

STATE OF COLORADO

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
WATER QUALITY CONTROL DIVISION
TELEPHONE: (303) 692-3500



Annual Compliance Self-Reporting Form

Domestic Wastewater Treatment Works
With No Ground Water Monitoring Requirements
PERMIT NO: COX-622000

Domestic wastewater treatment works (WWTWs) covered under General Permit 622000 must complete and submit this compliance self-reporting form to the Water Quality Control Division in order to demonstrate compliance with the terms and conditions of the permit. This report form must be submitted by February 28th of each year, and must cover the preceding calendar year (beginning with the first full month following the effective date of the WWTW's coverage under the General Permit). Attach additional pages as necessary to fully address each question.

Section A. General Information

1) Facility Name: _____

2) Permit Certification Number: _____

3) Facility Contact Information:

Contact Name/Title: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

4) Legal Owner Information:

Legal Owner
Name/Title: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

5) Operator in Responsible Charge (if different from the facility contact or legal owner):

Operator
Name/Title: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

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Section B. Flow Data

6) Provide the average daily flow into the septic tank for each month that the facility was in operation.

Month: _____	Flow: _____

Section C. Operation and Maintenance Information

7) Describe any changes in the quality or quantity of wastewater influent to the facility during the course of the preceding twelve-month period.

8) Describe any operational problems with the facility during the year such as power outages, failures of mechanical components, overflows, etc. Such description shall also include preventive maintenance activities undertaken during the year such as removal of sludge from the septic tank(s), and repairs made to the facility. Identify causes of any problem encountered and identify what practices were/shall be implemented to correct each problem. Identify what practices were/shall be implemented to prevent the problem for recurring.

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- 9) Describe any proposed expansions or significant alterations to the facility, including any plans to abandon the facility or connect to other wastewater collection facilities.

- 10) As applicable for septic systems -- Indicate if the septic tank was pumped, who provided that service , and which authorized WWTP received the septage.

- 11) As applicable for septic systems – Indicate when and by whom the septic tank and absorption system inspected.

- 12) Provide a copy of any notice of violation served to the facility by either the State or County. Briefly describe how issues were addressed and resolved.

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- 13) Where influent testing for ammonia is required under the facility-specify Certification to the general permit, submit analytical results for all influent samples collected and analyzed for ammonia during the reporting period.
- 14) Where additional monitoring (e.g., BOD₅, TSS, pH) is required under the facility-specify Certification to the general permit, submit analytical results for all samples collected and analyzed for the required parameters during the reporting period.
- 15) As applicable for septic systems -- Complete and attach the *ISDS/Onsite System Annual Inspection Report* form (this form is provided as Attachment A).

Section E. Certification

- 16) I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

_____ Signature of Owner(s)	_____ Date Signed
_____ Name (Printed)	_____ Title
_____ Signature of Operator	_____ Date Signed
_____ Name (Printed)	_____ Title

Both the owner and operator must sign the annual compliance self-reporting form. Please print clearly.

**- Attachment A-
ISDS/Onsite System Annual Inspection Report Form**

Facility Name: _____

CDPHE Permit NO. _____ INSPECTION DATE _____

Sludge Depth _____ Scum Depth _____

Risers to grade Y N Tees or Baffles in Good Condition Y N

Effluent screen-cleaning needed? (if applicable) Y N

SYSTEMS EQUIPPED WITH PUMPS ONLY:

Pump and floats operational Y N Alarm operational Y N

Is Alarm on a Separate Circuit from Pumps? Y N

DRIP OR ALTERNATING SYSTEMS ONLY:

Valve(s) switched Y N

ABSORPTION AREA INSPECTION:

Deficiencies

- _____ Odors
- _____ Wet spots
- _____ Standing water in standpipes
- _____ Evidence that surface drainage is impacting absorption area
- _____ Evidence of parking, driving or structures over absorption area
- _____ Irrigated planting over absorption area
- _____ Planting over absorption area

Action(s) to be taken:

Inspectors shall measure the levels of both sludge and scum in both chambers of the septic tank. For engineered systems with more than one septic tank, this will include the first septic tank.

If the combined depth of both sludge and scum in either chamber of the tank equal or exceed 24 inches, the tank will need to be pumped. All tanks are two chamber tanks. In most cases, the sludge and scum will accumulate more rapidly in the first chamber.

Example: Measured scum depth in first chamber = 7"; Measured sludge depth in first chamber = 17", 7" + 17" =24". A recommendation shall be made to the property owner to have the tank pumped.

Septic System Inspector: _____