DOUGLAS COUNTY HEALTH DEPARTMENT COLORADO

Use Permit Inspection Form

Date of Inspection: _____

Use Permit Inspection Information

IMPORTANT NOTE: This Douglas County Health Department (DCHD) Inspection Form must be completed by a **CERTIFIED** inspector. An Inspection report completed by an **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

Owners Name: _____ Phone: _____ Email: _____

Address: _____

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

Address of Property for which Use Permit is requested (if different from above):

_____

City: _____ Colorado Zip: _____

Section 1: Tanks

Tank 1

Tank Size (gallons): _____

Does this match DCHD 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 DCHD 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:

System Utilizes Uniform or Pressure Dosing, or is a 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:

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

If other, indicate type: _____

Yes	No	
☐	☐	Is secondary treatment unit operating properly?
☐	☐	Is there a current operation and maintenance (O&M) contract?

If Yes, when was system last inspected?

_____/_____/_____

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?

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?

Comments:

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?

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?

Comments:

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 the System Record Drawing form.
☐	☐	Is the public sewer within 400 feet of the property?
☐	☐	Does the entire system meet all required set-backs in Table 5 of DCHD Regulation 22-01 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 a Repair Verification Form

Yes	No	
☐	☐	In my opinion, at the time of the inspection, the OWTS is functioning adequately.

_____ _____

Inspector Signature Date