

EL PASO COUNTY HEALTH DEPARTMENT  
COLORADO SPRINGS, COLORADO

012

SEWAGE DISPOSAL INSPECTION FORM

PERMIT NUMBER 3471

APPROVAL:  
YES  NO

# 6213000037

DATE 9/19/85

ENVIRONMENTALIST Krueger

LOCATION (street number) 5490 Burgess (5484) OCCUPANT \_\_\_\_\_

LEGAL DESCRIPTION ATTACHED SW4 SE4 S10 acres NW4 SE4 S13 T12S R66W

TYPE OF CONSTRUCTION \_\_\_\_\_ NO. OF BEDROOMS 4

SYSTEM INSTALLED BY R+R Ditching

COMMERCIAL MFG. yes SIZE 1500

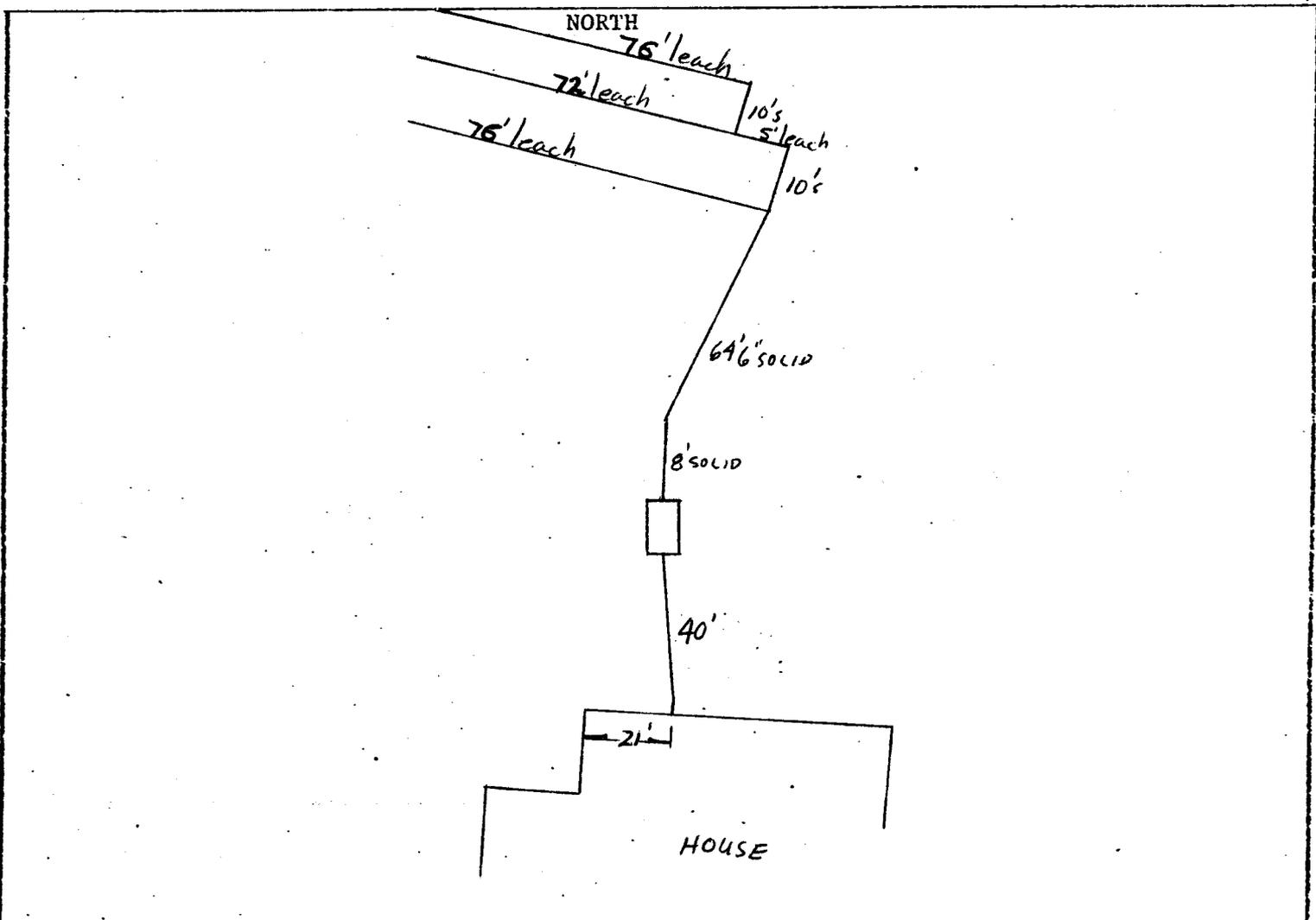
TYPE OF MATERIAL concrete NO. COMPARTMENTS 2

WIDTH \_\_\_\_\_ LENGTH \_\_\_\_\_ DEPTH (total) \_\_\_\_\_ LIQ. CAP. \_\_\_\_\_

DISPOSAL FIELD: BED OR TRENCH DEPTH 24"-36" WIDTH 36" LENGTH 229' SQ. FT. 687

DISTANCE BETWEEN LINES 10' ROCK river DEPTH 12" UNDER 6" OVER 2"

LEACHING PITS (NO.) \_\_\_\_\_ LINING MATERIAL \_\_\_\_\_ CAPACITY SQ. FT. \_\_\_\_\_



Acres 28

**EL PASO COUNTY • COUNTY HEALTH DEPARTMENT**  
501 North Foote Avenue • Colorado Springs, Colorado • 578-3125

Permit 3471

Water Supply Well

Receipt No. 8162

### PERMIT

**TO CONSTRUCT, ALTER, REPAIR or MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

Issued To Jon Campbell

Date 7/17/85

Address of Property 5490 Burgess Road, Black Forest, CO.

Phone 596-5960

*(Permit valid at this address only)*

Sewage-Disposal System work to be performed by \_\_\_\_\_ Phone \_\_\_\_\_

This Permit is issued in accordance with 25-10-106 Colorado Revised Statutes 1973, as amended. PERMIT EXPIRES upon completion of installation of sewage-disposal system or at the end of six (6) months from date of issue—whichever occurs first—(unless work is in progress). This permit is revokable if all stated requirements are not met.

**—THIS PERMIT DOES NOT DENOTE APPROVAL OF ZONING AND SEWAGE REQUIREMENTS—**

\$150.00

PERMIT FEE (NOT REFUNDABLE)

January 17, 1986

DATE OF EXPIRATION

*John P. ...*  
DIRECTOR, COUNTY HEALTH DEPARTMENT  
*Gary Krueger by AD*  
ENVIRONMENTALIST

**NOTE: LEAVE ENTIRE SEWAGE-DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION. 48 HOUR ADVANCE NOTICE REQUIRED.**

SEPTIC TANK: <u>1500</u> gallons	TRENCH SYSTEM: total square feet <u>688</u> <u>229</u> ft. of trench <u>36</u> inches wide _____ ft. of trench _____ inches wide	BED SYSTEM: total square feet _____	SEEPAGE PIT SYSTEM: total square feet _____ rings or _____ diam.x _____ w/d
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**NOTES:** Keep ISDS out of any drainage ways and potential high ground water area.

The Health Office shall assume no responsibility in case of failure or inadequacy of a sewage-disposal system, beyond consulting in good faith with the property owner or representative. Free access to the property shall be authorized at reasonable times for the purpose of making such inspections as are necessary to determine compliance with requirements of this law.

TAX # 6213000037  
E 9/19/1985

El Paso County Health Department  
501 North Foote Avenue  
Colorado Springs, CO 80909-4598  
(303) 578-3125

Gary

APPLICATION FOR A PERMIT TO CONSTRUCT, REMODEL, OR INSTALL A SEWAGE DISPOSAL SYSTEM

NAME OF OWNER Don D. Campbell HOME PHONE 578-0465 WORK PHONE 596-5960

ADDRESS OF PROPERTY 5490 Burgess DATE 6/19/85

LEGAL DESCRIPTION OF PROPERTY ATTACHED

TAX SCHEDULE NUMBER 62130-00-37 SYSTEM CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

OWNER'S ADDRESS IF DIFFERENT 4255 Ruby Dr.

TYPE OF HOUSE CONSTRUCTION Frame SOURCE AND TYPE OF WATER SUPPLY Well

SIZE OF LOT 2.8 ac. MAXIMUM POTENTIAL NUMBER OF BEDROOMS 4 BASEMENT (yes or no) No

PERCOLATION TEST RESULTS ATTACHED (yes or no) Yes

A plot plan and accompanying information are essential; it may be drawn on the back of this application or be attached. Please include by measured distance the location of wells including neighbors' wells, springs, water supply lines, cisterns, buildings, proposed structures, property lines, property dimensions, subsoil drains, lakes, ponds, water courses, streams, and dry gulches. Please show the location of the proposed septic system by directions and distances from actual and/or proposed dwellings, structures, or fixed reference objects. Give complete directions to the property from major highways.

Applicant acknowledges that the completeness of the application is conditional upon such further mandatory and additional tests and reports as may be required by the department to be made and furnished by the applicant for purposes of evaluation of the application; and issuance of the permit is subject to such terms and conditions as deemed necessary to ensure compliance with rules and regulations adopted under Article 10, Title 25, C.R.S. 1973 as amended. The undersigned hereby certifies that all statements made, information and reports submitted by the applicant are or will be represented to be true and correct to the best of my knowledge and belief and are designed to be relied on by the El Paso County Health Dept. in evaluating the same for purposes of issuing the permit applied for herein. I further understand that any falsification or misrepresentation may result in the denial of the application or revocation of any permit granted based upon said application and in legal action for perjury as provided by law.

SIGNATURE [Signature]  
HEALTH DEPARTMENT USE ONLY

PERMIT NUMBER 3471 RECEIPT NUMBER 8162 DATE TO LAND USE DEPARTMENT \_\_\_\_\_

ABSORPTION AREA 688" TANK CAPACITY 1500 DATE OF SITE INSPECTION 6/24/85

REMARKS: 279' x 36" trench keep ISDS out of any DRAINAGE WAYS + POTENTIAL HIGH-GD. H<sub>2</sub>O AREAS

APPLICATION IS APPROVED  DENIED ( ) DATE 6/24/85 ENVIRONMENTALIST [Signature]

T-C EXCAVATING, INC.  
 Chester Hamacher  
 6430 Burrows Rd. Tel.: 495-2379  
 Colorado Springs, Colorado 80908

SOIL PERCOLATION DATA SHEET

Date: June 14, 1985

Client: Jon Campbell Address: 4975 Templeton Gap  
 City: Colorado Springs State: CO Zip Code: 80918 Home: 598-0465  
 County: El Paso Location of Test: 5490 Burgess Rd. Tele.: 596-5960

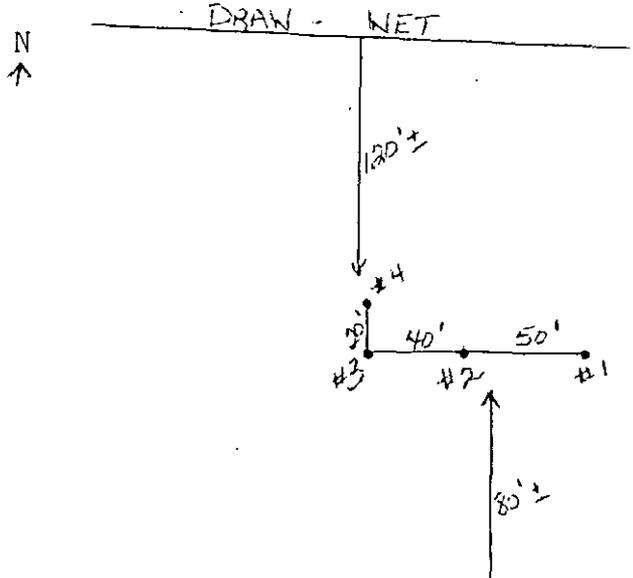
No. Acres: 28 Water Supply: Well

PERCOLATION RATE MEASUREMENT RESULTS

	Hole Depth	DEPTH TO WATER				Last Drop	Min. per Inch	
		Time: 4:25	Time: 4:55	Time: 5:25	Time: 5:55			
#1	34"	20 11/16	20 5/8	20 7/8	22 5/8	1 1/2"	20	
#2	34"	20 9/16	20 3/4	20 9/16	26 13/16	5 3/4"	5.21	
#3	34"	20 3/4	20 1/2	20 7/8	25 3/8	4 1/2"	6.66	
							Avg.	11

PROFILE

#4	Depth	Soil Description	Ground Water: None
	0 - 4"	Top soil	Bedrock: None
	4" - 3'	Sand w/clay	Grade of Site: Approx. 2% to N
	3' - 8'	Sandy clay	



REMARKS:



PRO. HOUSE

EXHIBIT A:

LEGAL DESCRIPTION

That portion of the Southwest quarter of the Southeast quarter and of the South 10 acres of the Northwest quarter of the Southeast quarter of Section 13 in Township 12 South, Range 66 West of the 6th P.M., described as follows: Commencing at the Southeast corner of the Southwest quarter of the Southeast quarter of said Section 13 and run thence North on the East line of the West half of the Southeast quarter of said Section 13 a distance of 1650 feet to the Northeast corner of the South 10 acres of the Northwest quarter of the Southeast quarter of said Section 13; thence West on the North line of said 10 acre tract a distance of 592.8 feet to the point of beginning of the tract to be described hereby: Thence South parallel with the East line of the West half of the Southeast quarter of said Section 13 a distance of 1025 feet; thence angle right 90° Westerly a distance of 100.2 feet; thence angle left 90° Southerly a distance of 180 feet; thence angle left 90° Easterly 185.2 feet; thence angle right 90° Southerly and parallel with the East line of the West half of the Southeast quarter of said Section 13 a distance of 445 feet to a point on the South line of said Section 13; thence Westerly on said South line to the Southwest corner of the Southeast quarter of said Section 13; thence Northerly on the Westerly line of the West half of the Southeast quarter of said Section 13 to intersect the Westerly extension of the Northerly line of the said South 10 acres of the Northwest quarter of Southeast quarter of Section 13; thence Easterly on said Northerly line to the point of beginning, except the South 30 feet thereof..



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Environmental Health Division

1675 W. Garden of the Gods Rd., Suite 2044  
 Colorado Springs, CO 80907  
 (719) 578-3199 *phone*  
 (719) 575-3188 *fax*  
[www.elpasocountyhealth.org](http://www.elpasocountyhealth.org)

## Onsite Wastewater Treatment System Property Sale Inspection

Date of Inspection: \_\_\_\_\_

**Note: If more than one OWTS is installed on the property a separate Property Sale Inspection must be completed for each ON#.**

**Issuance of an acceptance document will follow submission and review of this inspection report and will include information provided in this inspection as well as a review of records on file.**

PROPERTY INFORMATION	
Property Address:	ON#:
City, State, Zip:	Tax Schedule #:
Structure Type: <input type="checkbox"/> Residential <input type="checkbox"/> Multifamily <input type="checkbox"/> Auxiliary <input type="checkbox"/> Commercial <input type="checkbox"/> Not Connected	
Inspection Type: <input type="checkbox"/> Initial Inspection <input type="checkbox"/> Follow Up Inspection <input type="checkbox"/> Other:	
Date Form Completed:	Form Completed by:
Certified Inspector:	Professional License No.:

SYSTEM USE INFORMATION	
Property Vacant/Occupied: <input type="checkbox"/> Occupied <input type="checkbox"/> Vacant If vacant, how long vacated:	
Type of System Use: <input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal: <u>How many seasonal months used?</u>	
No of Residents: Adults:                  Teenagers:                  Children:	
No. of Bedrooms:	Match EPCPH Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Record on File
No. of Bathrooms:	Water Supply: <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Other:
Highest daily water usage: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Steady throughout the day	
Continuous toilet cleaner used: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of toilet paper rolls used per week:
Consecutive Loads of Laundry: <input type="checkbox"/> Yes <input type="checkbox"/> No	Loads of laundry done Per day: <sup>1</sup> Per week: <sup>2</sup>
Has there been a recent surge in system use?: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	

System Use Comments:

General OWTS Information	
<i>Note: Any NO response requires related comments to be added in the comments section.</i>	
Was flow test conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate how many gallons used:
Cleanouts between house and tank: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approximate location from structure:
Evidence of damage or settling between house and tank: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Evidence of damage or settling between tank and STA: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do current EPCPH records match system as currently installed: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, submit a record of system as inspected	
Is there advanced treatment unit on system: <input type="checkbox"/> Yes <input type="checkbox"/> No	

*If No skip to OWTS Tanks*

Advanced Treatment Unit (ATU):	ATU Functioning Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**General Information Comments:****OWTS TANK(S)***Note: Any NO response requires related comments to be added in the comments section.*

Tank 1	Tank 2 <input type="checkbox"/> Check if not applicable N/A
Tank use: <input type="checkbox"/> Main <input type="checkbox"/> Pump <input type="checkbox"/> Other:	Tank use: <input type="checkbox"/> Main <input type="checkbox"/> Pump <input type="checkbox"/> Other:
Tank Size(gal):	Tank Size(gal):
Type: <input type="checkbox"/> Concrete <input type="checkbox"/> Poly <input type="checkbox"/> Other:	Type: <input type="checkbox"/> Concrete <input type="checkbox"/> Poly <input type="checkbox"/> Other:
No. of Compartments:	No. of Compartments:
Comp. 1 Accumulations: Sludge:                      Scum:	Comp. 1 Accumulations: Sludge:                      Scum:
Comp. 2 Accumulations: Sludge:                      Scum:	Comp. 2 Accumulations: Sludge:                      Scum:
Tank pumped: <input type="checkbox"/> Yes <input type="checkbox"/> No Gal Pumped:	Tank pumped: <input type="checkbox"/> Yes <input type="checkbox"/> No Gal. Pumped:
Tank fully inspected: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tank fully inspected: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tank functioning as intended: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tank functioning as intended: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Baffle/Tee in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tank Baffle/Tee in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No
Effluent within operational limits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Effluent within operational limits: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, did effluent return to normal levels: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, did effluent return to normal levels: <input type="checkbox"/> Yes <input type="checkbox"/> No
How long did effluent take to return to normal:	How long did effluent take to return to normal:
Does tank have an effluent filter: <input type="checkbox"/> Yes <input type="checkbox"/> No	Does tank have an effluent filter: <input type="checkbox"/> Yes <input type="checkbox"/> No
Effluent filter accessible for cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Effluent filter accessible for cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No
Was effluent filter cleaned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Was effluent filter cleaned: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tank risers to grade: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tank risers to grade: <input type="checkbox"/> Yes <input type="checkbox"/> No
Risers in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Risers in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No
Riser lids secure and in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Riser lids secure and in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there additional tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes an additional form must be completed	

**OWTS Tank Comments:****OWTS System Distribution***Note: Any NO response requires related comments to be added in the comments section.*

System distribution: <input type="checkbox"/> Gravity <input type="checkbox"/> Pump-to-gravity <input type="checkbox"/> Pressure Distribution <input type="checkbox"/> Other: <i>If gravity skip to OWTS STA</i>	
Dosing unit: <input type="checkbox"/> Pump <input type="checkbox"/> Siphon	Is dosing unit operational: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is float tree appropriately secured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are floats operational: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is an audio/visual alarm installed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is the audio/visual alarm operational: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is an appropriate control panel installed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is control panel wiring in good condition/functional: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<b>Are all electrical components watertight:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Does the control panel have appropriate, separate breakers to disconnect the power from house:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Is there a dosing/event counter:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Distribution mechanism:</b> <input type="checkbox"/> Automatic Distribution Valve (ADV) <input type="checkbox"/> Distribution Valves <input type="checkbox"/> Manifold	
<b>Is distribution mechanism functioning properly:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Is distribution mechanism accessible from grade:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Flushing valves present:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Are flushing valves operational:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Risers in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Risers in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Riser lids secure and in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Riser lids secure and in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are there multiple distribution types?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes explain in comments	

OWTS Distribution Comments:

OWTS Soil Treatment Area (STA)	
<i>Note: Any NO response requires related comments to be added in the comments section.</i>	
STA 1	STA 2 <input type="checkbox"/> Check if not applicable N/A
<b>Year Installed:</b>	<b>Year Installed:</b>
<b>Type:</b> <input type="checkbox"/> Chamber <input type="checkbox"/> Rock/Pipe <input type="checkbox"/> Other:	<b>Type:</b> <input type="checkbox"/> Chamber <input type="checkbox"/> Rock/Pipe <input type="checkbox"/> Other:
<b>Additional Distribution Component:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Additional Distribution Component:</b>
<b>If Yes, Type:</b> <input type="checkbox"/> Distribution Box <input type="checkbox"/> Diverter Valve	<b>If Yes, Type:</b>
<b>Is distribution component accessible at grade:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is distribution component accessible at grade:</b>
<b>Distribution component in good repair:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Distribution component in good repair:</b>
<b>Was distribution component adjusted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Was distribution component adjusted?</b>
<b>Wet spots or surfacing observed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Wet spots or surfacing observed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation ports (O.P.) at or above grade:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Observation ports (O.P.) at or above grade:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is there standing effluent in O.P.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is there standing effluent in O.P.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, how many in. standing effluent was obs.:</b>	<b>If yes, how many in. standing effluent was obs.:</b>
<b>Is vegetation cover excessive?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is vegetation cover excessive?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is there evidence of compaction?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is there evidence of compaction?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is there evidence of encroachment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is there evidence of encroachment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

OWTS STA Comments:



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## Onsite Wastewater Treatment System Property Sale Inspection

Date of Inspection: \_\_\_\_\_

**Note: If more than one OWTS is installed on the property a separate Property Sale Inspection must be completed for each ON#.**

**Issuance of an acceptance document will follow submission and review of this inspection report and will include information provided in this inspection as well as a review of records on file.**

PROPERTY INFORMATION	
Property Address:	ON#:
City, State, Zip:	Tax Schedule #:
Structure Type: <input type="checkbox"/> Residential <input type="checkbox"/> Multifamily <input type="checkbox"/> Auxiliary <input type="checkbox"/> Commercial <input type="checkbox"/> Not Connected	
Inspection Type: <input type="checkbox"/> Initial Inspection <input type="checkbox"/> Follow Up Inspection <input type="checkbox"/> Other:	
Date Form Completed:	Form Completed by:
Certified Inspector:	Professional License No.:

SYSTEM USE INFORMATION	
Property Vacant/Occupied: <input type="checkbox"/> Occupied <input type="checkbox"/> Vacant If vacant, how long vacated:	
Type of System Use: <input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal: <u>How many seasonal months used?</u>	
No of Residents: Adults:                  Teenagers:                  Children:	
No. of Bedrooms:	Match EPCPH Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Record on File
No. of Bathrooms:	Water Supply: <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Other:
Highest daily water usage: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Steady throughout the day	
Continuous toilet cleaner used: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of toilet paper rolls used per week:
Consecutive Loads of Laundry: <input type="checkbox"/> Yes <input type="checkbox"/> No	Loads of laundry done Per day: <b>0</b> Per week: <b>0</b>
Has there been a recent surge in system use?: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	

System Use Comments:

General OWTS Information	
<i>Note: Any NO response requires related comments to be added in the comments section.</i>	
Was flow test conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate how many gallons used:
Cleanouts between house and tank: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approximate location from structure:
Evidence of damage or settling between house and tank: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Evidence of damage or settling between tank and STA: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do current EPCPH records match system as currently installed: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, submit a record of system as inspected	
Is there advanced treatment unit on system: <input type="checkbox"/> Yes <input type="checkbox"/> No	

*If No skip to OWTS Tanks*

Advanced Treatment Unit (ATU):	ATU Functioning Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**General Information Comments:****OWTS TANK(S)***Note: Any NO response requires related comments to be added in the comments section.*

Tank 1	Tank 2 <input type="checkbox"/> Check if not applicable N/A
Tank use: <input type="checkbox"/> Main <input type="checkbox"/> Pump <input type="checkbox"/> Other:	Tank use: <input type="checkbox"/> Main <input type="checkbox"/> Pump <input type="checkbox"/> Other:
Tank Size(gal):	Tank Size(gal):
Type: <input type="checkbox"/> Concrete <input type="checkbox"/> Poly <input type="checkbox"/> Other:	Type: <input type="checkbox"/> Concrete <input type="checkbox"/> Poly <input type="checkbox"/> Other:
No. of Compartments:	No. of Compartments:
Comp. 1 Accumulations: Sludge:                      Scum:	Comp. 1 Accumulations: Sludge:                      Scum:
Comp. 2 Accumulations: Sludge:                      Scum:	Comp. 2 Accumulations: Sludge:                      Scum:
Tank pumped: <input type="checkbox"/> Yes <input type="checkbox"/> No Gal Pumped:	Tank pumped: <input type="checkbox"/> Yes <input type="checkbox"/> No Gal. Pumped:
Tank fully inspected: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tank fully inspected: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tank functioning as intended: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tank functioning as intended: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Baffle/Tee in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tank Baffle/Tee in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No
Effluent within operational limits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Effluent within operational limits: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, did effluent return to normal levels: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, did effluent return to normal levels: <input type="checkbox"/> Yes <input type="checkbox"/> No
How long did effluent take to return to normal:	How long did effluent take to return to normal:
Does tank have an effluent filter: <input type="checkbox"/> Yes <input type="checkbox"/> No	Does tank have an effluent filter: <input type="checkbox"/> Yes <input type="checkbox"/> No
Effluent filter accessible for cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Effluent filter accessible for cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No
Was effluent filter cleaned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Was effluent filter cleaned: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tank risers to grade: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tank risers to grade: <input type="checkbox"/> Yes <input type="checkbox"/> No
Risers in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Risers in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No
Riser lids secure and in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Riser lids secure and in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there additional tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes an additional form must be completed	

**OWTS Tank Comments:****OWTS System Distribution***Note: Any NO response requires related comments to be added in the comments section.*

System distribution: <input type="checkbox"/> Gravity <input type="checkbox"/> Pump-to-gravity <input type="checkbox"/> Pressure Distribution <input type="checkbox"/> Other: <i>If gravity skip to OWTS STA</i>	
Dosing unit: <input type="checkbox"/> Pump <input type="checkbox"/> Siphon	Is dosing unit operational: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is float tree appropriately secured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are floats operational: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is an audio/visual alarm installed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is the audio/visual alarm operational: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is an appropriate control panel installed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is control panel wiring in good condition/functional: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<b>Are all electrical components watertight:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Does the control panel have appropriate, separate breakers to disconnect the power from house:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Is there a dosing/event counter:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Distribution mechanism:</b> <input type="checkbox"/> Automatic Distribution Valve (ADV) <input type="checkbox"/> Distribution Valves <input type="checkbox"/> Manifold	
<b>Is distribution mechanism functioning properly:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Is distribution mechanism accessible from grade:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Flushing valves present:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Are flushing valves operational:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Risers in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Risers in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Riser lids secure and in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Riser lids secure and in good condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are there multiple distribution types?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes explain in comments	

OWTS Distribution Comments:

OWTS Soil Treatment Area (STA)	
<i>Note: Any NO response requires related comments to be added in the comments section.</i>	
STA 1	STA 2 <input type="checkbox"/> Check if not applicable N/A
<b>Year Installed:</b>	<b>Year Installed:</b>
<b>Type:</b> <input type="checkbox"/> Chamber <input type="checkbox"/> Rock/Pipe <input type="checkbox"/> Other:	<b>Type:</b> <input type="checkbox"/> Chamber <input type="checkbox"/> Rock/Pipe <input type="checkbox"/> Other:
<b>Additional Distribution Component:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Additional Distribution Component:</b>
<b>If Yes, Type:</b> <input type="checkbox"/> Distribution Box <input type="checkbox"/> Diverter Valve	<b>If Yes, Type:</b>
<b>Is distribution component accessible at grade:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is distribution component accessible at grade:</b>
<b>Distribution component in good repair:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Distribution component in good repair:</b>
<b>Was distribution component adjusted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Was distribution component adjusted?</b>
<b>Wet spots or surfacing observed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Wet spots or surfacing observed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation ports (O.P.) at or above grade:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Observation ports (O.P.) at or above grade:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is there standing effluent in O.P.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is there standing effluent in O.P.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, how many in. standing effluent was obs.:</b>	<b>If yes, how many in. standing effluent was obs.:</b>
<b>Is vegetation cover excessive?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is vegetation cover excessive?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is there evidence of compaction?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is there evidence of compaction?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is there evidence of encroachment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is there evidence of encroachment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

OWTS STA Comments: