



Prevent • Promote • Protect

Environmental Health Division

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## Operation and Maintenance Inspection

PROPERTY INFORMATION			
Property Address:			
City, State, Zip:			
System Identifier:			
Structure Type:	<input type="checkbox"/> Main Residence <input type="checkbox"/> Secondary Living Structure <input type="checkbox"/> Auxiliary Structure <input type="checkbox"/> Commercial <input type="checkbox"/> NA		
Inspection Type:	<input type="checkbox"/> Startup/Initial Inspection <input type="checkbox"/> Annual Inspection <input type="checkbox"/> Other:		
Type of System Use	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal: <u>Months used?</u> <input type="checkbox"/> Occasional		
No of Residents:	<input type="checkbox"/> Adults: <input type="checkbox"/> Teenagers: <input type="checkbox"/> Children:		
No. Bedrooms:		No. Bathrooms:	
Date Form Completed:		Date of Inspection:	
Service Provider:		Time of Inspection:	

Completion of the following section should provide general assessment of all components in the OWTS. The intent of the O&M program is to ensure the system remains in a conforming state.

- Functioning: Implies the system is functioning in a conforming state as required by the regulations
- Functioning with concerns: Implies the system is functioning currently but may require mitigation, through maintenance or service, to ensure the system continues to function as required
- Malfunctioning: Implies the component is not functioning in compliance with the regulations and requires repairs to ensure the system is functioning as intended.

Any item marked functioning with concerns or malfunctioning must have detailed and clear comments associated. Additional components will need a separate inspection form to be completed if space is not available on this form.

SYSTEM COMPONENT INFORMATION	
System Design Flow (GPD):	
Maintenance Type:	<input type="checkbox"/> Pressure Distribution <input type="checkbox"/> Advanced Treatment
<b>General Site:</b>	

<b>System Odor:</b>	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong <input type="checkbox"/> Chemical <input type="checkbox"/> Sour				
	Source:				
<b>All components present, unmodified, and accounted for:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>General Site Evaluation:</b> <i>All components present in good repair, accessible from grade, free of damage or undocumented changes</i>					
<input type="checkbox"/> Functioning <input type="checkbox"/> Functioning with concerns <input type="checkbox"/> Malfunctioning <input type="checkbox"/> N/A					
<b>Comments:</b>					
<b>OWTS Tanks</b>					
No. Tanks:			List tanks:		
<b>Tank Evaluation:</b> <i>All components of the tank to be evaluated, effluent filter, baffles, flow, effluent level, structural integrity.  Each tank must be evaluated within this section, comments must be identified specific to the tank you are referencing</i>					
Septic Tank: <input type="checkbox"/> Functioning <input type="checkbox"/> Functioning with concerns <input type="checkbox"/> Malfunctioning <input type="checkbox"/> N/A					
Scum:			Sludge:		
Additional Septic Tank: <input type="checkbox"/> Functioning <input type="checkbox"/> Functioning with concerns <input type="checkbox"/> Malfunctioning <input type="checkbox"/> N/A					
Scum:			Sludge:		
Pump Tank: <input type="checkbox"/> Functioning <input type="checkbox"/> Functioning with concerns <input type="checkbox"/> Malfunctioning <input type="checkbox"/> N/A					
Scum:			Sludge:		
<b>Comments:</b>					
<b>Distribution Components:</b>					
<b>Distribution Component:</b>		<input type="checkbox"/> ADV <input type="checkbox"/> Diverter Valve <input type="checkbox"/> Distribution Box <input type="checkbox"/> Ball Valves			
<b>Distribution Components Evaluation:</b> <i>All components: ADV, DV, DBox, Valves are operational and in good repair. Mark all that apply within the OWTS</i>					
<input type="checkbox"/> Functioning <input type="checkbox"/> Functioning with concerns <input type="checkbox"/> Malfunctioning <input type="checkbox"/> N/A					
<b>Comments:</b>					
<b>Pump/Electrical Components:</b>					
<b>Pump/Siphon</b>	<input type="checkbox"/> Pump (model):		<input type="checkbox"/> Siphon (model):		
	Dose:		Water Sensor:		
	<input type="checkbox"/> Demand <input type="checkbox"/> Timed				
	Squirt Height:		Distribution height equal: <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Current Reading		Previous Reading
	Elapsed Time				
Cycles/Event:					
<b>Pump Component Evaluation:</b> <i>Sensor are in good conditions, alarm functioning both audible/visually, alarm on separate breaker from the floats and pump, cycle and event counters operational, squirt height consistent with previous inspection</i>					

Functioning    Functioning with concerns    Malfunctioning    N/A

**Comments:**

### Advanced Treatment Unit (ATU)

**Advanced Treatment**

Type:

ATU Component Evaluation:

*Aeration chamber functioning, venting and air supply in good repair, filtration unit functioning, ATU operational and unaltered. This is specific to an in tank ATU, OM specialist must have certification from the manufacture on file to service any ATU.*

Functioning    Functioning with concerns    Malfunctioning    N/A

**Comments:**

### Soil Treatment Area (STA):

**Soil Treatment Area (STA):** No. STA:

STA Type(s):

STA Component Evaluation:

*All STA operating as intended, no daylighting surfacing, no rodent activity, vegetation cover appropriate, cover appropriate no surfacing observed Comments must identify which STA you are referencing*

STA 1:

Distribution:  Gravity    PD    Other:

Functioning    Functioning with concerns    Malfunctioning    N/A

STA 2:

Distribution:  Gravity    PD    Other:

Functioning    Functioning with concerns    Malfunctioning    N/A

**Comments:**