

EVALUATION CRITERIA FOR INSPECTING  
 ONSITE WASTEWATER TREATMENT SYSTEMS

This form provides guidance for use permit inspectors on the criteria for inspecting an onsite wastewater treatment system for a use permit. Please complete pages 1-2 utilizing the following instructions and inspection criteria. Please note that although only one use permit will be issued, all components of all systems on the property must be inspected and/or pumped. Use a separate FORM 701 (page 1 & 2) and FORM 702 (page 1) for each system.

**SYSTEM COMPONENTS**

To be approved a system must have a primary treatment unit (septic tank) with an absorption or evaporation system, or it can consist of a sealed vault. If the system is a pit or vaulted privy, the applicant must use FORM 800 for limited occupancy structures.

- Primary Treatment Unit  
Mark type of primary treatment unit.
- Secondary Treatment Unit  
Mark type of secondary treatment unit, if applicable.                      Otherwise, mark **NA**
- Absorption / Evaporation System  
Mark type of system, if applicable.    Otherwise, mark **NA**
- Alternate System  
Mark type of alternate system, if applicable.                                      Otherwise, mark **NA**
- Other Components  
Mark type of other components, if applicable.                                      Otherwise, mark **NA**

**Any condition in the sections below that is marked **FAIL** must be corrected prior to submittal. Include the date corrected and initials of technician.**

**SITE, WEATHER and OCCUPANCY CONDITIONS**

Erosion?

Area of the system properly graded and not eroded or gulleyed; no portion of the system is exposed: **PASS**.    Any other condition: **FAIL**

Improper discharges?

No secondary surface wastewater discharge points such as gray water lines, washing machine lines, "straight pipes" etc.: **PASS**.    Any other condition: **FAIL**

Improper vegetative cover?

Area of the system is well-vegetated with grasses, weeds and wildflowers, and an occasional small shrub: **NO**. If the area is heavily vegetated with shrubs and / or trees to the extent that it may allow root infiltration into the system, mark **YES**.

Subject to compaction?

System components are not located in a corral, under a driveway or other structure, or otherwise subject to compaction: **NO**. If this condition is noted, mark **YES**.

Snow cover?

Mark **NO** if there was no snow cover on the system; otherwise, mark **YES**.

Property vacant?

Mark **NO** if the property was occupied at the time of the inspection. If the property was unoccupied or temporarily vacant for more than one week prior to the inspection date, mark **YES**.

### ABSORPTION / EVAPORATION SYSTEMS

NOTE: For components not present or not part of the original installation, mark "NP."

Vent / observation pipe

Vent and / or observation pipes are in good repair: **PASS**. Any other condition: **FAIL**

D-box / valve box

Box has a suitable lid, accessible and in good condition, valves are marked and operational: **PASS**. Any other condition: **FAIL**

Sewage surfacing?

No standing or ponded effluent, winter ice build-up, no effluent leaks from vent or observation pipes: **PASS**. Any other condition: **FAIL**

*NOTE: to inspect a snow-covered system, dig to the ground surface in at least 3 locations in the area of the absorption or evaporation bed to determine if standing ice/water is present. You should also check the **YES** under "Snow cover?" above.*

Evidence of past surfacing?

No evidence of any past effluent discharge from any component, such as soil or vegetation staining, paper or other debris, etc.: **NO**. If observed: **YES**

Surface Dampness?

No sogginess or dampness of the ground surface over any portion of the system (except when caused by snow or rain): **NO**. If observed: **YES**.

Excessive Odors?

No more than a faint wastewater odor in the area of the system: **NO**. If strong odors are observed, mark **YES**.

Liquid in obs. / vent pipe?

If the liquid depth is less than 1", mark **NONE**, otherwise, mark selection for liquid depth in inches.

### ALTERNATE SYSTEMS (if not applicable, mark "NA")

Functioning?

Chemical toilet: unit free of leakage or damage, with no build-up of excreta or other waste material in the holding tank: **PASS**. Other conditions: **FAIL**

Composting toilet: unit functional; ventilation fan, if supplied, is functioning; no excess liquid in the composing chamber: **PASS**. Other conditions: **FAIL**

Incineration toilet: unit operates properly; waste materials completely incinerated during the burn cycle. Vents, gas lines and valves, or electrical connections properly connected and functional: **PASS**. Other conditions: **FAIL**

Surface discharge: unit equipped with a working contact-type chlorinator; detectable chlorine of at least 1.0 ppm in the wastewater discharge. The discharge may not flow off-site: **PASS** Other conditions: **FAIL**

Excessive Odors?

*For a chemical toilets: Mark **NO** if there are no wastewater odors*

*For a composting toilets: Mark **NO** if no odors detectable inside the enclosure.*

*For an incineration toilets: Mark **NO** if there is only a faint 'combustion' odor.*

*For surface discharges: Mark **NO** if there is only a faint 'wastewater' odor.*

Any other condition mark: **YES**.

**ELECTRIC LIFT/PUMP STATION** (if not applicable, mark "NA")

Lids

Tank equipped with a close-fitting lid(s) of the same materials as the tank or other durable, weather-resistant material, in good condition and repair: **PASS**

Any other conditions: **FAIL**

Tank integrity

Visible portions of the tank interior and exterior in good repair, materials not weathered or seriously cracked, no re-bar or root intrusion visible, caulking materials are in good condition and there are no roots intruding into the tank: **PASS**

Any other conditions: **FAIL**

Pump and controls

Pump and wastewater lines functional and in good repair, no leaks or damage, wiring, junction boxes, alarms and controls operational and in good repair with no exposed (bare) wires: **PASS**

Any other conditions: **FAIL**

**MINOR REPAIRS MADE TO SYSTEM**

For any minor repairs made during or after your inspection (other than repairs to the tank, which are noted on FORM 702, or the aeration system, which are on FORM 703), please check the box that corresponds most closely to the work that was done.

If **NO** work was needed, mark **NONE MADE**.

# JEFFERSON COUNTY PUBLIC HEALTH

## ONSITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

STREET ADDRESS: \_\_\_\_\_

SYSTEM SERVES\*: \_\_\_\_\_

*\* indicate structure served by the system, such as primary dwelling, barn, office, etc.*

INSPECTION FIRM \_\_\_\_\_

COLORADO PE # \_\_\_\_\_ NAWT # \_\_\_\_\_ NSF # \_\_\_\_\_

Except for system components, unless a section has been checked "NA," **ALL ITEMS** in that section must be completed. Any item marked **FAIL** must be repaired before the system can qualify for a use permit. All other **NO / YES** items are for information only and will be so noted on the use permit. "NP" means that the component was not provided with the original system.

**SYSTEM COMPONENTS** (mark only 1 item for each category, or mark **NA** if not applicable)

Primary Treatment Unit

- septic tank       gray water tank       aeration tank (**also attach FORM 703**)

Secondary Treatment Unit

- NA**       trickling media filter (**703**)       other (specify) \_\_\_\_\_

Absorption / Evaporation System

- NA**       Absorption system (any type)       Evaporation / Evapotranspiration bed

- Other (specify) \_\_\_\_\_

Alternate System

- NA**       chemical toilet       composting toilet       incineration toilet

- surface discharge       holding tank/vault       black water vault

- Other (specify) \_\_\_\_\_

Other Components:

- NA**       electric pump station       valve box       other \_\_\_\_\_

**SITE, WEATHER AND OCCUPANCY CONDITIONS DURING INSPECTION**

- |                            |                               |   |                 |
|----------------------------|-------------------------------|---|-----------------|
| Erosion?                   | <input type="checkbox"/> PASS | <input checked="" type="checkbox"/> <b>FAIL</b> |                 |
| Improper discharges?       | <input type="checkbox"/> PASS | <input checked="" type="checkbox"/> <b>FAIL</b> |                 |
| Improper vegetative cover? | <input type="checkbox"/> NO   | <input type="checkbox"/> YES                    |                 |
| Subject to compaction?     | <input type="checkbox"/> NO   | <input type="checkbox"/> YES                    | (specify) _____ |
| Snow cover?                | <input type="checkbox"/> NO   | <input type="checkbox"/> YES                    |                 |
| Property vacant?           | <input type="checkbox"/> NO   | <input type="checkbox"/> YES                    |                 |

**FOR ABSORPTION / EVAPORATION SYSTEMS**

- |                             |   |   |                                    |
|-----------------------------|---|---|------------------------------------|
| Vent / observation pipe     | <input type="checkbox"/> PASS                         | <input checked="" type="checkbox"/> <b>FAIL</b> | <input type="checkbox"/> <b>NA</b> |
| D Box / valve box           | <input type="checkbox"/> PASS                         | <input checked="" type="checkbox"/> <b>FAIL</b> | <input type="checkbox"/> NP        |
| Sewage surfacing?           | <input type="checkbox"/> PASS                         | <input checked="" type="checkbox"/> <b>FAIL</b> | <input type="checkbox"/> NP        |
| Evidence of past surfacing? | <input type="checkbox"/> NO                           | <input type="checkbox"/> YES                    |                                    |
| Surface Dampness?           | <input type="checkbox"/> NO                           | <input type="checkbox"/> YES                    |                                    |
| Excessive odors?            | <input type="checkbox"/> NO                           | <input type="checkbox"/> YES                    |                                    |
| Liquid in obs. / vent pipe? | <input type="checkbox"/> NONE                         | <input type="checkbox"/> less than 1"           |                                    |
|                             | <input type="checkbox"/> 1"- 6"                       | <input type="checkbox"/> greater than 6"        |                                    |
|                             | <input type="checkbox"/> Observation pipe not present |   |                                    |

