



Use Permit Inspection Form

PLEASE REFER TO INSTRUCTIONS PRIOR TO COMPLETION

Date of Inspection: _____

Use Permit Inspector Information

IMPORTANT NOTE: This Tri-County Health Department Inspection Form must be completed by a **CERTIFIED** inspector. An inspection report completed by **UNCERTIFIED** inspector(s) will **NOT** be accepted.

Name: _____ Phone: _____ Email: _____

National Association of Wastewater Transporters (NAWT) (or other approved) Certification

Number: _____ If Other, certifying entity: _____

Owner and Property Information

Owner's Name: _____ Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

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

City: _____ Colorado Zip: _____ County: _____

Section 1: Tanks

Septic Tank 1

Tank Size (gallons): _____

Tank Type: **Concrete** **Polyethylene** **Fiberglass** **Other** (circle one)

Usage: **Treatment** or **Dosing** (circle one)

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 or **Baffles** (circle one)
- If Tees or Baffles, are they in good condition?
- Is top of tank or riser within 8" or less of grade?
- Are the risers in good condition such that their function is not compromised?
- Is the lid (riser or manhole) in good condition?
- Does tank have an effluent filter(s)?
- If YES, is the filter accessible for cleaning?
- If YES, is filter clean and in good condition?

Septic Tank 2

Tank Size (gallons): _____

Tank Type: **Concrete** **Polyethylene** **Fiberglass** **Other** (circle one)

Usage: **Treatment** or **Dosing** (circle one)

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 or **Baffles** (circle one)
- If Tees or Baffles, are they in good condition?
- Is top of tank or riser within 8" or less of grade?
- Are the risers in good condition such that their function is not compromised?
- Is the lid (riser or manhole) in good condition?
- Does tank have an effluent filter(s)?
- If YES, is the filter accessible for cleaning?
- If YES, is filter clean and in good condition?

◆◆◆ Are additional tanks installed? _____ If YES, complete another use permit inspection form for the additional tanks. ◆◆◆

Property Address: _____

Section 2: Dosing Systems

If System Is Equipped with a Siphon, Pumps & Floats or Controls, answer the following:

Dosing Unit: **Siphon Pump** (circle one)

Yes No

- Is siphon/pump operational?
- Are floats properly tethered & operational?
- Is the junction box outside the tank riser?
- Is the junction box a NEMA 4x?
- Are the splices in the junction box made with silicon seals?
- Is there a means of disconnecting the house power supply to the pump at the junction box or control panel?

Yes No

- Is there an audio visual alarm?
- If YES, is alarm operational?
- Is pump in a screened vault?
- If Yes, is the vault in acceptable condition and screen clean?

Section 2A: Uniform or Pressure Dosed, Low Pressure Pipe or Drip Irrigation Systems

If System Utilizes Uniform or Pressure Dosing, or is a Low Pressure Pipe or Drip Irrigation, answer the following:

- Are the distribution valves in a box or vault?
- If yes, is the box or vault in acceptable condition?
- Are distribution valves operational ?
- 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?

Section 3: Secondary Treatment

Yes No

- Is there secondary treatment?
If YES, circle type of unit:

ATU, RSF, ISF, Textile Filter, Peat Filter, Other
If other, indicate type _____
- Is secondary treatment unit operating properly?

Yes No

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

If Yes, when was the system last inspected?
_____ / _____ / _____

Section 4: Absorption Area

Yes No

- Are there odors?
- Are there wet areas on ground surface?
- 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 accessible?
- If distribution box is accessible, is it in good condition and are the outlets level or equipped with speed levelers?

Yes No

- Is surface drainage adequate to protect absorption area from excessive erosion, infiltration, or precipitation?
- Is irrigated landscape planted over absorption area?
- Is vegetative cover adequate to protect absorption area from excessive erosion?
- Is vegetative cover excessive?
- Is there paving or driveway(s) over absorption area?
- Is absorption area covered with snow?
- Are driveways, horse corrals, patios, or pools constructed over the septic tank or absorption area?

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: _____

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

Section 6: General Questions and Inspector Comments

Is the property Vacant or Occupied? (circle one) If vacant, how long? _____ months _____ years

Yes No

Were deficiencies repaired?

IMPORTANT NOTE: All repairs must be completed by a Tri-County Health Department (TCHD) licensed system contractor.

If YES, do repairs require a permit from Tri-County Health Department?

If repairs made, please explain in detail and provide any supporting documentation of repair(s): _____

If Yes, Name of System Contractor Completing Repairs: _____

Phone: _____ Email: _____

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 TCHD Form S-103.

Does the entire system meet all required set-backs from Regulation I-11 (see Table 3)?

If NO, please explain in detail and indicate on diagram: _____

Other Comments:

Attach additional sheets if necessary.

In my opinion and based upon my inspection, the ISDS is functioning adequately.

Inspector Signature

Date

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