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 composting 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**.

---

Revised: 2/26/2016
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)

<table>
<thead>
<tr>
<th>Category</th>
<th>Item(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Treatment Unit</td>
<td>septic tank, gray water tank, aeration tank</td>
</tr>
<tr>
<td>Secondary Treatment Unit</td>
<td>trickling media filter (703)</td>
</tr>
<tr>
<td>Absorption / Evaporation System</td>
<td>Absorption system (any type), Evaporation</td>
</tr>
<tr>
<td>Alternate System</td>
<td>chemical toilet, composting toilet, incineration toilet</td>
</tr>
<tr>
<td>Other Components</td>
<td>electric pump station, valve box</td>
</tr>
</tbody>
</table>

SITE, WEATHER AND OCCUPANCY CONDITIONS DURING INSPECTION

<table>
<thead>
<tr>
<th>Condition</th>
<th>PASS</th>
<th>FAIL</th>
<th>NP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erosion?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improper discharges?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improper vegetative cover?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subject to compaction?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snow cover?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property vacant?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FOR ABSORPTION / EVAPORATION SYSTEMS

<table>
<thead>
<tr>
<th>System Component</th>
<th>PASS</th>
<th>FAIL</th>
<th>NP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vent / observation pipe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D Box / valve box</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewage surfacing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of past surfacing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Dampness?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive odors?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid in obs. / vent pipe?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Observation pipe not present
FOR ALTERNATE SYSTEMS  ☐ NA

Functioning?  ☐ PASS  ☐ FAIL
Specific odors?  ☐ NO  ☐ YES

FOR ELECTRIC LIFT / PUMP STATIONS  ☐ NA

Lid(s)  ☐ PASS  ☐ FAIL
Tank integrity  ☐ PASS  ☐ FAIL
Pump and controls  ☐ PASS  ☐ FAIL

MINOR REPAIRS MADE TO SYSTEM* (must be completed)
☐ NONE MADE
☐ Erosion control measures  ☐ Vent or observation pipe repaired / replaced
☐ Sewer line repairs  ☐ Other repairs / replacements

(*Use FORM 702 to report repairs to the tank and 703 for repairs to the mechanical system)

I hereby certify that I have inspected the above onsite wastewater treatment system in accordance with the guidance document(s) provided by Jefferson County Public Health and that my comments and observations accurately reflect the physical and operational status of the system and its components on the date of inspection and of any work performed by me.

______________________________________________________   ____________________
Inspector              Date

NOTE: TO OBTAIN A USE PERMIT THIS REPORT MUST BE FILED WITHIN THIRTY (30) DAYS OF THE DATE IT IS PREPARED AND SIGNED.

MALFUNCTION FILES
Below For Department Use

CURRENT?  ☐ NO  ☐ YES
PAST 3 YEARS  ☐ NO  ☐ YES  REF NUMBER  _____________________
MONTH, YEAR  _____________________

INSTALLATION FILES

 RECORDS?  ☐ NO  ☐ YES
Permit Number  ________________
File Number  ________________
Date of Installation  ________________
Number of bedrooms  ________________
Number of tanks:_____  Total Capacity_________ gals  Compartments_____
Total absorption/evaporation area:  ____________ sq. ft
Total wastewater flow (non-residential only)  ____________ gallons per day

NOTICE OF NONCOMPLIANCE?  ☐ NO  ☐ YES