



Boulder County Public Health
ONSITE WASTEWATER SYSTEM
Inspection Report

NOTE: Inspections should not be performed on properties that utilize only a sealed vault for storage of wastewater. Owners of those properties should first call Boulder County Public Health at 303-441-1564. The OWS Inspection must be submitted to BCPH within (90) days of the inspection date in order to obtain the Property Transfer Certificate. Takes 7-10 business days to get the certificate.

Owner:	Date of Inspection:
Ordered by:	Inspector Name: Kevin Sullivan Sullivan Septic, LLC
Site Address:	
	Certification No:
Owner Phone No:	Address: PO Box 1288, Longmont, CO 80502-1288
Legal Desc:	Phone No: (303) 772-4019
Send Copy to:	E-mail Address: sullseptic@aol.com
Mailing Address:	
Size of the property in acres:	
Type of existing building or structure (if commercial, list all uses or tenants):	

I. GENERAL INFORMATION

- Age of Onsite Wastewater System _____ Years
- Water Softener Yes No
 Garbage Disposal Yes No
 Grease Trap Yes No
- Residential Yes No
 Commercial Yes No
 Flow Meter Yes No
 In Home Business Yes No Type: _____
- Number of Bedrooms in House _____
 Listed on OWS Permit _____ **Pass** **Fail**
 Listed in Assessor's Records _____
 House Currently Unoccupied Yes No How Long: _____
- Has a Sewage Backup Ever Occurred? Yes No
- List any known repairs to the system _____
- Is there a service contract for system components? Yes No Company _____
- Date septic tank last pumped (Attach pumping receipt) _____ / _____ / _____ Frequency _____ Company _____
- Water supply supplied by a well? Yes No
 Standard potability test sample of well taken? Yes No
- Potability test results Pass Fail *A pass or fail here does not indicate a pass or fail for the inspection*

The above information is true to the best of my knowledge.

Owner/Agent: _____ Date: _____ / _____ / _____

Property Address: _____

II. SYSTEM TYPE

Components of Onsite Wastewater System — Complete as Required

1. Pretreatment (Septic Tank) Unit 1: Type _____ Manufacturer _____ Capacity (gal) _____
2. Pump: Pump Tank 1: Capacity (gal) _____
3. Pretreatment/Treatment Unit 2: Type _____ Manufacturer _____ Capacity (gal) _____
4. Pump: Pump Tank 2: Capacity (gal) _____
5. Soil Treatment Unit: Type _____ Area (Ft²) _____
6. Vault (*see instructions*): Type _____ Manufacturer _____ Capacity (gal) _____
- Warning Device** Pass Fail
- Pumping receipts** Pass Fail
- Additional Components _____

Gray Water discharge
(if separate from OWS)

None Surface Subsurface Tank Pass Fail

III. EVALUATION PROCEDURES

1. **Number of bedrooms counted or confirmed in house**
Number of bedrooms doesn't exceed OWS record Pass Fail
2. Locate, access, and open the septic tank cover: Pass Fail
3. If at grade, is tank cover secure: Pass Fail
4. Can surface water infiltrate into tank(s): Yes Fail
5. Any indicators of previous failure: Yes No
6. Inspect lid, measure sludge & scum level: Yes No
7. Inspect effluent screen (if applicable): Yes No
8. Run an operation test:
Gallons added in the operation test: _____ Gallons _____
Does water backflow into tank: Pass Fail
9. Pump out primary treatment (septic) tank:
How many gallons _____ Gallons _____
10. Inspect the condition of the septic tank:
Inspect condition of inlet and outlet baffles Pass Fail
 Yes No
Comments (cracks, deterioration, infiltration, or damage): _____
11. Does the system contain a dosing or pump tank, ejector or grinder pump? Yes No
If so, was the condition of the tank checked? Yes No
- Comments: _____
- a. Is the pump elevated off the bottom of the chamber? Yes No
- b. Does the pump work? Pass Fail
- c. Is there a check valve and purge hole present? Yes No
- d. Is there a high water alarm? Yes No
- e. Does the alarm work? Pass Fail
- f. Type of alarm? Audio Visual Both
- g. Does electrical connections appear satisfactory? Yes No

Property Address: _____

- h. Was the pump tank cleaned? Yes No
12. Was the soil treatment area probed to determine its location and to check for excessive moisture, odor, and/or effluent?
- a. Any area subject to serious erosion Yes No
 - b. Any area subject to compaction Yes No
 - c. Any indication of previous failure Yes No
 - d. Seepage visible on the surface of the field Pass **Fail**
 - e. Improper vegetation present: Yes No
 - f. Heavy saturation in the distribution media: Yes No
 - g. Even distribution of effluent in the field Yes No
 - h. Snow cover over the absorption area Yes No
 - i. Irrigation present on absorption area Yes No

14. Inspection Results of OWS:

- Acceptable (No Repairs Required)
- Unacceptable (Repairs Required)**
- Repairs Required**

Explain/Define Repairs Needed or Repairs Made:

Complete System Replacement Required. Explain:

Further Exploratory Work Required. Explain:

Certified Inspector Signature: _____

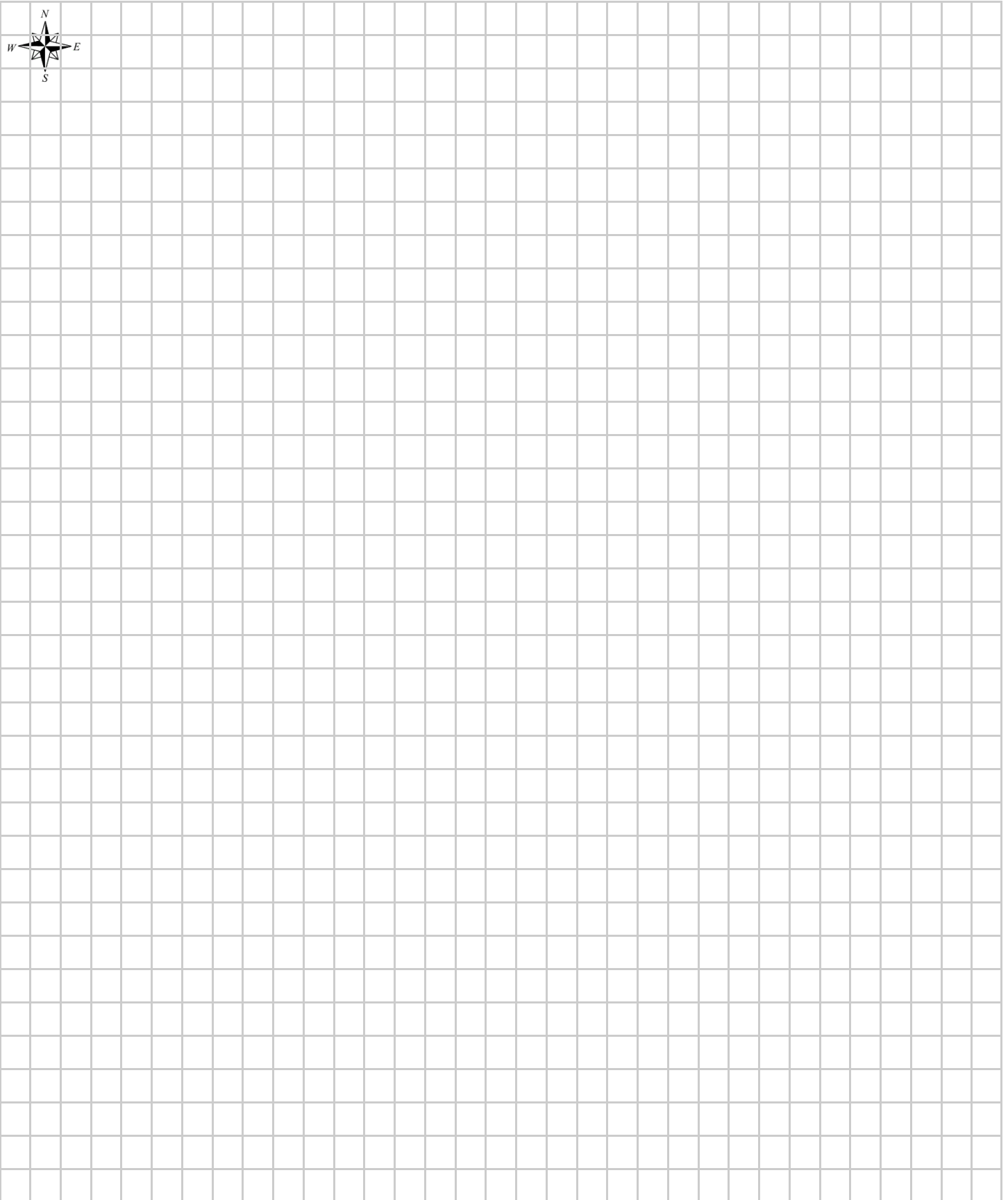
Date: ____/____/____

(By this signature I verify that I am a NAWT or NSF certified inspector who personally conducted the inspection on this property)

Property Address: _____

SECTION IV. SKETCH OF SYSTEM

Make an accurate sketch of the entire system. Include sewer location to structure septic tank(s), lift station, and soil treatment area. Include all pertinent setback locations such as lakes, rivers, irrigation ditches and water wells.



The form consists of a large grid of 20 columns and 20 rows. In the top-left corner of the grid, there is a compass rose with four main directions labeled: 'N' (North) at the top, 'S' (South) at the bottom, 'W' (West) on the left, and 'E' (East) on the right. The grid is intended for a hand-drawn sketch of a septic system, including components like sewer lines, septic tanks, lift stations, and soil treatment areas, as well as any setbacks or natural features like lakes or rivers.