



**ADAMS COUNTY**  
**HEALTH DEPARTMENT**  
*Together for a Healthier Adams County*

## Transfer of Title / Use Permit Inspection Report Form (S-400)

Date of inspection: \_\_\_\_\_

### Use permit inspector information

**IMPORTANT NOTE:** This Adams County Health Department (ACHD) inspection report form must be completed by a **CERTIFIED** inspector. An inspection report 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 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 ☐ Other

Was tank pumped? ☐ Yes ☐ No

If yes: Date pumped: \_\_\_\_\_

Pumped by: \_\_\_\_\_

#### Tank 2

☐ Check if not applicable (N/A)

Tank size (gallons): \_\_\_\_\_

Does this match ACHD records? ☐ Yes ☐ No

Type: ☐ Concrete ☐ Polyethylene ☐ Other

Was tank pumped? ☐ Yes ☐ No

If yes: Date pumped: \_\_\_\_\_

Pumped by: \_\_\_\_\_

Attach copy of pump receipt

Attach copy of pump receipt

*(Tank 1 information continued on next page)*

*(Tank 2 information continued on next page)*

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

**Tank 1 (continued)**

N/A Yes No

☐ ☐ Is the tank in acceptable condition such that the tank functions are not compromised?

Number of compartments: ☐ 1 ☐ 2 ☐ 3

Tees / baffles: ☐ Tees ☐ Baffles ☐ Other: \_\_\_\_\_

☐ ☐ ☐ Are tees / baffles in acceptable condition?

☐ ☐ Is top of tank or riser to grade?

☐ ☐ ☐ Are the risers in acceptable condition such that their function is not compromised?

☐ ☐ ☐ Is the tank lid in acceptable condition?

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

☐ ☐ Does the tank have secondary safety feature(s) to prevent falling into the tank for all tank manholes (e.g., a grate or net inside the tank riser)?

☐ ☐ ☐ Do the secondary safety feature(s) appear to be structurally sound such that they would prevent a person from falling into the tank?

☐ ☐ Was tank water level **above** the outlet invert?

☐ ☐ Was tank water level **below** the outlet invert?

☐ ☐ Does tank have an effluent filter(s) or equivalent?

☐ ☐ ☐ If yes, is the filter accessible for cleaning?

☐ ☐ ☐ If yes, is the filter clean and in acceptable condition?

Comments:

**Tank 2 (continued)**

N/A Yes No

☐ ☐ Is the tank in acceptable condition such that the tank functions are not compromised?

Number of compartments: ☐ 1 ☐ 2 ☐ 3

Tees / baffles: ☐ Tees ☐ Baffles ☐ Other: \_\_\_\_\_

☐ ☐ ☐ Are tees / baffles in acceptable condition?

☐ ☐ Is top of tank or riser to grade?

☐ ☐ ☐ Are the risers in acceptable condition such that their function is not compromised?

☐ ☐ ☐ Is the tank lid in acceptable condition?

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

☐ ☐ Does the tank have secondary safety feature(s) to prevent falling into the tank for all tank manholes (e.g., a grate or net inside the tank riser)?

☐ ☐ ☐ Do the secondary safety feature(s) appear to be structurally sound such that they would prevent a person from falling into the tank?

☐ ☐ Was tank water level **above** the outlet invert?

☐ ☐ Was tank water level **below** the outlet invert?

☐ ☐ Does tank have an effluent filter(s) or equivalent?

☐ ☐ ☐ If yes, is the filter accessible for cleaning?

☐ ☐ ☐ If yes, is the filter clean and in acceptable condition?

◆◆◆ If additional tanks are present, complete another use permit inspection report form for the additional tanks. ◆◆◆

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

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

N/A Yes No

- ☐ ☐ ☐ Is siphon or pump operational?
- ☐ ☐ ☐ Are floats properly tethered and operational?
- ☐ ☐ ☐ Is the junction box (J-Box) approved for use?
- ☐ ☐ ☐ Are the J-Box and wiring properly installed and functional?

N/A Yes No

- ☐ ☐ ☐ Is there an audio visual alarm?
- ☐ ☐ ☐ If yes, is the 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:

Is the system a pressure dosed system, low-pressure dosed system, Non-pressurized Drip Dispersal System (NDDS), or drip irrigation system?

Yes ☐

No ☐

(If yes, complete Section 2A)

## Section 2A: Pressure dosed system, low-pressure dosed system, Non-Pressurized Drip Dispersal System (NDDS) or drip irrigation system

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?

N/A 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:

N/A 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

N/A Yes No

N/A Yes No

☐ ☐ Is absorption area covered with snow?

☐ ☐ Are driveways, horse corrals, patios, or pools constructed over the septic tank or absorption area?

☐ ☐ Is there an odor?

☐ ☐ Are there observation pipes in the absorption area? If yes, how many? \_\_\_\_\_

☐ ☐ Are there wet areas on ground surface?

☐ ☐ ☐ Is there standing effluent in observation pipes?

☐ ☐ Is irrigated landscaping planted over absorption area?

☐ ☐ Is system equipped with a distribution box?

☐ ☐ Is surface drainage adequate to protect absorption area?

☐ ☐ ☐ If there is a distribution box, is it to grade?

☐ ☐ Is vegetative cover adequate to protect absorption area from excessive erosion?

☐ ☐ ☐ If distribution box is accessible, is it in good condition and are the outlets level?

☐ ☐ ☐ Is vegetative cover excessive?

Comments:

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

### Section 5: Building sewer

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?

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 in the comments.
- ☐ ☐ If system has more than one tank, is there any evidence of damage, plugging or settlement of the building sewer between the tanks?

Comments:

### Section 6: General questions and inspector comments

The property is: ☐ Vacant ☐ Occupied      If vacant, for approximately how long? \_\_\_\_\_

N/A Yes No

- ☐ ☐ Is property served by a private well?
- ☐ ☐ Is there a system record drawing?
- ☐ ☐ ☐ 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 property located within a municipality or special district that provides public sewer service?
- ☐ ☐ Does the entire system meet all required setbacks in Table 6 of ACHD Regulation O-26?  
(If no, provide detailed information in comments and indicate on diagram)

Comments:

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

**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 has deficiencies that require repairs.

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

\_\_\_\_\_  
Inspector signature

\_\_\_\_\_  
Date

*By signing this form, the inspector attests that the statements made on this form are true to the best of their knowledge based on what they were able to observe at the time of the inspection, statement(s) from the listed property owner, and their experience with onsite wastewater technology. This report shall NOT be construed as a warranty, either express or implied, by the inspector, the inspector's company, or ACHD that the system will function properly in the future for any current or future owner of the system.*