must sign and date the form. **(Legal agent will need written permission from the owner to act in their behalf)**

SECTION II. SYSTEM TYPE

1. List the type (concrete, plastic, etc.) of septic tank used. If possible, list the manufacturer, if not list unknown.
2. If a lift station (pump tank) is utilized, determine its capacity in gallons. If none is utilized, mark NA.
3. List the type of secondary tank utilized if applicable. If none is utilized mark NA.
4. If a secondary lift station is utilized, determine its capacity in gallons. If none is utilized, mark NA.

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. Mark if there is a vault, type, size, and location of warning device. Note if there are pumping receipts and if they show that the tank is pumped often enough to show that all wastewater goes in to the vault and is pumped out before it fills to capacity.
7. List any additional components employed with the OWS. Note if any gray water discharge is observed. If surface gray water discharge is observed, mark fail.

SECTION III. EVALUATION PROCEDURES

1. Note if the septic tank was located, accessed and opened.
2. Note if the tank cover is secured.
3. Note if the tank seal was checked for integrity.
4. Note if any indicators of previous failure, such as past repairs to the tank, were made.
5. Note if the tank lid integrity was inspected and if the sludge and scum layer in the tank was measured.
6. If applicable, note if the effluent filter was inspected.
7. 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.
8. Note if the primary septic tank was pumped and how many gallons were pumped out.
9. Note if the condition of the septic tank was inspected and comment on the condition.
10. Note if the condition of the inlet and outlet tees was inspected and comment on the condition.
11. Note if a lift station is utilized and check the condition.
    Check if the pump is elevated of the tank floor.
    Check if the pump is working. If not, mark fail.
    Note if a check valve or purge hole is present.
    Note if a high water alarm float is present.
    If an alarm float is present, note if the alarm works. If not, mark fail.
    Mark the type of alarm utilized.
    Inspect electrical components to see if they are satisfactory.
    Note if the lift station was cleaned out.

12. Check if the treatment area was probed and if excessive moisture, odor and/or effluent were present.
    Check 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 must be uncovered or exposed.
    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”.
    Note if there is any indication of previous failure such as excessive growth in one area, organic deposit, erosion, etc.
    Note if any visible seepage of effluent is present on the absorption field. If noted, mark fail.
    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 where it will allow root infiltration into the system, mark “Yes”.
    Note if, when probing the system, or observing monitor ports, if the system area contains heavy saturation in the gravel or media area.
    Note if effluent is being distributed evenly in the system area.
    Note “Yes” if snow cover is present to the extent that it would limit the inspector’s ability to properly evaluated the system.
    Note if irrigation is present on the field such as water sprinklers.

13. Note the distance from any well to the closest edge of the system area measured in lineal feet.

14. Note inspection results as acceptable or unacceptable. Note if repairs to the OWS are required and explain the repairs required, 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. Include sewer location to structure septic tank(s), lift station, and soil treatment area. Include all pertinent setback locations such and lakes, rivers, irrigation ditches and water wells.

Boulder County Public Health

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NOTE: Inspections should not be performed on properties that utilize only a sealed vault for storage of wastewater. Owners of those properties should first call Boulder County Public Health at 303-441-1564.

Owner:	Date of Inspection:
Ordered by:	Inspector Name:
Site Address:	Certification No:
Owner Phone No:	Address:
Legal Desc:	Phone No:
Send Copy to:	E-mail Address:
Mailing Address:	
Size of the property in acres:	
Type of existing building or structure (if commercial, list all uses or tenants):	

I. GENERAL INFORMATION

1. Age of Onsite Wastewater System _____ 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 OWS 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 the system _____
7. Is there a service contract for system components? ☐ Yes ☐ No Company _____
8. Date septic tank last pumped (Attach pumping receipt) ___/___/_____ Frequency _____ Company _____
9. Water supply supplied by a well? ☐ Yes ☐ No
   Standard potability test sample of well taken? ☐ Yes ☐ No
   Potability test results ☐ Pass ☐ Fail *A pass or fail here does not indicate a pass or fail for the inspection*

The above information is true to the best of my knowledge.
Owner/Agent: _____:Date:____/____/_____

II. SYSTEM TYPE

Components of Onsite Wastewater System – Complete as Required

1. Pretreatment (Septic Tank) Unit 1: Type _____ Manufacturer _____ Capacity (gal) _____
2. Pump: Pump Tank 1: Capacity (gal) _____
3. Pretreatment/Treatment Unit 2 Type _____ Manufacturer _____ Capacity (gal) _____
4. Pump: Pump Tank 2: Capacity (gal) _____
5. Soil Treatment Unit: Type _____ Area (Ft^2) _____
6. Vault (*see instructions*) Type _____ Manufacturer _____ Capacity (gal) _____

Warning Device ☐ **Pass** ☐ **Fail**

Pumping receipts ☐ **Pass** ☐ **Fail**

Additional Components _____

Gray Water discharge (if separate from OWS) ☐ None ☐ **Surface** ☐ **Subsurface** ☐ **Tank** ☐ **Pass** ☐ **Fail**

III. EVALUATION PROCEDURES

1. Locate, access, and open the septic tank cover: ☐ Pass ☐ **Fail**
2. If at grade, is tank cover secure: ☐ Pass ☐ **Fail**
3. Can surface water infiltrate into tank(s): ☐ Pass ☐ **Fail**
4. Any indicators of previous failure: ☐ Yes ☐ No
5. Inspect lid, measure sludge & scum level: ☐ Yes ☐ No
6. Inspect effluent screen (if applicable): ☐ Yes ☐ No
7. Run an operation test: ☐ Yes ☐ No
   - Gallons added in the operation test: Gallons _____
   - Does water backflow into tank: ☐ Pass ☐ **Fail**
8. Pump out primary treatment (septic) tank: ☐ Yes ☐ No
   - How many gallons Gallons _____
9. Inspect the condition of the septic tank: ☐ Pass ☐ **Fail**
   - Inspect condition of inlet and outlet baffles ☐ Yes ☐ No
10. Comments (cracks, deterioration, infiltration, or damage): _____
11. Does the system contain a dosing or pump tank, ejector or grinder pump? ☐ Yes ☐ No
    - If so, was the condition of the tank checked? ☐ Yes ☐ No
    - Comments: _____
    - a. Is the pump elevated off the bottom of the chamber? ☐ Yes ☐ No
    - b. Does the pump work? ☐ Pass ☐ **Fail**
    - c. Is there a check valve or purge hole present? ☐ Yes ☐ No
    - d. Is there a high water alarm? ☐ Yes ☐ No
    - e. Does the alarm work? ☐ Pass ☐ **Fail**
    - f. Type of alarm? ☐ Audio ☐ Visual ☐ Both
    - g. Does electrical connections appear satisfactory? ☐ Yes ☐ No
    - h. Was the pump tank cleaned? ☐ Yes ☐ No
12. Was the soil treatment area probed to determine its ☐ Yes ☐ No

location and to check for excessive moisture, odor, and/or effluent?

a. Any area subject to serious erosion	☐ Yes	☐ No
b. Any area subject to compaction	☐ Yes	☐ No
c. Any indication of previous failure	☐ Yes	☐ No
d. Seepage visible on the surface of the field	☐ Pass	☐ **Fail**
e. Improper vegetation present:	☐ Yes	☐ No
f. Heavy saturation in the distribution media:	☐ Yes	☐ No
g. Even distribution of effluent in the field	☐ Yes	☐ No
h. Snow cover over the absorption area	☐ Yes	☐ No
i. Irrigation present on absorption area	☐ Yes	☐ No

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

14. Inspection Results of OWS:
    ☐ Acceptable (No Repairs Required)
    ☐ **Unacceptable (Repairs Required)**
    ☐ **Repairs Required**
    Explain/Define Repairs Needed or Repairs Made:
    _____
    _____
    _____
    _____

    ☐ Complete System Replacement Required. Explain:
    _____
    _____

    ☐ Further Exploratory Work Required. Explain:
    _____
    _____

Certified Inspector Signature: _____
Date:____/____/_____
(By this signature I verify that I am a NAWT or NSF certified inspector who personally conducted the inspection on this property)

IV. SKETCH OF SYSTEM