

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 One: General Information - This section must be completed by either the owner or inspector.

1. Note if the house is currently unoccupied and for how long.
2. Note if a sewage backup has ever occurred inside the home.
3. List any known repairs made to the OWTS, even if they were done without a permit.
4. 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).
5. Note if the water to the property is supplied by a well.
6. Note if a water sample test was taken for potability and if the water sample passed or failed.

Section Two: General Information – This must be completed by 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. 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.
 - i. 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.
 - ii. OWTS records can be found at www.SepticSmart.org
 - iii. Assessor's records can be found at maps.boco.solutions/propertysearch

Note: This is a PASS/FAIL criterion. 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.

Section Three: System Type - Sections III-V 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 pump/siphon tank if applicable.
3. List the type of secondary tank utilized if applicable.
4. List the capacity of the secondary pump/siphon tank if applicable.
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.
7. Check if the warning device for the vault is working (i.e. is present and functioning). (PASS/FAIL)
8. Note the location of the warning device.
9. Check if pumping receipts 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.
10. List any additional components employed with the OWTS.
11. Note if any greywater discharge is observed and where it is noted. If greywater discharge is observed, mark "Fail."

Section Four: Evaluation Procedures

1. Note if the septic tank was located, accessed, and opened.
2. Note if the tank cover is secured.
3. Note if the tank seal was checked for integrity.
4. Note if any indications of previous failure, such as past repairs to the tank, were made.
5. Note if the tank lid integrity was inspected and if the sludge and scum layer in the tank was measured.
6. If applicable, note if the effluent filter was inspected.
7. Note if there a diverter valve utilized for a two-bed system.
8. If a diverter valve is installed note if it is operational (PASS/FAIL).
9. Note if there is a distribution box.
10. Note if the distribution box has risers to grade.
11. Note if the distribution box is accessible and inspected.
12. Note if the distribution box is operational (PASS/FAIL).
13. 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.
 - i. A maximum of 100 gallons of water should be added per bed during an operation test.
 - ii. 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.
14. Note if the primary septic tank was pumped and how many gallons were pumped out.
 - i. The septic tank must be pumped 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.
15. Note if the condition of the septic tank and the inlet and outlet tees were inspected, and comment on the condition.
16. Note if a dosing siphon, pump tank or advanced treatment unit (ATU) is utilized and whether the condition was checked.
 - i. Check the condition of the tank and note comments
 - ii. Check if the pump (dosing or pump tank only) is elevated off the tank bottom.
 - iii. Check if the pump or siphon is working. (PASS/FAIL)
 - iv. Note if a check valve or purge hole is present.
 - v. Note if a high-water alarm float is present. Check if the alarm float is working. (PASS/FAIL)
 - vi. Mark the type of alarm utilized.
 - vii. Inspect electrical components to ensure they are satisfactory.
 - viii. Note if the pump/siphon/ATU tank was pumped out. (PASS/FAIL)
 - ix. For ATU, note if the motor is working. (PASS/FAIL)
 - x. For ATU, note if there is a current operation & maintenance agreement/contract in place.
17. Check if the treatment area was probed and if excessive moisture, odor, and/or effluent were present.
18. Check to see if the area of the system is properly graded and not subject to serious erosion, such as channeling or gullyng. No portion of the system may be uncovered or exposed.

19. Mark "Yes" for any area subject to compaction if the system is located in a corral, under a driveway, parking lot or other structure. If not mark "No."
20. Note if there is any indication of previous failure, such as excessive growth in one area, organic deposit, erosion, etc.
21. Note if any visible seepage of effluent is present on absorption field. (PASS/FAIL)
22. Mark "No" if the area of the system is well-vegetated with grasses, weeds, and wildflowers, 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."
23. Note if the system area contains heavy saturation in the gravel or media area by probing or observing monitor ports.
24. Note if effluent is being distributed evenly in the system area.
25. Note if snow cover is present to the extent that it would limit the inspector's ability to properly evaluate the system.
26. Note if irrigation is present on the field such as water sprinklers.
27. Note the distance from any well to the closest edge of the system area, measured in linear feet.
28. 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 Four: Evaluation Procedures

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.

Owner information

Name: Phone:

Street address: Email:

Site information

Address: Legal description:

Size of property in acres:

Type of existing buildings or structures:

Residential	Commercial (list all uses or tenants):
Accessory dwelling	Other:
Accessory structure	

Inspection ordered by: Send inspection report to:

Inspector information

Name: Phone:

Address: Email:

Date of inspection: Inspector certification number:

I. General information - Must be completed by either the owner or inspector.

1. Is the house currently unoccupied? No Yes If yes, how long?

- If the house has been unoccupied for a long period of time, the inspection may not reflect how the system responds to regular use.

2. Has a sewage backup ever occurred? No Yes

3. List any known repairs to system:

4. Date septic tank last pumped prior to this inspection:

Frequency: Company (attach pumping receipt):

- Septic tanks will typically have a longer life if regularly pumped every 2-3 years.

5. Is the water supplied by a well? No Yes

6. Was a potability test sample of well taken? No Yes If yes, what were the results?

- It is recommended to test the potability of well water annually to evaluate the risk of contamination, but this is not currently required by state law. BCPH can review the water quality test results and discuss residential water treatment systems with the owner upon request. If interested, please submit your water quality test results to HealthOWS@bouldercounty.gov.

II. General information - Must be completed by the inspector.

1. Age of OWTS tanks (in years): Absorbtion beds (in years): Other (in years):

2. Number of bedrooms counted in structure(s): Pass Fail

Number of bedrooms listed on OWTS permit:

Number of bedrooms listed in Assessors Record:

3. List all other structures with plumbing:

(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)

III. System type - components of the OWTS (complete as required)

1. Pretreatment (septic tank) unit 1: Type: Manufacturer: Capacity (gal):

2. Pump/siphon tank 1:: Capacity (gal):

3. Pretreatment/treatment unit 2: Type: Manufacturer: Capacity (gal):

4. Pump/siphon tank 2: Capacity (gal):

5. Soil treatment unit 1: 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 seperate from the OWTS): None Surface Subsurface Tank

Pass Fail

IV. Evaluation procedures

1. Locate, access and open the septic tank cover:	Pass	Fail	
2. If at grade, is tank cover secure?	Pass	Fail	N/A
3. Can surface water infiltrate into tank(s)?	No/Pass	Yes/Fail	
4. Any indicators of previous failure?	Pass	Fail	
5. Inspect lid, and measure sludge and scum level:	Yes	No	
6. Inspect effluent screen (if applicable):	Yes	No	N/A
7. Is there a diverter valve installed (multi-bed system)?	Yes	No	
8. If there is a diverter valve, is it operational?	Yes/Pass	No/Fail	N/A
9. Is there a distribution box?	Yes	No	
10. Does the distribution box have risers to grade?	Yes	No	N/A
11. If the distribution box is accessible, was it inspected?	Yes	No	N/A
a. If yes, is the distribution box operational?	Yes/Pass	No/Fail	N/A
12. Run an operation test (all beds if multiple-bed system):			
a. Gallons added in the operation test per bed:			
b. Does water backflow into tank?	No/Pass	Yes/Fail	
13. Pump out primary treatment (septic) tank (receipt required):	Yes/Pass	No/Fail	
a. How many gallons?			
14. 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):			
15. Does the system contain a dosing siphon or pump tank, ejector, or grinder pump or an Advance Treatment Unit (ATU)?	Yes	No	
a. If yes, was the condition of the tank checked?	Yes	No	N/A

Comments:

b. Is the pump elevated off the bottom of the tank?	Yes	No	N/A
c. Does the pump or siphon work?	Yes/Pass	No/Fail	N/A
d. Is there a check valve or purge hole present?	Yes	No	N/A
e. Is there a high water alarm?	Yes	No	
f. Does the alarm work?	Yes	No	N/A
g. Type of alarm:	Audio	Visual	Both
Alarm location:			
h. Do electrical connections appear satisfactory?	Yes	No	N/A
i. Was the pump/siphon/ATU tank cleaned?	Yes/Pass	No/Fail	N/A
j. If an ATU, is the motor working?	Yes/Pass	No/Fail	N/A
k. If an ATU, is there a current operation & maintenance agreement in place? (Attach O&M Contract)	Yes	No	N/A
16. 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	
17. Distance between water well and soil treatment area:		Feet	

18. Inspection results of OWTS:

Acceptable (no repairs required)

Acceptable (recommended repairs)

Unacceptable (repairs required)

Photo documentation is required for all instances of malfunctions/failures and any repairs made.

Explain/define repairs needed or repairs made:

Complete system replacement required. Explain:

Further exploratory work is required. Explain:

Boulder County Public Health comments:

V. Sketch of system

Make an accurate sketch of the entire system that shows a north arrow, and 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.

VI. Signature

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:

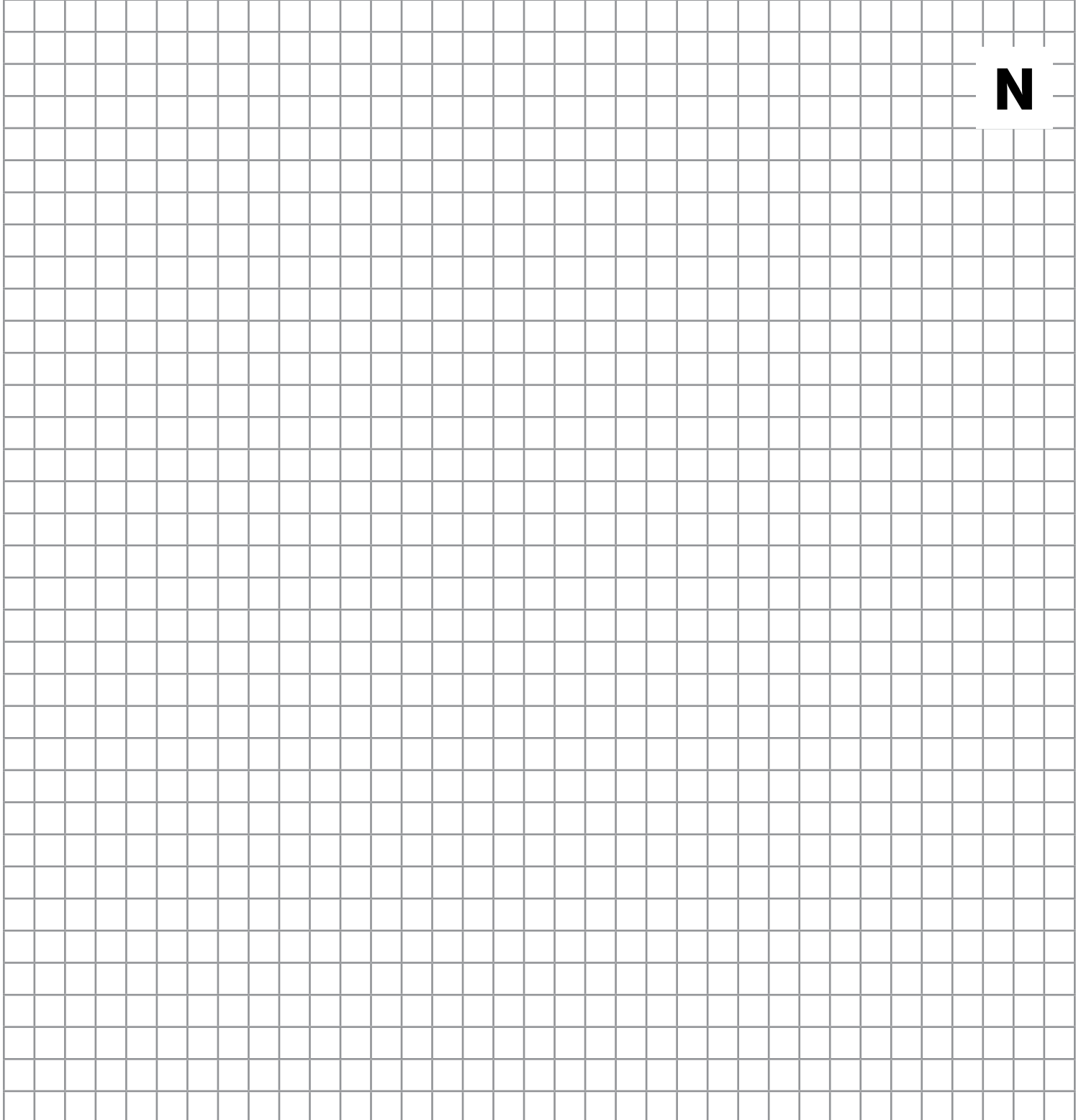
VII. Property Transfer Inspection Sketch

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 an arrow.**

Site address:

NAWT Inspector:

Date of inspection:



The grid is a large square divided into many smaller squares. In the top right corner, there is a small white rectangle containing the letter 'N' in a bold, black font, indicating the direction of North.