



## CLEAR CREEK COUNTY'S USE PERMIT INSPECTION REPORT

### SERVICE PROVIDER INFORMATION

**IMPORTANT NOTE:** This Department of Public & Environmental Health Inspection Form must be completed by a **LICENSED** inspector who is either National Association of Wastewater Technicians ( **NAWT**) or **NSF** certified. An Inspection report completed by an **UNLICENSED OR UNCERTIFIED** inspector(s) will **NOT** be accepted.

INSPECTOR: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Certifying Agency: \_\_\_\_\_

Inspector's, please fill out the following information as thoroughly as possible. If not adequately completed, Clear Creek County will return the inspection to you for further investigation. For all unknown answers reply "unknown". If it is not applicable to the system, please reply with NA. The Use Permit Application and all required documentation must be submitted with this permit. Fail to do so, may result in Clear Creek County not accepting the inspection/application.

### I. GENERAL INFORMATION

<b>Please Fill out the following only if what is known is different from what the homeowner has noted.</b>
Type of OWTS: <input type="checkbox"/> Septic Tank & Absorption Field <input type="checkbox"/> Advanced Treatment/ Tank/Absorption <input type="checkbox"/> Vault or Vault Privy <input type="checkbox"/> Special Toilet (Composting/Incinerating) <input type="checkbox"/> Other    If other, explain _____
Are there ISDS/OWTS records for this system? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you aware of any damage to the existing system? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, explain: _____ _____

Do the records match what has been installed?  YES     NO     N/A (No records found)

How many bedrooms is the system designed for? \_\_\_\_\_

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

**II. SYSTEM TYPE**

<b>Check all that apply</b>			
<input type="checkbox"/> Pretreatment Unit/ <input type="checkbox"/> Septic Tank 1	Type: <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Fiberglass <input type="checkbox"/> NA Manufacturer: _____ Make: _____ Model: _____	Capacity: _____	Number of compartments:____
<input type="checkbox"/> Pretreatment Unit/ <input type="checkbox"/> Septic Tank 2	Type: <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Fiberglass <input type="checkbox"/> NA Manufacturer: _____ Make: _____ Model: _____	Capacity:_____	Number of compartments:____
<input type="checkbox"/> Higher Level Treatment Unit	Type: <input type="checkbox"/> Aeration <input type="checkbox"/> Membrane <input type="checkbox"/> Sand <input type="checkbox"/> Filter <input type="checkbox"/> NA <input type="checkbox"/> Other: _____ Manufacturer: _____ Make: _____ Model: _____	Capacity:_____	Number of compartments:____
<input type="checkbox"/> Dose Tank	<input type="checkbox"/> Siphon <input type="checkbox"/> Pump Tank <input type="checkbox"/> NA Make: _____ Model: _____	Capacity:_____	
<input type="checkbox"/> Lift Station	Type: <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Fiberglass <input type="checkbox"/> NA Make: _____ Model: _____	Capacity:_____	Number of compartments:____
<input type="checkbox"/> Soil Treatment Area:	Type: <input type="checkbox"/> Gravel <input type="checkbox"/> Chamber <input type="checkbox"/> Mound <input type="checkbox"/> Drip <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Unknown <input type="checkbox"/> No Field <input type="checkbox"/> Other _____ Make: _____ Model: _____	Area: _____ ft <sup>2</sup>	Dimensions: _____ X _____
<input type="checkbox"/> Vault:	Type: <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> NA Manufacturer: _____ Make: _____ Model: _____	Capacity: _____	
<input type="checkbox"/> Privy:	Type: <input type="checkbox"/> Pit <input type="checkbox"/> Vault <input type="checkbox"/> NA Make: _____ Model: _____	Water Supplied from fixtures in the house? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Additional Components:	Please list here: _____ _____ Make: _____ Model: _____	In working condition? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**III. EVALUATION PROCEDURES TANK(S)**

where in regulations

- 1. Is septic tank provided with a suitable lid  YES  NO Sec. 7.3.A.1
  - 2. Tank is structurally sound?  YES  NO Sec. 7.3.A.1
  - 3. Lids, baffles, tees, vents, effluent filters and screens are present and in good working condition?  YES  NO Sec. 7.3.A.2
  - 4. Can surface water infiltrate into the tank(s)?  YES  NO Sec.7.3.A.5
  - 5. Are there indicators of previous tank failure?  YES  NO
  - 6. Did you run an operation test?  YES  NO
    - a. Gallons added in the operation test \_\_\_\_\_ gallons
    - b. Does water backflow into tank from field  YES  NO
  - 7. Did you pump the tank(s)?  YES  NO Sec.7.2.A.2
    - a. How many gallons were pumped? \_\_\_\_\_gallons
    - b. Does this match the septic records?  YES  NO
  - 8. Condition of the septic tank(s) considered to be in good working order?  YES  NO Sec.7.3.A.1
- Comments, please specify: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**IV. EVALUATION PROCEDURES PUMP OR SIPHON**

- 1. Does the System contain a siphon or a pump  Siphon  Pump  NA  
(If NA, proceed to Section V)
- 2. Is the pump elevated off the bottom of the chamber?  YES  NO
- 3. Is the siphon or pump in good working order?  YES  NO  NA
- 4. Is there a high water alarm?  YES  NO  NA
- 5. Type of alarm  AUDIO  VISUAL  BOTH
- 6. Is the alarm in good working order?  YES  NO  NA
- 7. Do electrical components appear in good working order?  YES  NO  NA
- 8. Do mechanical components appear in good working order?  YES  NO  NA
- 9. Is there an operation & maintenance agreement?  YES  NO  NA
- 10. Has an operating permit been obtained?  YES  NO  NA

(A permit must be obtained prior to issuance of Use Permit)

- 11. Accessory components have been thoroughly Inspected  
to insure they are in good working order       YES    NO    NA

Please list: \_\_\_\_\_

**V. EVALUATION PROCEDURES SOIL TREATMENT AREA**

- 1. Was the soil Treatment area probed to determine its location?       YES    NO    **NO SOIL TREATMENT AREA**
- 2. Soil treatment area or sand filter are present and in good working order?       YES    **NO**
- 3. Is there any noticeable odor?       YES    NO
- 4. Is there any noticeable effluent?       YES    NO
- 5. Is improper vegetation present? (i.e. Trees or any plants with large roots)       YES    NO
- 6. Is there heavy saturation observed in the distribution media (standing water in vents)?       **YES**    NO
- 7. Is there even distribution of effluent?       YES    NO    Unknown
- 8. Is there snow cover over the absorption area?       YES    NO
- 9. If undocumented system, was the field area and depth able to be determined?       YES    **NO**    NA  
Area \_\_\_\_\_ ft<sup>2</sup>   Depth \_\_\_\_\_ ft

**VI. GENERAL OBSERVATIONS**

- 1. Is there any other noticeable discharge from the system, dwelling or structure?       **YES**    NO
- 2. Are there any other deficiencies that need to be noted:  
Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. SITE PLAN (Please Check what best describes the site plan)**

- As-built that matches the system
- Site plan/Plot Plan that matches the system
- Site Plan/Plot Plan that does not match the system (please use next page to draw in the system as inspected)
- No Site Plan/Plot Plan (please use next page to draw in the system as inspected)

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

**AS-BUILT (FROM INSPECTOR'S OBSERVATIONS)**

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

**VIII. INSPECTION RESULTS**

**Note that any items that are bold and red need to be addressed and could possibly lead to failure of the permit. There may be other issues that need to be addressed, and repair permits may need to be pulled before the Use Permit can be Approved.**

Inspectors, please select one of the following:

Inspection Passed (No repairs needed)

Inspection Passed (minor repairs or maintenance performed at the time of inspection)

Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspection did not pass (repairs required. Inspectors, please refer your clients to Clear Creek County to obtain the necessary permits to repair their systems.)

Describe repairs needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspection did not pass (needs further investigation)

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Date

**\*\*The use permit shall be revoked if it is determined that the system is no longer functioning in accordance with these Regulations or that false or misleading material statements were made on the application or inspection reports.\*\***