



Transfer of Title / Use Permit Inspection Form

Date of inspection: _____

Transfer of Title / Use Permit Inspection Information

IMPORTANT NOTE: This Adams County Health Department (ACHD) Inspection Form must be completed by a **CERTIFIED** inspector. An Inspection Form completed by **UNCERTIFIED** inspector(s) will **NOT** be accepted.

Name: _____ Phone: _____ Email: _____

National Association of Wastewater Technicians (NAWT) (or other approved) certification
number: _____ If other, certifying entity: _____

Owner and Property Information

Owner's name: _____ Phone: _____ Email: _____

Address: _____

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

Address of property for which Transfer of Title / Use Permit is requested (if different from above):

City: _____ Colorado Zip: _____ Adams County

Section 1: Tanks

Tank 1

Tank size (gallons): _____

Does this match ACHD 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?
- ☐ ☐ Does lid have a secure closing mechanism or sufficient weight to prevent unauthorized access?

(Tank 1 information continued on next page)

Tank 2

☐ Check if not applicable (N/A)

Tank size (gallons): _____

Does this match ACHD 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?
- ☐ ☐ Does lid have a secure closing mechanism or sufficient weight to prevent unauthorized access?

(Tank 2 information continued on next page)

Property address: _____

Tank 1 (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?

Comments:

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?

◆◆◆ 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 (J-Box) approved for use?
- ☐ ☐ If Yes, are J-Box and wiring properly installed and functional?

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?
- ☐ ☐ Is there a means to disconnect house power supply to junction box or control panel?

Comments:

Does system utilize uniform dosing, pressure dosing, or low pressure pipe or drip irrigation?

Yes ☐ No ☐
(If "Yes" complete Section 2A)

Section 2A: Pressure Dosed, Non-Pressurized Drip Dispersal System (NDDS) 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 Pressure dosed, NDDS, or Drip Irrigation, 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:

Yes No

☐ ATU ☐ RSF ☐ ISF ☐ Textile Fiber ☐ Peat Filter ☐ Other

☐ ☐

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

If other, indicate type: _____

If Yes, when was system last inspected?

Yes No

☐ ☐ Is secondary treatment unit operating properly?

_____/_____/_____

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 to grade?

☐ ☐ 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 on ACHD Form S-103.

☐ ☐ Is the public sewer within 400 feet of the property?

☐ Does the entire system meet all required set-backs in Table 5 of ACHD Regulation O-22 On-site Wastewater Treatment Systems (OWTS)? (If no, provide detailed information in comments and indicate on diagram)

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 must be documented on ACHD Form S-406

Yes No

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

Inspector signature

Date