



# Park County Environmental Health Department

856 Castello Ave • P.O. Box 517, Fairplay, CO 80440

Office: 719-836-4267

[EHS@PARKCO.US](mailto:EHS@PARKCO.US)

## On-Site Wastewater Treatment System

### Transfer of Title Inspection Report

#### 1. Inspector Information

Company Name: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ NAWT Cert. # Required: \_\_\_\_\_

#### 2. System Information

Property Address: \_\_\_\_\_

Age of OWTS: \_\_\_\_\_  Water softener  Garbage disposal  Whirlpool

In-home business?  Yes  No Type: \_\_\_\_\_

Number of people currently occupying dwelling: \_\_\_\_\_

If currently unoccupied, for how long has it been vacant? \_\_\_\_\_

Number of bedrooms in dwelling: \_\_\_\_\_

Has there ever been a backup in the house?  Yes  No

List known repairs made to the system: \_\_\_\_\_

Date septic tank was last pumped: \_\_\_\_\_  Never to my knowledge

At what frequency? \_\_\_\_\_ Company: \_\_\_\_\_

#### 3. Property Owner Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**The above information is true to the best of my knowledge**

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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Site	Acceptable	Unacceptable	N/A
Erosion-properly graded, not eroded or gullied			
Improper Discharges- no secondary surface wastewater points such as gray water lines, washing machine lines, etc.			
Proper vegetation – area of system is free of trees and/or shrubs			
Safe from compaction- components are not located in an area subject to compaction ie; under a structure or corral			
<b>Tank</b>			
Correct slope entering the tank			
Internal baffles/tees present, solid, and in good condition			
Effluent is at appropriate level			
Internal condition – no corrosion, erosion, root infiltration: tank is water tight			
Tank access at grade or above			
Risers in good condition			
Access lids are durable, weather-resistant and in good condition			
Filtration component present – Doser/Pump/Filter – filter must be accessible and good condition			
<b>Pump Tank, Ejector or Grinder Pump</b>			
Pump elevated off the bottom of the chamber			
Doser/pump operates properly			
If there is a check valve, purge hole is present			
High water alarm operates properly			
<b>Soil Treatment Area</b>			
Probe to determine location, excessive moisture, odor, and/or effluent			
No indication of a previous failure			
No seepage visible on surface			
No indication of effluent surfacing (i.e., no unusually lush vegetation present)			
No ponding water in the distribution media			
Even distribution of effluent in the field			



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### Tank Information:

Type:  Concrete  Poly/Plastic  Metal (unacceptable)  Other

Number of compartments: \_\_\_\_\_ Tank size: \_\_\_\_\_

Mid seam tank:  No  Yes (water tightness test required)

Secondary Tank:  Yes  No

Type:  Concrete  Poly/Plastic  Metal (unacceptable)  Other

Pump records attached (required)

Risers Added: Yes No Existing Screen Added: Yes No Existing

Does the system contain a **dosing or pump tank, ejector or grinder pump?**

Yes No

**Aeration, Mechanical or Higher-Level Treatment Additions?** Yes No

Is there an active O&M Agreement Yes No Date of last inspection? \_\_\_\_\_

### Soil Treatment Area

Approximate distance between water well and STA: \_\_\_\_\_

**Explain answers as necessary and additional information:**



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**Please attach the pump receipt & sketch of system (include relation to physical features)**