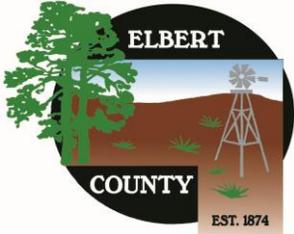


Property Address: \_\_\_\_\_



## Use Permit Inspection Form

Date of Inspection: \_\_\_\_\_

### Use Permit Inspection Information

**IMPORTANT NOTE:** This Elbert County Department of Health & Human Services (ECDHHS) 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 ECDHHS 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 top of tank or riser above grade?

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 ECDHHS 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 top of tank or riser within 8" or less of grade?

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)

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Was tank water level <b>above</b> the outlet invert? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was tank water level <b>below</b> the outlet invert? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does tank have an effluent filter(s)?                |
| <input type="checkbox"/> | <input type="checkbox"/> | If YES, is the filter accessible for cleaning?       |
| <input type="checkbox"/> | <input type="checkbox"/> | If YES, is the filter clean and in good condition?   |

**Tank 2** (continued)

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Was tank water level <b>above</b> the outlet invert? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was tank water level <b>below</b> the outlet invert? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does tank have an effluent filter(s)?                |
| <input type="checkbox"/> | <input type="checkbox"/> | If YES, is the filter accessible for cleaning?       |
| <input type="checkbox"/> | <input type="checkbox"/> | 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                       |  | N/A                      | Yes                      | No                       |  |
|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is siphon or pump operational?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is there an audio visual alarm?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are floats properly tethered and operational?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If alarm, is alarm operational?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the junction box outside the tank riser?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is pump in a screened vault?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the junction box approved for intended use?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, is the vault in acceptable condition and screen clean? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the splices in the junction box made with silicon seals?   |                          |                          |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is there a means of disconnecting the house power supply to the pump at the junction box or control panel? |                          |                          |                          |  |

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                       |  | Yes                      | No                       |   |
|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the distribution valves in a box or vault?         | <input type="checkbox"/> | <input type="checkbox"/> | Is there an automatic distribution valve (ADV)?             |
|                          | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, is the box or vault in acceptable condition?   | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, is the ADV working properly?                        |
|                          | <input type="checkbox"/> | <input type="checkbox"/> | Are the distribution valves operational?               | <input type="checkbox"/> | <input type="checkbox"/> | Is the system equipped with flushing valves?                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If LPP, are risers at ends of zones in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | 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?

Comments: \_\_\_\_\_

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?

### 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?

Comments: \_\_\_\_\_

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?

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 (as-built diagram)?

If Yes, is diagram accurate?

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

Does the entire system meet all required set-backs in Table 3 of ECDHHS Regulation I-11 Individual Sewage Disposal Systems (ISDS)?

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

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Yes   No**

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

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Date