

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 acceptance document. **The first page of the report must be completed and signed by the homeowner or the person acting as the homeowner's agent.**

Section 1. General Information

This section must be completed and signed by the **homeowner or the homeowner's agent**

1. Determine the age of the OWTS through existing permit(s). List years for each component including septic tanks(s), field area(s) and other (pump tanks, dosing siphons, 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 dwelling and other structures that have bedrooms, the number of bedrooms listed on the OWTS permit, and the number of bedrooms listed in the Gunnison County Assessor's records. Also include if the dwelling is currently unoccupied; if so, for how long.
 - a. OWTS records can be found at <https://www.gunnisoncounty.org/436/Permit-Database>
 - b. Assessor's records can be found at <https://www.gunnisoncounty.org/132/Assessors-Office>

Note: if the current number of bedrooms in the dwelling 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 an acceptance document will not be provided until the discrepancy is resolved.

5. Note if 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, chlorinator, or effluent filter; include the name of the servicing company.
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 (i.e. every 3 years, every 5 years, etc.).
9. Note the source of water supply.

Section 2. System Type-Sections 2 through 5 must be completed and signed by the inspector.

1. List the type (i.e. concrete, plastic) and capacity of the septic tank.
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. List the type of additional tanks utilized if applicable, or write "N/A".
6. List the capacity of additional lift stations if applicable, or write "N/A".

7. Mark the type of soil treatment unit utilized (i.e. absorption bed, trenches, chambers, drip irrigation, etc.). List the approximate square feet of soil treatment area.
8. List any additional components employed by the OWTS.
9. Note if greywater discharge is observed and where it is noted. If surface greywater discharge is observed, mark "fail".

Section 3. Evaluation Procedures

1. Note any structures, other than the main dwelling, on the parcel that have plumbing (yes/no). If "yes", all structures must be verified as connected to the OWTS. If they are not, the report is a failing inspection and must be noted as "unacceptable" with comments on inspections results.
2. Note if the septic tank was located, accessed, and opened.
3. Note if the tank cover is secured.
4. Note if the tank lid integrity was inspected and if the sludge and scum layer in the tank was measured.
5. If applicable, note if the effluent filter was inspected.
6. 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.
7. 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.
8. Note if the condition of the septic tank and the inlet and outlet tees were inspected, and comment on the condition.
9. 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.
10. Check if the treatment area was probed and if excessive moisture, odor, and/or effluent were present. If the treatment area is not checked, the inspection report will be considered an incomplete inspection.
 - 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 if irrigation is present on the field such as water sprinklers.
 - i. Note “yes” if snow cover is present to the extent that it would limit the inspector’s ability to properly evaluate the system. If so, a conditional acceptance document may be requested so long as both the following are provided:
 - The inspector certifies, in writing, that a portion of the system was inaccessible and that payment has been made up front for the complete inspection to be performed as soon as conditions allow; and
 - The person acquiring title to the property agrees in writing to have the inspection completed when conditions allow and, if needed, to obtain a repair or alteration permit and complete all necessary repairs within 90 days of the inspection.
11. Note the distance from any well to the closest edge of the system area, measured in linear feet.
 12. Note inspection results as “acceptable” or “unacceptable”. Note if repairs to the OWTS are required, and explain the repairs required. Note if further exploratory work is required.

Section 4. System Sketch

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:** A record drawing from existing permits will be acceptable so long as a drawing exists and is accurate.

Gunnison County Environmental Health Office
ONSITE WASTEWATER TREATMENT SYSTEM (OWTS)
Transfer of Title Inspection Report

Name of Owner:	Date of Inspection:
Inspection Ordered By:	Name of Inspector:
Site Address:	Inspector's Phone:
Owner's Phone:	Inspector's email:
Owner's Email:	
Property Legal Description:	
Type of Existing Building or Structure(s) (if commercial, list all uses or tenants):	

Section 1. General Information (To be completed and signed by owner)

1. Age of OWTS: Tank(s) _____ years Field area _____ 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
4. **BEDROOMS:** Number counted in structures _____
 Number listed on OWTS Permit _____
 Number listed on 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 the system _____

7. Is there a service contract for system components: Yes No Company: _____
8. Date septic tank last pumped prior to this inspection: _____ Frequency: _____
9. Water supply supplied by a well? Yes No

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

Owner/Legal Agent: _____ Date: _____

Section 2. System Type: Components of OWTS (Sections 2-5 to be completed and signed by inspector)

1. Pretreatment (Septic Tank) Unit 1: Type_____Capacity (gal)_____
2. Pump Tank 1: Capacity (gal)_____
3. Pretreatment/Treatment Unit 2: Type_____Capacity (gal)_____
4. Pump Tank 2: Capacity (gal)_____
5. Pretreatment/Treatment Unit 3: Type_____Capacity (gal)_____
6. Pump Tank 3: Capacity (gal)_____
7. Soil Treatment Unit: Type_____Approx. Area (Ft²)_____
8. Additional Components:_____
9. Greywater Discharge (if separate from OWTS): None Surface Subsurface Tank
PASS FAIL

Section 3. Evaluation Procedures

1. Other structures, other than main dwelling, on parcel with plumbing? Yes No
 If "yes", all structures must be verified as connected to the OWTS. If they are not, the report is a failing inspection and must be noted as "unacceptable" with comments on inspections results.
2. Locate, access, and open the septic tank cover(s): Pass Fail
3. If at grade, is tank cover secure? Pass Fail
 Can surface water infiltrate into tank(s)? No/PASS Yes/FAIL
 Any indicators of previous failure? Yes No
4. Inspect lid; measure sludge and scum level: Yes No
5. Inspect effluent screen/filter (if applicable): Yes No
6. Run an operation test (all beds if multiple):
 - a. Gallons added in the operation test: _____gallons
 - b. Does water backflow into tank? No/PASS Yes/FAIL
7. Pump out primary treatment (septic) tank: Yes No/FAIL
 - a. How many gallons? _____Gallons
8. Inspect the condition of the septic tank: PASS FAIL
 - a. Inspect the condition of inlet and outlet baffles Yes No
 - b. Comments (cracks, deterioration, infiltration, or damage):_____
9. Does the system contain a dosing or pump tank, ejector, or grinder pump or an Advance Treatment Unit? Yes No
 - a. If so, was the condition of the tank(s) checked? Yes No
 Comments: _____
 - b. Is the pump elevated off the bottom of the tank? Yes No NA
 - c. Does the pump work? Yes 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 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 O&M agreement in place? Yes No
10. 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. Irrigation present on field area? Yes No
 - i. Snow cover over the field area? Yes No

If "yes", to the extent that the snow limits the inspectors ability to inspect the system component a conditional acceptance document may be requested in accordance with Appendix C:H.3.

11. Distance between water well and soil treatment area: _____ feet

12. Inspection Results of OWTS:

- Acceptable (no repairs required)
- Unacceptable (repairs required)
- Repairs required

Explain/define repairs needed: _____

Complete system replacement required. Explain: _____

Further exploratory work is required. Explain: _____

Section 4. 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. A record drawing from existing permits will be acceptable so long as a drawing exists and is accurate.

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

Certified Inspector Signature: _____ Date: _____