

**Hinsdale County Building
Department**
311 Henson St.
P.O. Box 277
Lake City, Colorado 81235
(p) 970.944.2225 | (f) 970.944.2630



**Mineral County Land Use
Office**
1201 N. Main
P.O. Box 70
Creede, Colorado 81130
(p) 719.658.2360 | (f) 719.658.2931

TRANSFER OF TITLE INSPECTION REPORT ON-SITE WASTEWATER TREATMENT SYSTEM

PROPERTY INFORMATION

Property Owner _____ Inspection Ordered By _____
 Owner or Agent's Phone # _____ Mailing or Email Address _____
 Property Address _____ County _____ Lot Size (acres) _____
 Transfer of Title Permit #: _____ - _____ Date of Inspection _____
 List All Buildings Served by this OWTS (include commercial uses): _____

INSPECTOR INFORMATION

Name of Inspector _____ Inspector's NAWT Certification # _____
 Inspector's Address _____ Certification Expiration Date _____
 Inspector's Email Address _____ Inspector's Phone # _____

GENERAL INFORMATION (to be completed by property owner or agent)

Age of OWTS: Tank(s) _____ years Soil Treatment Area _____ years Lagoon _____ years
 Water Softener? Y / N Garbage Disposal? Y / N Grease Trap? Y / N # of Bedrooms _____
 Commercial Uses (include # of employees/users) _____
 Is the dwelling or facility unoccupied or vacant? Y / N If so, for how long? _____
 Has a sewage backup ever occurred? Y / N Date of last sewage backup _____
 List any known repairs to system _____ Water supply _____
 Is there a service contract for system components? Y / N Date of last service _____
 Date septic tank was last pumped _____ Usual frequency of pumping _____

SYSTEM COMPONENTS (mark components not present with "N/A")

Septic Tank 1: Material _____ # of Compartments _____ Capacity (gallons) _____
 Septic Tank 2: Material _____ # of Compartments _____ Capacity (gallons) _____
 Aerator: Location (circle one): Middle Compartment of Septic Tank / Separate Aerator Vault
 Pump: Location (circle one): Pump Vault / Final Compartment of Septic Tank
 Siphon: Location (circle one): Siphon Vault / Final Compartment of Septic Tank
 Higher-Level or other Treatment Unit: Manufacturer/Model _____
 Soil Treatment Area: Distribution Media _____ (Chambers, GSF, Rock-and-Pipe, or Other)
 # of Trenches _____ # of Beds _____ Total # of Laterals _____ Area (ft²) _____
 Lagoon: Depth (ft) _____ Dimensions at Bottom (ft x ft) _____ Lined? Y / N

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Vault: Material _____ Capacity (gallons) _____ Warning Device? Y / N

Other Components: _____
Greywater or Other Discharges not connected to OWTS: _____

EVALUATION PROCEDURES (CDI = Corrected/Added During Inspection)

Septic Tank(s) or Vault(s)

Locate, access and open the septic tank cover(s)	_____ Complete	_____ Not Completed
Is tank cover at or above grade? _____ YES/Acceptable	_____ CDI/Acceptable	_____ NO/Unacceptable
Can surface water infiltrate into tank?	_____ NO/Acceptable	_____ YES/Unacceptable
Any indications of previous failure?	_____ NO	_____ YES
Inspect lid; measure sludge and scum level	_____ Complete	_____ Not Completed
Is effluent filter present? _____ YES	_____ CDI	_____ NO

Operating Test

Run an operating test: Gallons added _____	_____ Complete	_____ Not Completed
Does water added to the inlet line flow into the tank?	_____ YES/Acceptable	_____ NO/Unacceptable
Does water flow back into the tank from the outlet?	_____ NO/Acceptable	_____ YES/Unacceptable
What is the condition of the inside of the tank?	_____ Acceptable	_____ Unacceptable

Comments _____

Aerator (this section is for aeration tanks NOT being used as a Higher-level treatment system. Use this section for most lagoon-type systems – these systems are indicated with “aeration tank” or “home type” on most original permits)

Does the system contain an aeration tank?	_____ YES	_____ NO
Is the aerator working? _____ YES/Acceptable	_____ CDI/Acceptable	_____ NO/Unacceptable

(NOTE: Do not replace a failed aerator or install a new one without a repair permit from STPHD, However, you may restore electrical to a disconnected aerator during inspection.)

Aerator Manufacturer/Model (if working) _____ Age (years) _____

Pump Chamber

Does the system contain a dosing or other pump?	_____ YES	_____ NO
What is the condition of the pump chamber?	_____ Acceptable	_____ Unacceptable
Is the pump elevated off the bottom of the chamber?	_____ YES	_____ NO
Does the pump work?	_____ YES/Acceptable	_____ NO/Unacceptable

(NOTE: Do not replace failing pump without repair permit from STPHD)

Is there a check valve or purge hole present?	_____ YES	_____ NO
Is there a high-water alarm on a separate circuit?	_____ YES or CDI	_____ NO
Does the alarm work?	_____ YES/Acceptable	_____ NO/Unacceptable

Type of alarm: _____ Audio _____ Visual _____ Both

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Do electrical connections appear satisfactory? YES NO
Has the pump chamber been pumped? YES/Acceptable NO/Unacceptable

Siphon Chamber

Does the system contain a dosing or other siphon? YES NO
What is the condition of the siphon chamber? Acceptable Unacceptable
Is the siphon elevated off the bottom of the chamber? YES NO
Does the siphon work? YES/Acceptable NO/Unacceptable

(NOTE: Do not replace failing siphon without repair permit from STPHD)

Has the siphon chamber been pumped? YES/Acceptable NO/Unacceptable

Higher-level Treatment System (or other Pretreatment System)

Is the HLTS operational? YES/Acceptable NO/Unacceptable

(NOTE: Do not replace failed HLTS without repair permit from STPHD)

Comments:

Soil Treatment Area

Probe the soil treatment area. Complete Not Completed
Check the water level in the inspection ports. Complete Not Completed

Is there serious erosion, compaction or subsidence? NO YES
Is there indication of previous failure? NO YES
Is seepage visible on the surface of the STA? NO/Acceptable YES/Unacceptable
Is seepage visible down-slope from the STA? NO/Acceptable YES/Unacceptable
Is improper vegetation present? NO YES
Is there saturation or ponding in the distribution media? NO YES
Is effluent evenly distributed across the STA? YES NO
Is there snow cover or irrigation present? NO YES

Comments:

Lagoon

What is the depth of water in the lagoon? _____ feet
How much freeboard is there between the water level and the top of the berm?
 >2 FT/Acceptable 1-2 FT/Acceptable <1 FT/Unacceptable
Is seepage visible on the outside of the berm? NO/Acceptable YES/Unacceptable
What is the condition of the berm? Acceptable Unacceptable
Does the lagoon receive proper sunlight? YES NO
Is there excessive aquatic plant growth in the lagoon? NO or CDI YES
Is the lagoon fenced properly? YES/Acceptable CDI/Acceptable NO/Unacceptable

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Water Supply

Distance from STA or lagoon to nearest water well or cistern: _____ feet

Are there water line-sewer line crossings? _____ NO _____ YES

Other Components (Describe: _____)

_____) Inspection Results (attach additional narrative if necessary) _____ Acceptable _____ Unacceptable

INSPECTION SUMMARY

_____ Acceptable (no repairs required) _____ Unacceptable (repairs or replacement required)

_____ Repairs required that do not require a new permit (surface features/electrical only)

Note any items corrected/added during inspection:

Explain/define repairs needed:

If complete replacement is needed, explain here:

If further inspection or investigation is needed, explain here:

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RECORD DRAWING

Draw the entire system. Include a north arrow, location of dwellings and other structures, distances to septic tank(s), pump or siphon vault(s), soil treatment area, and lagoon if present. Include relevant setbacks to surface water, wells, cisterns, water service lines, and property lines.

ATTESTATION

By signing this form, I hereby verify that I am an NAWT-certified inspector who personally conducted the inspection of this property on the date reported.

Inspector Name _____ Signature _____ Date _____