



Prevent • Promote • Protect

Environmental Health Division

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## Onsite Wastewater Treatment System Property Sale Inspection

Date of Inspection: \_\_\_\_\_

**Note: If more than one OWTS is installed on the property a separate Property Sale Inspection must be completed for each ON#.**

**Issuance of an acceptance document will follow submission and review of this inspection report and will include information provided in this inspection as well as a review of records on file.**

PROPERTY INFORMATION	
Property Address:	ON#:
City, State, Zip:	Tax Schedule #:
Structure Type: <input type="checkbox"/> Residential <input type="checkbox"/> Multifamily <input type="checkbox"/> Auxiliary <input type="checkbox"/> Commercial <input type="checkbox"/> Not Connected	
Inspection Type: <input type="checkbox"/> Initial Inspection <input type="checkbox"/> Follow Up Inspection <input type="checkbox"/> Other:	
Date Form Completed:	Form Completed by:
Certified Inspector:	Professional License No.:

SYSTEM USE INFORMATION	
Property Vacant/Occupied: <input type="checkbox"/> Occupied <input type="checkbox"/> Vacant If vacant, how long vacated:	
Type of System Use: <input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal: <u>How many seasonal months used?</u>	
No of Residents: Adults:                  Teenagers:                  Children:	
No. of Bedrooms:	Match EPCPH Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Record on File
No. of Bathrooms:	Water Supply: <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Other:
Highest daily water usage: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Steady throughout the day	
Continuous toilet cleaner used: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of toilet paper rolls used per week:
Consecutive Loads of Laundry: <input type="checkbox"/> Yes <input type="checkbox"/> No	Loads of laundry done Per day:                  Per week:
Has there been a recent surge in system use?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain:	

System Use Comments:

General OWTS Information	
<i>Note: Any NO response requires related comments to be added in the comments section.</i>	
Was flow test conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate how many gallons used:
Cleanouts between house and tank: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximate location from structure:	
Evidence of damage or settling between house and tank: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Evidence of damage or settling between tank and STA: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do current EPCPH records match system as currently installed: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, submit a record of system as inspected	
Is there advanced treatment unit on system: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<i>If No skip to OWTS Tanks</i>	
<b>Advanced Treatment Unit (ATU):</b>	<b>ATU Functioning Appropriately:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

General Information Comments:

OWTS TANK(S)	
<i>Note: Any NO response requires related comments to be added in the comments section.</i>	
Tank 1	Tank 2 <small><input type="checkbox"/> Check if not applicable N/A</small>
<b>Tank use:</b> <input type="checkbox"/> Main <input type="checkbox"/> Pump <input type="checkbox"/> Other:	<b>Tank use:</b> <input type="checkbox"/> Main <input type="checkbox"/> Pump <input type="checkbox"/> Other:
<b>Tank Size(gal):</b>	<b>Tank Size(gal):</b>
<b>Type:</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Poly <input type="checkbox"/> Other:	<b>Type:</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Poly <input type="checkbox"/> Other:
<b>No. of Compartments:</b>	<b>No. of Compartments:</b>
<b>Comp. 1 Accumulations:</b> Sludge:                      Scum:	<b>Comp. 1 Accumulations:</b> Sludge:                      Scum:
<b>Comp. 2 Accumulations:</b> Sludge:                      Scum:	<b>Comp. 2 Accumulations:</b> Sludge:                      Scum:
<b>Tank pumped:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    Gal Pumped:	<b>Tank pumped:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    Gal. Pumped:
<b>Tank fully inspected:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Tank fully inspected:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Tank functioning as intended:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Tank functioning as intended:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Tank Baffle/Tee in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Tank Baffle/Tee in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Effluent within operational limits:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Effluent within operational limits:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If no, did effluent return to normal levels:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If no, did effluent return to normal levels:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>How long did effluent take to return to normal:</b>	<b>How long did effluent take to return to normal:</b>
<b>Does tank have an effluent filter:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Does tank have an effluent filter:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Effluent filter accessible for cleaning:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Effluent filter accessible for cleaning:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Was effluent filter cleaned:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Was effluent filter cleaned:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Tank risers to grade:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Tank risers to grade:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Risers in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Risers in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Riser lids secure and in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Riser lids secure and in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are there additional tanks?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes an additional form must be completed</i>	

OWTS Tank Comments:

OWTS System Distribution	
<i>Note: Any NO response requires related comments to be added in the comments section.</i>	
<b>System distribution:</b> <input type="checkbox"/> Gravity <input type="checkbox"/> Pump-to-gravity <input type="checkbox"/> Pressure Distribution <input type="checkbox"/> Other: <i>If gravity skip to OWTS STA</i>	
<b>Dosing unit:</b> <input type="checkbox"/> Pump <input type="checkbox"/> Siphon	<b>Is dosing unit operational:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is float tree appropriately secured:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Are floats operational:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Is an audio/visual alarm installed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Is the audio/visual alarm operational:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Is an appropriate control panel installed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Is control panel wiring in good condition/functional:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<b>Are all electrical components watertight:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Does the control panel have appropriate, separate breakers to disconnect the power from house:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Is there a dosing/event counter:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Distribution mechanism:</b> <input type="checkbox"/> Automatic Distribution Valve (ADV) <input type="checkbox"/> Distribution Valves <input type="checkbox"/> Manifold	
<b>Is distribution mechanism functioning properly:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Is distribution mechanism accessible from grade:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Flushing valves present:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Are flushing valves operational:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Risers in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Risers in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Riser lids secure and in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Riser lids secure and in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are there multiple distribution types?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes explain in comments	

OWTS Distribution Comments:

OWTS Soil Treatment Area (STA)	
<i>Note: Any NO response requires related comments to be added in the comments section.</i>	
STA 1	STA 2 <input type="checkbox"/> Check if not applicable N/A
<b>Year Installed:</b>	<b>Year Installed:</b>
<b>Type:</b> <input type="checkbox"/> Chamber <input type="checkbox"/> Rock/Pipe <input type="checkbox"/> Other:	<b>Type:</b> <input type="checkbox"/> Chamber <input type="checkbox"/> Rock/Pipe <input type="checkbox"/> Other:
<b>Additional Distribution Component:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Additional Distribution Component:</b>
<b>If Yes, Type:</b> <input type="checkbox"/> Distribution Box <input type="checkbox"/> Diverter Valve	<b>If Yes, Type:</b>
<b>Is distribution component accessible at grade:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is distribution component accessible at grade:</b>
<b>Distribution component in good repair:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Distribution component in good repair:</b>
<b>Was distribution component adjusted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Was distribution component adjusted?</b>
<b>Wet spots or surfacing observed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Wet spots or surfacing observed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation ports (O.P.) at or above grade:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Observation ports (O.P.) at or above grade:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is there standing effluent in O.P.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is there standing effluent in O.P.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, how many in. standing effluent was obs.:</b>	<b>If yes, how many in. standing effluent was obs.:</b>
<b>Is vegetation cover excessive?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is vegetation cover excessive?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is there evidence of compaction?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is there evidence of compaction?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is there evidence of encroachment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is there evidence of encroachment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

OWTS STA Comments: