



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

825 W. 6TH STREET PO BOX 626

LEADVILLE, CO 80461

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Lake County Environmental Health

On-Site Wastewater Treatment System Transfer of Title Inspections FACT sheet

Beginning March 1, 2019, Lake County Public Health Agency (LCPHA) requires a property owner of a residence or other building served by an On-Site Wastewater Treatment System (OWTS), to have an inspection of that system to demonstrate that the system is functioning prior to the sale or transfer of the property title.

1. Why is LCPHA developing a Transfer of Title Inspection or TOT Program?

- To discover problems that need to be repaired in order to prevent failures and protect public health and environment.
- To document undocumented systems in Lake County
- To assure that properly trained and certified inspectors conduct OWTS inspections
- To establish uniform OWTS inspection criteria and requirements
- To protect Lake County's groundwater, neighbors drinking water and the owner's investment

2. When will the requirement for Transfer of Title begin?

- March 1, 2019

3. Who is required to obtain a Transfer of Title Inspection and when?

- In most cases the property owner or transferor will be required to have the OWTS inspected and obtain an Acceptance Document from LCPHA. Exemptions may apply. See the list of approved exemptions or contact Environmental Health at 719-486-2413 for more information.
- Home owners and real estate agents should apply online at <http://www.lakecountyco.com/health/node/54> for a Transfer of Title Acceptance Document and initiate an inspection when listing the property for sale. Do not wait until right before closing.

4. How do I find an OWTS inspector?

- A list of NAWT certified TOT inspectors will be maintained on the LCPHA website.

5. Who can apply for the "Acceptance Document"?

- The owner, transferor, or real estate agent may submit a Transfer of Title application and then have the OWTS evaluated by a NAWT certified inspector. The on-line application is available 24/7 through the LCPHA website at <http://www.lakecountyco.com/health/node/54>.

6. How do I obtain an "Acceptance Document"?

- Submit a Transfer of Title application for an Acceptance Document to LCPHA, and pay the required application fee.
- Have the system inspected by a NAWT certified OWTS inspector. These inspectors are independent contractors and do not work for LCPHA.
- The certified inspector will submit a copy of the inspection report to LCPHA.

7. What if the inspector finds a deficiency?

- Repairs must be completed within 90 days of the submittal of the inspection report unless LCPHA determines that an imminent health hazard (such as surfacing sewage) exists. If an imminent health



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hazard exists, the time frame for corrective action will be determined by LCPHA to protect public health and the environment.

- Depending on the deficiency, a repair permit may be required from LCPHA to repair the OWTS.

8. What if the OWTS has a deficiency and/or is malfunctioning and the owner is not able to obtain a repair permit and complete the repairs prior to the closing date?

- LCPHA may issue a conditional acceptance document, provided that the purchaser of the property, or the assigned agent, signs a notarized conditional acceptance document agreement; The agreement will require the purchaser to obtain a permit and complete all necessary repairs to the OWTS within 90 days of occupancy of the structure.

9. How long is the "Acceptance Document" valid?

- The acceptance document is valid for six (6) months and may be renewed for another period of six (6) months depending on any conditions set forth in the first acceptance document.
- The acceptance document is valid until the date of real estate closing, or for a maximum period of twelve (12) months, whichever comes first.

10. Further questions?

- Please contact Environmental Health at 719-486-2413



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Exemptions from property Transfer of Title Inspection requirements

If the OWTS is not functioning according to design, the system must be repaired so it is functioning appropriately without risk to public health or environment. Photo documentation of all malfunctions and failures must be submitted to LCPHA with the applicable inspection report. A conditional acceptance document may be issued by LCPHA.

A Transfer of Title Acceptance Document will not be required under the following circumstances:

1. The entire OWTS serving the dwelling or structure was installed and given final LCPHA approval less than five years before the property sale closing date. An inspection will be required if any part of the OWTS is more than five years old (building sewer line is excluded).
2. The change in property ownership is solely to include or exclude a spouse.
3. The property transfer is creating or ending a joint ownership if at least one person is an original owner of the property and/or the spouse of an original property owner.
4. The property transfer contains a building or buildings connected to an OWTS that will be demolished (or already has been), and the building/buildings will not be occupied after the property transfer occurs.
5. The property transfer is being made to a trust that is in the same name as the property owner.
6. The property transfer is to affect the foreclosure or forfeiture of real property.
7. The property owner or person acquiring the title has signed an enforceable agreement with LCPHA to repair the OWTS.
8. The property owner will connect the dwelling or occupied building to a sanitary sewer or wastewater treatment system within two years following transfer of title, provided that such agreement has been disclosed to and is binding on the subsequent owner(s).
9. The property owner is part of a community plan for which their OWTS has received written approval from Lake County Govt and LCPHA, and the OWTS has been inspected, per plan requirements.



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Lake County Environmental Health

On-Site Wastewater Treatment System Transfer of Title Inspection Instructions

These instructions are for homeowners and inspectors completing the onsite wastewater treatment system (OWTS) inspection report for a TRANSFER OF TITLE ACCEPTANCE DOCUMENT. **The first page of the report must be completed and signed by the homeowner or the person acting as the homeowner’s agent.**

IMPORTANT: Not all systems require an inspection. Please see the list of qualified exemptions. **The process for issuing a property transfer of title acceptance document takes approximately 10 business days from the time the report is submitted to LCPHA; the inspection report should be submitted to LCPHA at least 2 weeks prior to the closing of the sale.**

OWNER INFORMATION SECTION

The box at the top of the first page of the report **MUST** be filled out completely. The system inspection report must be less than 365 days old.

SECTION I. GENERAL INFORMATION

*This section **MUST** be completed and **SIGNED** by the **homeowner or the homeowner’s agent***

1. Determine the age of the OWTS through existing permit(s). List the years for each component including septic tank(s), absorption bed(s) and other (pump tanks, ATU, etc.).
2. Mark “Yes” or “No” if the property served by the OWTS has a water softener, garbage disposal, or grease trap.
3. Mark “Yes” or “No” if the property is residential, commercial, has a water-flow meter, or is a home business (include type).
4. **This is a PASS/FAIL criterion. List all structures on the property that have bedrooms and/or plumbing including studios, garages, barns, offices, or other outbuildings with plumbing.** List the current number of bedrooms in the main home and other structures that have bedrooms, the number of bedrooms listed on the most recent OWTS permit, and the number of bedrooms listed in the Lake County Assessor’s records. Also include if the home is currently unoccupied; if so, for how long.

Assessor’s records can be found at <http://www.lakecountycolorado.com/assessor/>

***Note:** If the current number of bedrooms in the home or number of bedrooms listed in the assessor’s records is **GREATER** than the number of bedrooms noted on the most recent OWTS permit, it will result in a “**FAIL**,” and LCPHA will not accept the inspection report until the discrepancy is resolved. Call LCPHA for assistance.*

5. Note if a sewage backup has ever occurred inside the home.
6. List any known repairs made to the OWTS, even if they were done without a permit.
7. Note if a service contract is in place for system components, such as an aerobic tank, chlorinator, pump maintenance, tank pumping or effluent filter cleaning schedule; include the name of the servicing company and provide a copy of the service contract with the inspection report.
8. List the date of the last septic tank pumping, previous to the current inspection, and the frequency with which the septic tank is pumped (e.g. once per year, every two years, etc.). Note the name of the pumping company and attach available receipts (required per State Regulation 43).
9. Note if the water to the property is supplied by a well.
10. Note if a water sample test was taken for potability and if the water sample passed or failed.

Expired title of transfer acceptance document cannot be accepted. If the original inspection report is less than 365 days old, it may be used to apply for a new **title of transfer acceptance document**.

SECTION II. SYSTEM TYPE – Sections II-IV must be completed and signed by the inspector.

1. List the type (e.g. concrete, plastic), manufacturer, and capacity of the septic tank or write in “unknown.”
2. List the capacity of the lift station (i.e. pump tank) if applicable, or write “N/A.”
3. List the type of secondary tank utilized if applicable, or write “N/A.”
4. List the capacity of the secondary lift station if applicable, or write “N/A.”
5. Mark the type of soil treatment unit utilized (i.e. absorption bed, trenches, chambers, drip irrigation, ET, etc.).
List the soil treatment area in square feet.
6. If there is a vault **ONLY**, list the type, manufacturer, and capacity.
 - Check if the warning device is a “Pass” (i.e. is present and functioning) or “Fail.”
 - Note the location of the warning device.
 - Check if pumping receipts “Pass” (i.e. are available and will show that the tank is pumped frequently, permitting all wastewater to go into the vault and pumped out before filling to capacity) or “Fail.”
7. List any additional components of the OWTS.
8. Note if any greywater discharge is observed and where it is noted. If surface greywater discharge is observed, mark “Fail.”

SECTION III. EVALUATION PROCEDURES

The NAWT (National Association of Wastewater Technicians) inspector must walk through the home to verify the current number of bedrooms. Inspectors must use the following definition for a bedroom: *A room designed for sleeping, with a closet and an egress window. Habitable rooms are not less than 7 ft long on at least one wall. Basement bedroom windows must meet local egress code.*

The number of bedrooms currently in the house must not exceed the number of bedrooms listed on the most recent Lake County OWTS permit for the property.

1. Note the number of current bedrooms counted (according to the definition above) and if that number doesn't exceed number on OWTS permit (i.e. Pass) or does exceed the number on the OWTS permit (i.e. Fail).
Note: any structures, other than the main house, on the property that have plumbing (YES/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.
2. Note if the septic tank was located, accessed, and opened.
3. Note if the tank cover is secured.
4. Note if the tank seal was checked for integrity.
5. Note if any indications of previous failure, such as past repairs to the tank, were made.
6. Note if the tank lid integrity was inspected and if the sludge and scum layer in the tank was measured.
7. Note if the effluent filter was inspected.
8. Note if a diverter valve is utilized for a two-bed system (YES/NO).
9. If a diverter valve is installed note if it is operational (PASS/FAIL).
10. Note if an operation test was run, how many gallons of water were added to the tank, and if water flowed back into the tank. A maximum of 100 gallons of water should be added per bed during an operation test. **If there is a two-bed or multiple-bed system with a diverter valve, an operation test must be conducted on all absorption beds and noted on the inspection report.**
11. Note if the primary septic tank was pumped and how many gallons were pumped out. **The septic tank must be pumped in order to conduct a complete inspection of the tank interior. If the septic tank is not pumped, the inspection report will be considered a failed inspection.**
12. Note if the condition of the septic tank and the inlet and outlet tees were inspected, and comment on the condition.
13. Note if a dosing, pump tank or advanced treatment unit (ATU) is utilized and whether the condition was checked.
 - a. Check the condition of the tank and note comments

- b. Check if the pump (dosing or pump tank only) is elevated off of the tank bottom.
 - c. Check if the pump (dosing or pump tank only) is working. If not, mark “Fail.”
 - d. Note if a check valve or purge hole is present.
 - e. Note if a high-water alarm float is present.
 - f. Check the alarm float. If alarm float doesn’t work, mark “Fail.”
 - g. Mark the type of alarm utilized.
 - h. Inspect electrical components to ensure they are satisfactory.
 - i. Note if the pump/ATU tank was cleaned out. If not mark “Fail”
 - j. For ATU, note if the motor is working or not, if not working, mark “Fail”
 - k. For ATU, note if there is a current operation & maintenance agreement/contract in place.
14. Check if the treatment area was probed and if excessive moisture, odor, and/or effluent were present.
- a. Check to see if the area of the system is properly graded and not subject to serious erosion, such as channeling or gullying. No portion of the system may be uncovered or exposed.
 - b. Mark “Yes” if the system is located in a corral; under a driveway, parking lot or other structure; or otherwise subject to compaction. If not mark “No.”
 - c. Note if there is any indication of previous failure, such as excessive growth in one area, organic deposit, erosion, etc.
 - d. Note if any visible seepage of effluent is present on absorption field. If so, mark “Fail.”
 - e. Mark “No” if the area of the system is well-vegetated with grasses, weeds, and wild flowers, with only an occasional small shrub. If the area is heavily vegetated with shrubs and/or trees to the extent that it will allow root infiltration into the system, mark “Yes.”
 - f. Note if the system area contains heavy saturation in the gravel or media area by probing or observing inspection ports.
 - g. Note if effluent is being distributed evenly in the system area.
 - h. Note “Yes” if snow cover is present to the extent that it would limit the inspector’s ability to properly evaluate the system.
 - i. Note if irrigation is present on the field such as water sprinklers.
15. Note the distance from any well to the closest edge of the system area, measured in linear feet.
16. Note inspection results as “Acceptable” or “Unacceptable.” Note if repairs to the OWTS are required, and explain the repairs required. All instances of failure and malfunction required to be documented with photographs. Attach repair photographs to inspection report. Note if an entire system replacement is required or if further exploratory work is required.

SECTION IV. SKETCH OF THE SYSTEM.

Make an accurate sketch of the entire system that shows a north arrow and the location of the dwelling or structure 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.*

- g. Type of alarm: Audio Visual Both
- h. Do electrical connections appear satisfactory? Yes No
- 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

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

Explain/define repairs needed or repairs made.: _____

Complete system replacement required. Explain: _____

Further exploratory work is required. Explain: _____

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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Lake County Environmental Health

Conditional Acceptance Document Agreement to Repair an Onsite Wastewater Treatment System (OWTS)

AGREEMENT made and entered into this _____ day of _____, 20____
by (Print names of purchaser(s))

Phone Number _____

who intend to purchase certain real property and improvements ("Property") described as follows:(Print complete legal)

More commonly known and referred to as (Print property address)

Whereas, Lake County Public Health Agency (LCPHA) has determined that the onsite wastewater treatment system on the property is not approved in compliance with the Lake County Onsite Wastewater Treatment System (OWTS) Regulations, and in its present condition requires repairs to provide on-going protection of public health and the environment; and

Whereas, Purchasers are desirous of proceeding with their purchase of the Property subject to the terms and conditions of this agreement; and

Whereas, failure to comply with the terms of this Agreement will subject the Purchasers to penalties and enforcement action pursuant to C.R.S. §25-10-113; and

Whereas, Purchasers acknowledge that if at any time LCPHA determines that the OWTS has become an immediate threat to public health or environment, a written notice shall be issued to the Purchasers to immediately bring the OWTS into compliance with the Regulations.

NOW, THEREFORE, Purchasers agree as follows:

1. Purchasers agree to apply for a repair permit and complete the repairs to the OWTS servicing the dwelling or occupied building on the Property within 90 days after the closing date.
2. Purchasers acknowledge that their failure to complete repairs will cause Public Health to initiate enforcement actions against them, including injunctive relief precluding the use of the Property unless and until repairs are completed.

Purchaser's Signature(s):

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

By _____

Witness my hand and official seal.

Notary Public

My Commission Expires: _____



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Lake County Environmental Health

Conditional Acceptance Document Agreement to Pump and Inspect Onsite Wastewater Treatment System (OWTS)

AGREEMENT made and entered into this _____ day of _____, 20____
by (Print names of purchaser(s))

Phone Number _____

who intend to purchase certain real property and improvements ("Property") described as follows:(Print complete legal)

More commonly known and referred to as (Print property address)

Whereas, Lake County Public Health Agency (LCPHA) has determined that due to adverse weather and site access conditions, the Onsite Wastewater Treatment System (OWTS) cannot be pumped and inspected at this time and compliance with the acceptance document cannot be determined; and

Whereas, Purchasers are desirous of proceeding with their purchase of the Property subject to the terms and conditions of this agreement; and

Whereas, failure to comply with the terms of this Agreement will subject the Purchasers to penalties and enforcement action pursuant to C.R.S. §25-10-113; and

Whereas, Purchasers acknowledge that if at any time LCPHA determines that the OWTS has become an immediate threat to public health and/or environment, a written notice shall be issued to the Purchasers to immediately bring the OWTS into compliance with the Regulations.

NOW, THEREFORE, Purchasers agree as follows:

1. Purchasers agree to have the OWTS pumped and inspected within 180 days after the closing date or as soon as weather and site conditions permit, or whichever comes first. Purchasers further agree to apply for a repair permit and complete required repairs to the OWTS servicing the dwelling or occupied building on the Property as deemed as necessary by the inspection results.
2. Purchasers acknowledge that their failure to complete repairs will cause Public Health to initiate enforcement actions against them, including injunctive relief precluding the use of the Property unless and until repairs are completed.

Purchaser's Signature(s):

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____

By _____.

Witness my hand and official seal.

Notary Public

My Commission Expires: _____