



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.

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

**I. GENERAL INFORMATION**

1. Age of Onsite Wastewater System \_\_\_\_\_ Years

2. Water Softener  Yes  No

Garbage Disposal  Yes  No

Grease Trap  Yes  No

3. Residential  Yes  No

Commercial  Yes  No

Flow Meter  Yes  No

In Home Business  Yes  No Type: \_\_\_\_\_

4. Number of Bedrooms in House \_\_\_\_\_

Listed on OWS Permit  Yes  No **Number: Pass Fail**

Listed in Assessor's Records \_\_\_\_\_ **Number:** \_\_\_\_\_

House Currently Unoccupied  Yes  No **How Long:** \_\_\_\_\_

5. Has a Sewage Backup Ever Occurred?  Yes  No

6. List any known repairs to the system \_\_\_\_\_

7. Is there a service contract for system components?  Yes  No Company \_\_\_\_\_

8. Date septic tank last pumped \_\_\_\_\_ Frequency \_\_\_\_\_ Company \_\_\_\_\_  
 (Attach pumping receipt)

9. 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 (Ft<sup>2</sup>) \_\_\_\_\_
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. Locate, access, and open the septic tank cover:  Pass  Fail
2. If at grade, is tank cover secure:  Pass  Fail
3. Can surface water infiltrate into tank(s):  Pass  Fail
4. Any indicators of previous failure:  Yes  No
5. Inspect lid, measure sludge & scum level:  Yes  No
6. Inspect effluent screen (if applicable):  Yes  No
7. Run an operation test:  Yes  No
- Gallons added in the operation test: Gallons \_\_\_\_\_
- Does water backflow into tank:  Pass  Fail
8. Pump out primary treatment (septic) tank:  Yes  No
- How many gallons: Gallons \_\_\_\_\_
9. Inspect the condition of the septic tank:  Pass  Fail
- Inspect condition of inlet and outlet baffles:  Yes  No
10. 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
- h. Was the pump tank cleaned?  Yes  No

Property Address: \_\_\_\_\_

12. Was the soil treatment area probed to determine its location and to check for excessive moisture, odor, and/or effluent?

- |                               |                               |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |

- a. Any area subject to serious erosion
- b. Any area subject to compaction
- c. Any indication of previous failure
- d. Seepage visible on the surface of the field
- e. Improper vegetation present:
- f. Heavy saturation in the distribution media:
- g. Even distribution of effluent in the field
- h. Snow cover over the absorption area
- i. Irrigation present on absorption area

13. Distance between water well and soil treatment area \_\_\_\_\_ Feet

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: \_\_\_\_\_

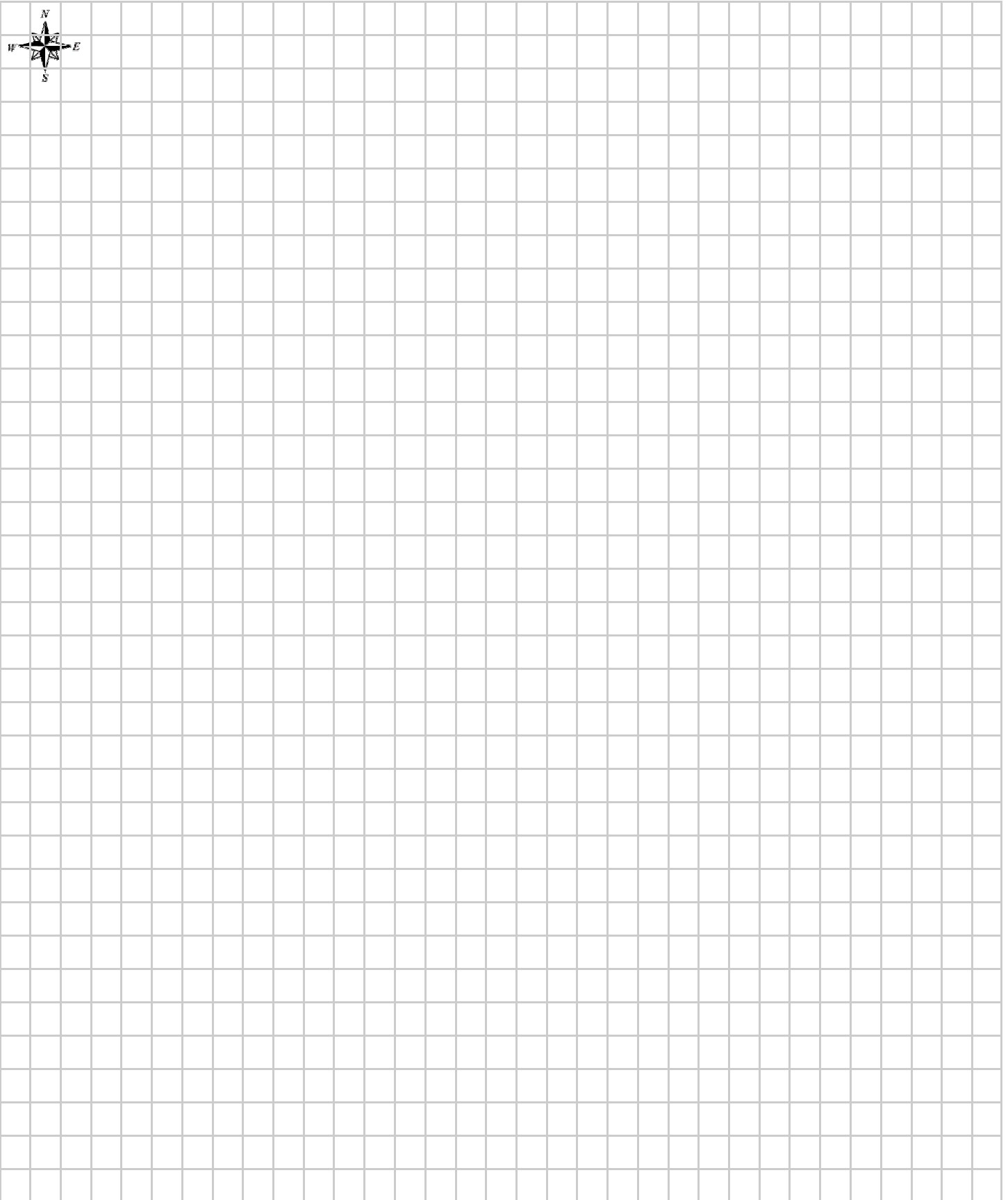
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(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 25 rows. In the top-left corner of the grid, there is a compass rose with the cardinal directions labeled: 'N' for North, 'S' for South, 'E' for East, and 'W' for West. The grid is intended for a hand-drawn sketch of a sewer system, including components like septic tanks, lift stations, and soil treatment areas, as well as any setbacks or natural features like lakes or rivers.