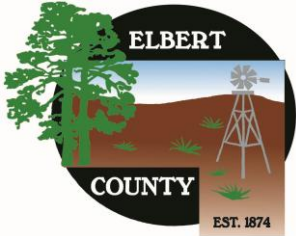


Property Address: \_\_\_\_\_



## 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 top of tank or riser to ground?
- 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 top of tank or riser to 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 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 (OTWS)

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

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

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

**Yes   No**

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

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

\_\_\_\_\_  
Date