



ONSITE WASTEWATER TREATMENT SYSTEM

Property Transfer Certification Instructions and Inspection Report

These instructions are for homeowners and inspectors completing the onsite wastewater treatment system (OWTS) inspection report for a property transfer certificate.

IMPORTANT: Not all systems require an inspection. Visit www.SepticSmart.org or call Boulder County Public Health (BCPH) at 303-441-1564 to determine if an inspection is required for the OWTS.

*If a system does not have county approval or is undocumented, do not inspect - instead apply for a conditional property transfer certificate and submit a signed and notarized repair agreement form.

OWNER INFORMATION SECTION

The box at the top of the first page of the report **MUST** be filled out completely. The inspection must be less than 365 days old. Expired Property Transfer Certificates cannot be accepted.

SECTION I. GENERAL INFORMATION

*This section **MUST** be completed by either the owner or inspector.*

1. Determine the age of the OWTS through existing permit(s). List the years for each component including septic tank(s), absorption bed(s) and other (pump tanks, ATU, etc.).
2. Mark "Yes" or "No" if the property served by the OWTS has a water softener, garbage disposal, or grease trap.
3. Mark "Yes" or "No" if the property is residential, commercial, has a water-flow meter, or is a home business (include type).
4. **This is a PASS/FAIL criterion. List all structures on the property that have bedrooms and/or plumbing including studios, garages, barns, offices, or other outbuildings with plumbing.** List the current number of bedrooms in the main home and other structures that have bedrooms, the number of bedrooms listed on the OWTS permit, and the number of bedrooms listed in the Boulder County Assessor's records. Also include if the home is currently unoccupied; if so, for how long.
 - OWTS records can be found at www.SepticSmart.org
 - Assessor's records can be found at www.BoulderCounty.org/assessor

Note: *If the current number of bedrooms in the home or number of bedrooms listed in the assessor's records is GREATER than the number of bedrooms noted on the OWTS permit, it will result in a "FAIL," and BCPH will not accept the inspection report until the discrepancy is resolved. Call BCPH if assistance is needed.*

5. Note if a sewage backup has ever occurred inside the home.
6. List any known repairs made to the OWTS, even if they were done without a permit.
7. Note if a service contract is in place for system components, such as an aerobic tank, aerator or chlorinator; include the name of the servicing company and provide a copy of the current service contract with the inspection report.
8. List the date of the last septic tank pumping, **previous to the current inspection**, and the frequency with which the septic tank is pumped (e.g. once per year, every two years, etc.). Note the name of the pumping company and attach available receipts (required per State Regulation 43).
9. Note if the water to the property is supplied by a well.
10. Note if a water sample test was taken for potability and if the water sample passed or failed.

SECTION II. SYSTEM TYPE – Sections II-IV must be completed and signed by the inspector.

1. List the type (e.g. concrete, plastic), manufacturer, and capacity of the septic tank or write in “unknown.”
2. List the capacity of the lift station (i.e. pump tank) if applicable, or write “N/A.”
3. List the type of secondary tank utilized if applicable, or write “N/A.”
4. List the capacity of the secondary lift station if applicable, or write “N/A.”
5. Mark the type of soil treatment unit utilized (i.e. absorption bed, trenches, chambers, drip irrigation, ET, etc.). List the soil treatment area in square feet.
6. If there is a vault ONLY, list the type, manufacturer, and capacity.
 - Check if the warning device is a “Pass” (i.e. is present and functioning) or “Fail.”
 - Note the location of the warning device.
 - Check if pumping receipts “Pass” (i.e. are available and will show that the tank is pumped frequently, permitting all wastewater to go into the vault and pumped out before filling to capacity) or “Fail.”
7. List any additional components employed with the OWTS.
8. Note if any greywater discharge is observed and where it is noted. If greywater discharge is observed, mark “Fail.”

SECTION III. EVALUATION PROCEDURES

The NAWT (National Association of Wastewater Technicians) inspector must walk through the home to verify the current number of bedrooms. Inspectors must use the following definition for a legal bedroom: *A room with a closet, a window, and private access such that access to other rooms does not have to be gained by going through the bedroom. Basement bedroom windows must meet this egress code: a minimum clear width of 20", a minimum clear height of 24", with a total net clear opening of 5 sq. ft. for grade-level windows and 5.7 sq. ft. for all others. Sill height must be not more than 44" above the finished floor.*

The number of bedrooms currently in the house must not exceed the number of bedrooms listed on the Boulder County Public Health OWTS permit for the property. Go to www.SepticSmart.org, click on “Check Septic Records,” and confirm the number of bedrooms approved by the OWTS permit.

1. Note the number of current bedrooms counted (according to the legal definition above) and if that number doesn't exceed number on OWTS (i.e. Pass) or does exceed the number on the OWTS permit (i.e. Fail). **Note any structures, other than the main house, on the property that have plumbing (YES/NO). If “YES”, all structures must be verified as connected to the OWTS and approved to be connected from BCPH permit records. If they are not, the report is a failing inspection and must be noted as “Unacceptable” with comments on inspection results of OWTS-Item #16.**
2. Note if the septic tank was located, accessed, and opened.
3. Note if the tank cover is secured.
4. Note if the tank seal was checked for integrity.
5. Note if any indications of previous failure, such as past repairs to the tank, were made.
6. Note if the tank lid integrity was inspected and if the sludge and scum layer in the tank was measured.
7. If applicable, note if the effluent filter was inspected.
8. Note if there a diverter valve utilized for a two-bed system (YES/NO).
9. If a diverter valve is installed note if it is operational (PASS/FAIL).
10. Note if an operation test was run, how many gallons of water were added to the tank, and if water flowed back into the tank. A maximum of 100 gallons of water should be added per bed during an operation test. **If there is a two-bed or multiple-bed system with a diverter valve, an operation test must be conducted on all absorption beds and noted on the inspection report.**
11. Note if the primary septic tank was pumped and how many gallons were pumped out. **The septic tank must be pumped in order to conduct a complete inspection of the tank interior. If the septic tank is not pumped, the inspection report will be considered a failed inspection. A receipt for pumping is required.**
12. Note if the condition of the septic tank and the inlet and outlet tees were inspected, and comment on the condition.

13. Note if a dosing, pump tank or advanced treatment unit (ATU) is utilized and whether the condition was checked.
 - a. Check the condition of the tank and note comments
 - b. Check if the pump (dosing or pump tank only) is elevated off of the tank bottom.
 - c. Check if the pump (dosing or pump tank only) is working. If not, mark "Fail."
 - d. Note if a check valve or purge hole is present.
 - e. Note if a high water alarm float is present.
 - f. Check the alarm float. If alarm float doesn't work, mark "Fail."
 - g. Mark the type of alarm utilized.
 - h. Inspect electrical components to ensure they are satisfactory.
 - i. Note if the pump/ATU tank was cleaned out. If not, mark "Fail".
 - j. For ATU, note if the motor is working or not. If not working, mark "Fail".
 - k. For ATU, note if there is a current operation & maintenance agreement/contract in place.
14. Check if the treatment area was probed and if excessive moisture, odor, and/or effluent were present.
 - a. Check to see if the area of the system is properly graded and not subject to serious erosion, such as channeling or gullying. No portion of the system may be uncovered or exposed.
 - b. Mark "Yes" if the system is located in a corral; under a driveway, parking lot or other structure; or otherwise subject to compaction. If not mark "No."
 - c. Note if there is any indication of previous failure, such as excessive growth in one area, organic deposit, erosion, etc.
 - d. Note if any visible seepage of effluent is present on absorption field. If so, mark "Fail."
 - e. Mark "No" if the area of the system is well-vegetated with grasses, weeds, and wild flowers, with only an occasional small shrub. If the area is heavily vegetated with shrubs and/or trees to the extent that it will allow root infiltration into the system, mark "Yes."
 - f. Note if the system area contains heavy saturation in the gravel or media area by probing or observing monitor ports.
 - g. Note if effluent is being distributed evenly in the system area.
 - h. Note "Yes" if snow cover is present to the extent that it would limit the inspector's ability to properly evaluate the system.
 - i. Note if irrigation is present on the field such as water sprinklers.
15. Note the distance from any well to the closest edge of the system area, measured in linear feet.
16. Note inspection results as "Acceptable" or "Unacceptable." Note if repairs to the OWTS are required or recommended, and explain the repairs required. All instances of failure and malfunction required to be documented with photographs. Attach repair photographs to inspection report. Note if an entire system replacement is required or if further exploratory work is required.

SECTION IV. SKETCH OF THE SYSTEM.

Make an accurate sketch of the entire system that shows a north arrow and the location of the dwelling or structure with two triangulated distance measurements to the septic tank lid(s) or GPS coordinates. 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. **Note: BCPH does NOT accept final drawings from existing permits.**

Boulder County Public Health

ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) Property Transfer Inspection Report

Name of Owner:	Date of Inspection:
Inspection Ordered By:	Name of Inspector:
Site Address:	Inspector's Certification No:
Owner's Phone:	Inspector's Address:
Property Legal Description:	Inspector's Phone:
Send Inspection Report To:	Inspector's E-mail:
Email Address:	
Size of Property (i.e. # of acres):	
Type of Existing Building or Structure (if commercial, list all uses or tenants):	

I. GENERAL INFORMATION

1. Age of OWTS: Tank(s) _____ years Absorption Bed(s) _____ years Other _____ 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. **BEDROOMS:** Number counted in structures _____
Number Listed on OWTS Permit _____ ☐ PASS ☐ FAIL
Number Listed in Assessor Record _____
Is House Currently Unoccupied? ☐ Yes ☐ No How long? _____
5. Has a sewage backup ever occurred? ☐ Yes ☐ No
6. List any known repairs to system _____
7. Is there a service contract for system components? ☐ Yes ☐ No Company: _____
8. Date septic tank last pumped prior to this inspection: _____ Frequency: _____
Company: _____ (Attach pumping receipt)
9. Water supply supplied by a well? ☐ Yes ☐ No
10. Potability test sample of well taken? ☐ Yes ☐ No
Potability test results: ☐ PASS ☐ FAIL
(NOTE: A pass or fail here does not indicate a pass/fail for the inspection)

NOTE: Property Transfer Renewals will no longer be accepted.

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

II. SYSTEM TYPE: Components of OWTS (complete as required)

1. Pretreatment (Septic Tank) Unit 1: Type _____ Manufacturer _____ Capacity (gal) _____
2. Pump Tank 1: Capacity (gal) _____
3. Pretreatment/Treatment Unit 2: Type _____ Manufacturer _____ Capacity (gal) _____
4. 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 (vault only) ☐ Yes ☐ No

Location of warning device: _____

7. Additional Components: _____
8. Greywater Discharge (if separate from OWTS): ☐ None ☐ Surface ☐ Subsurface ☐ Tank
☐ PASS ☐ FAIL

III. EVALUATION PROCEDURES

1. Number of bedrooms counted in house: _____

Are there other structures with plumbing? ☐ YES ☐ NO

(If "YES", all structures must be verified as connected to the OWTS and approved to be connected from BCPH permit records. If they are not, the report is a failing inspection and must be noted as "Unacceptable" with comments on inspection results of OWTS-Item #16)

Number of bedrooms doesn't exceed OWTS 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)? ☐ No/PASS ☐ Yes/FAIL
5. Any indicators of previous failure? ☐ Yes ☐ No
6. Inspect lid; measure sludge and scum level: ☐ Yes ☐ No
7. Inspect effluent screen (if applicable): ☐ Yes ☐ No
8. Is there a diverter valve installed (multi-bed system)? ☐ Yes ☐ No
9. If there is a diverter valve, is it operational? ☐ Yes/PASS ☐ No/FAIL
10. Run an operation test (**all beds if multiple-bed system**):
 - a. Gallons added in the operation test: _____ gallons
 - b. Does water backflow into tank? ☐ No/PASS ☐ Yes/FAIL
11. Pump out primary treatment (septic) tank: ☐ Yes/PASS ☐ No/FAIL (**RECEIPT REQUIRED**)
 - a. How many gallons? _____ gallons
12. Inspect the condition of the septic tank: ☐ PASS ☐ FAIL
 - a. Inspect condition of inlet and outlet baffles ☐ Yes ☐ No
 - b. Comments (cracks, deterioration, infiltration, or damage): _____
13. Does the system contain a dosing or pump tank, ejector, or grinder pump or an Advance Treatment Unit (ATU)? ☐ Yes ☐ No
 - a. If so, was the condition of the tank checked? ☐ Yes ☐ No
Comments: _____
 - b. Is the pump elevated off the bottom of the tank? ☐ Yes ☐ No ☐ NA
 - c. Does the pump work? ☐ Yes/Pass ☐ No/Fail ☐ NA
 - d. Is there a check valve or purge hole present? ☐ Yes ☐ No ☐ NA
 - e. Is there a high water alarm? ☐ Yes ☐ No ☐ NA
 - f. Does the alarm work? ☐ Yes/Pass ☐ No/Fail ☐ NA

- g. Type of alarm: ☐ Audio ☐ Visual ☐ Both
- h. Do electrical connections appear satisfactory? ☐ Yes ☐ No
- i. Was the pump/ATU tank cleaned? ☐ Yes/Pass ☐ No/Fail
- j. If an ATU, is the motor working? ☐ Yes/Pass ☐ No/Fail
- k. If an ATU, is there a current operation & maintenance agreement in place? ☐ Yes ☐ No

14. Was the soil treatment area probed to determine its location

- and to check for excessive moisture, odor, and/or effluent? ☐ Yes ☐ No
- 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. Is 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

15. Distance between water well and soil treatment area: _____ Feet

16. Inspection results of OWTS:

- ☐ Acceptable (no repairs required)
- ☐ **Unacceptable (repairs required)**
- ☐ Recommended repairs

Photo Documentation required for of all instances of malfunctions/failures and of any repairs made

Explain/define repairs needed or repairs made.: _____

☐ Complete system replacement required. Explain: _____

☐ Further exploratory work is required. Explain: _____

IV. SKETCH OF SYSTEM

Make an accurate sketch of the entire system that shows a north arrow, the location of the dwelling or structure(s) with two triangulated distance measurements to the septic tank lid(s) or GPS coordinates. 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.

Note: BCPH will NOT ACCEPT final drawings from existing OWTS permits.

By signing this form, I hereby verify that I am a NAWT or NSF-certified inspector who personally conducted the inspection of this property.

Certified Inspector Signature: _____ Date: _____

Show a to scale drawing of the OWTS as inspected including: structures, septic tank location from known and findable points (triangulation), additional tanks, Soil Treatment Area (STA) dimensions and orientation, and other information relative to locating and maintaining the OWTS components. INDICATE DIRECTION OF NORTH USING ARROW

Site Address _____

NAWT Inspector _____ Date of Inspection _____