



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"/> 2 nd Initial 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: Comments are required for answers which indicate components are not functioning as intended or otherwise require explanation.</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	

If No skip to OWTS Tanks

Advanced Treatment Unit (ATU): **ATU Functioning Appropriately:** Yes No

General Information Comments:

OWTS TANK(S)

Note: Comments are required for answers which indicate components are not functioning as intended or otherwise require explanation.

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

OWTS Tank Comments:

OWTS System Distribution

Note: Comments are required for answers which indicate components are not functioning as intended or otherwise require explanation.

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

Are all electrical components watertight: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Does the control panel have appropriate, separate breakers to disconnect the power from house: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there a dosing/event counter: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Distribution mechanism: <input type="checkbox"/> Automatic Distribution Valve (ADV) <input type="checkbox"/> Distribution Valves <input type="checkbox"/> Manifold	
Is distribution mechanism functioning properly: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is distribution mechanism accessible from grade: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Flushing valves present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are flushing valves operational: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Risers in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Riser lids secure and in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are there multiple distribution types? <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
Year Installed:	Year Installed:
Type: <input type="checkbox"/> Chamber <input type="checkbox"/> Rock/Pipe <input type="checkbox"/> Other:	Type: <input type="checkbox"/> Chamber <input type="checkbox"/> Rock/Pipe <input type="checkbox"/> Other:
Additional Distribution Component: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Additional Distribution Component: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If Yes, Type: <input type="checkbox"/> Distribution Box <input type="checkbox"/> Diverter Valve	If Yes, Type: <input type="checkbox"/> Distribution Box <input type="checkbox"/> Diverter Valve
Is dist component accessible at grade: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is dist component accessible at grade: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Distribution component in good repair: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Distribution component in good repair: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was distribution component adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Was distribution component adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Wet spots or surfacing observed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Wet spots or surfacing observed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Observation ports (O.P.) at/above grade: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Observation ports (O.P.) at/above grade: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there standing effluent in O.P.? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is there standing effluent in O.P.? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, how many in. standing effluent was obs.:	If yes, how many in. standing effluent was obs.:
Is vegetation cover excessive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is vegetation cover excessive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there evidence of compaction? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is there evidence of compaction? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there evidence of encroachment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is there evidence of encroachment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

OWTS STA Comments: