

"Health begins where you live, learn, work, and play."

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LEADVILLE, CO 80461

Phone: (719) 486-2413 Fax: (719) 486-4168

Lake County Environmental Health

Onsite Wastewater Treatment System (OWTS) Transfer of Title Inspection Report

Name of Owner:	Date of Inspection:
Inspection Ordered By:	Name of Inspector:
Site Address:	Inspector's Certification No:
Owner's Phone:	Inspector's Address:
Size of Property (i.e. # of acres):	Inspector's Phone:
Send Inspection Report To:	Inspector's E-mail:
Property Legal Description:	
Type of Existing Building or Structure (if comn	mercial, list all uses or tenants):
I. GENERAL INFORMATION (TO BE CO	COMPLETED AND SIGNED BY OWNER)
1. Age of OWTS: Tank(s)years	Absorption Bed(s)years Otheryears
2. Water Softener	□ Yes □ No
Garbage Disposal	□ Yes □ No
Grease Trap	□ Yes □ No
3. Residential	□ Yes □ No
Commercial	□ Yes □ No
Flow Meter	□ Yes □ No
In-Home Business	☐ Yes ☐ No Type:
4. BEDROOMS: Number counted in struct	* *
Number Listed on OWTS Permit	□ PASS □ FAIL
Number Listed in Assessor Record	
Is House Currently Unoccupied?	☐ Yes ☐ No How long?
5. Has a sewage backup ever occurred?	
6. List any known repairs to system	
	0 - 11 - 11 - 0
7. Is there a service contract for system com	
8. Date septic tank last pumped prior to this	
Company: (Attach pum) 9. Water supply supplied by a well?	
10. Potability test sample of well taken?	Yes No
Potability test results:	
(NOTE: A pass or fail here does not indicate the control of the co	
(NOTE: A pass of rail here does not make	reace a pass/rail for the hispection)
The above information is true to the be	est of my knowledge.
	······································
Owner/Legal Agent:	Date:

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II. SYSTEM TYPE: Components of OWTS (complete as required) Type Manufacturer 1. Pretreatment (Septic Tank) Unit 1: _Capacity (gal)____ 2. Pump Tank 1: Capacity (gal)____ Type _____Manufacturer _____Capacity (gal)____ 3. Pretreatment/Treatment Unit 2: Capacity (gal)_____ 4. Pump Tank 2: Type: Area (Ft²) 5. Soil Treatment Unit: Type _____Manufacturer_____Capacity (gal)____ Vault (see instructions) **Warning Device** ☐ PASS □ FAIL **Pumping Receipts (vault only)** ☐ Yes \square No Location of warning device: 7. Additional Components: 8. Greywater Discharge (if separate from OWTS): Surface ☐ Subsurface ☐ Tank ■ None \square PASS FAIL III. EVALUATION PROCEDURES 1. Number of bedrooms counted in house: Are there other structures with plumbing? \Box YES \square NO (If "YES", all structures must be verified as connected to the OWTS and approved to be connected from Lake County permit records. If they are not, the report is a failing inspection and must be noted as "Unacceptable" with comments on inspection results of OWTS-Item #16) Number of bedrooms doesn't exceed OWTS record: □ PASS □ FAIL 2. Locate, access, and open the septic tank cover: □ PASS □ FAIL 3. If at grade, is tank cover secure? \square PASS 4. Can surface water infiltrate into tank(s)? □ No/PASS ☐ Yes/FAIL 5. Any indicators of previous failure (water/scum staining)? □ No Yes 6. Inspect lid; measure sludge and scum level: □ Yes No 7. Inspect effluent screen (if applicable): □ Yes □ No 8. Is there a diverter valve installed (multi-bed system)? ☐ Yes \square No 9. If there is a diverter valve, is it operational? ☐ Yes/PASS □ No/FAIL 10. Run an operation test (all beds if multiple-bed system): a. Gallons added in the operation test: gallons b. Does water backflow into tank? ☐ Yes/FAIL □ No/PASS 11. Pump out primary treatment (septic) tank: □ No/FAIL Yes a. How many gallons? gallons 12. Inspect the condition of the septic tank: PASS a. Inspect condition of inlet and outlet baffles \square No Yes b. Comments (cracks, deterioration, infiltration, or damage): 13. Does the system contain a dosing or pump tank, ejector, or grinder pump or an Advance Treatment Unit (ATU)? ☐ Yes \square No a. If so, was the condition of the tank checked? Yes No Comments: b. Is the pump elevated off the bottom of the tank? ☐ Yes □ No \square NA c. Does the pump work? ☐ Yes/Pass □ No/Fail \square NA d. Is there a check valve or purge hole present? ☐ Yes \square No \square NA e. Is there a high-water alarm? Yes No \square NA

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☐ Yes/Pass

□ No/Fail

 \square NA

f. Does the alarm work?

h. Do electrical connections appear satisfactory? i. Was the pump/ATU tank cleaned? yes/Pass No/Fail j. If an ATU, is the motor working? Yes/Pass No/Fail k. If an ATU, is there a current operation & maintenance agreement in place? Yes No 14. Was the soil treatment area probed to determine its location and to check for excessive moisture, odor, and/or effluent? Yes No a. Any area subject to serious erosion? Yes No b. Any area subject to compaction? Yes No c. Any indication of previous failure? Yes No d. Seepage visible on the surface of the field? PASS FAIL e. Is improper vegetation present? Yes No f. Heavy saturation in the distribution media? Yes No g. Even distribution of effluent in the field? Yes No h. Snow cover over the absorption area? Yes No i. Irrigation present on absorption area? Yes No 15. Distance between water well and soil treatment area: Feet Acceptable (no repairs required) Unacceptable (repairs required) Repairs required Photo Documentation required for of all instances of malfunctions/failures and of any repairs made Explain/define repairs needed or repairs made.:	
j. If an ATU, is the motor working?	
k. If an ATU, is there a current operation & maintenance agreement in place?	
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a. Any area subject to serious erosion?	
b. Any area subject to compaction?	
c. Any indication of previous failure?	
d. Seepage visible on the surface of the field?	
e. Is improper vegetation present?	
f. Heavy saturation in the distribution media?	
g. Even distribution of effluent in the field?	
h. Snow cover over the absorption area?	
i. Irrigation present on absorption area?	
15. Distance between water well and soil treatment area:Feet 16. Inspection results of OWTS: Acceptable (no repairs required) Unacceptable (repairs required) Repairs required Photo Documentation required for of all instances of malfunctions/failures and of any repairs made	
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Explain/define repairs needed of repairs made	
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☐ Complete system replacement required. Explain:	
☐ Further exploratory work is required. Explain:	
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IV. SKETCH OF SYSTEM	
Make an accurate sketch of the entire system that shows a north arrow, the location of the dwelling or	
structure(s) with two triangulated distance measurements to the septic tank lid(s) or GPS coordinates. Include	
sewer location to structure, septic tank(s), lift station, and soil treatment area. Include all pertinent setback	
locations, such as lakes, rivers, irrigation ditches, and all water wells.	
Note: LCPHA does NOT accept use of final drawings from existing permits, unless a copy is signed	
and dated by the inspector with a clear statement they have verified all locations and measurements	
to be true and accurate.	
By signing this form, I hereby verify that I am a NAWT or NSF-certified inspector who personally conducted	
the inspection of this property.	
Certified NAWT Inspector Signature: Date:	

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