



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:

ATU RSF ISF Textile fiber Peat filter Other

N/A Yes No

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

If yes, when was system last inspected?

If other, indicate type: _____

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?
- Is there an odor?
- 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?

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? _____

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?

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.