

**Hinsdale County Building
Department**
311 Henson St.
P.O. Box 277
Lake City, Colorado 81235
(p) 970.944.2225 | (f) 970.944.2630



**Mineral County Land Use
Office**
1201 N. Main
P.O. Box 70
Creede, Colorado 81130
(p) 719.658.2360 | (f) 719.658.2931

TRANSFER OF TITLE INSPECTION REPORT

ON-SITE WASTEWATER TREATMENT SYSTEM

PROPERTY INFORMATION

Property Owner _____ Inspection Ordered By _____
 Owner or Agent's Phone # _____ Email Address _____
 Property Address _____ County _____ Lot Size (acres) _____
 Transfer of Title Permit #: _____ - _____ Date of Inspection _____
 List All Buildings Served by this OWTS (include commercial uses): _____

INSPECTOR INFORMATION

Name of Inspector _____ Inspector's NAWT Certification # _____
 Inspector's Address _____ Certification Expiration Date _____
 Inspector's Email Address _____ Inspector's Phone # _____

GENERAL INFORMATION (to be completed by property owner or agent)

Age of OWTS: Tank(s) _____ years Soil Treatment Area _____ years Lagoon _____ years
 Water Softener? _____ Garbage Disposal? _____ Grease Trap? _____ # of Bedrooms _____
 Commercial Uses (include # of employees/users) _____
 Is the dwelling or facility unoccupied or vacant? _____ If so, for how long? _____
 Has a sewage backup ever occurred? _____ Date of last sewage backup _____
 List any known repairs to system _____ Water supply _____
 Is there a service contract for system components? _____ Date of last service _____
 Date septic tank was last pumped _____ Usual frequency of pumping _____

SYSTEM COMPONENTS

Septic Tank 1: Material _____ # of Compartments _____ Capacity (gallons) _____
 Septic Tank 2: Material _____ # of Compartments _____ Capacity (gallons) _____
 Aerator: Location (check one): Middle Compartment of Septic Tank Separate Aerator Vault
 Pump: Location (check one): Pump Vault Final Compartment of Septic Tank
 Siphon: Location (check one): Siphon Vault Final Compartment of Septic Tank
 Vault: Material _____ Capacity (gallons) _____ Warning Device?

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Other Components: _____
Greywater or Other Discharges not connected to OWTS: _____

EVALUATION PROCEDURES (CDI = Corrected/Added During Inspection)

Septic Tank(s) or Vault(s)

Locate, access and open the septic tank cover(s)	_____ Complete	_____ Not Completed
Tank Pumped?	_____ YES	_____ NO
Can surface water infiltrate into tank?	_____ NO/Acceptable	_____ YES/Unacceptable
Any indications of previous failure?	_____ NO	_____ YES
Inspect lid	_____ Complete	_____ Not Completed
Is effluent filter present?	_____ YES	_____ CDI
		_____ NO

OPERATING TEST **N/A**

Run an operating test: Gallons added _____	_____ Complete	_____ Not Completed
Does water added to the inlet line flow into the tank?	_____ YES/Acceptable	_____ NO/Unacceptable
Does water flow back into the tank from the outlet?	_____ NO/Acceptable	_____ YES/Unacceptable
What is the condition of the inside of the tank?	_____ Acceptable	_____ Unacceptable

Comments: _____

PUMP CHAMBER **N/A**

Does the system contain a dosing or other pump?	_____ YES	_____ NO
What is the condition of the pump chamber?	_____ Acceptable	_____ Unacceptable
Is the pump elevated off the bottom of the chamber?	_____ YES	_____ NO
Does the pump work?	_____ YES/Acceptable	_____ NO/Unacceptable
<i>(NOTE: Do not replace failing pump without repair permit from STPHD)</i>		
Is there a check valve or purge hole present?	_____ YES	_____ NO
Is there a high-water alarm on a separate circuit?	_____ YES or CDI	_____ NO
Does the alarm work?	_____ YES/Acceptable	_____ NO/Unacceptable
Type of alarm: _____ Audio	_____ Visual	_____ Both
Do electrical connections appear satisfactory?	_____ YES	_____ NO
Has the pump chamber been pumped?	_____ YES/Acceptable	_____ NO/Unacceptable

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SIPHON CHAMBER **N/A**

- Does the system contain a dosing or other siphon? YES NO
- What is the condition of the siphon chamber? Acceptable Unacceptable
- Is the siphon elevated off the bottom of the chamber? YES NO
- Does the siphon work? YES/Acceptable NO/Unacceptable

(NOTE: Do not replace failing siphon without repair permit from STPHD)

- Has the siphon chamber been pumped? YES/Acceptable NO/Unacceptable

Comments: _____

SOIL TREATMENT AREA **N/A**

- Probe the soil treatment area. Complete Not Completed
- Check the water level in the inspection ports. Complete Not Completed

- Is there serious erosion, compaction or subsidence? NO YES
- Is there indication of previous failure? NO YES
- Is seepage visible on the surface of the STA? NO/Acceptable YES/Unacceptable
- Is seepage visible down-slope from the STA? NO/Acceptable YES/Unacceptable
- Is improper vegetation present? NO YES
- Is there saturation or ponding in the distribution media? NO YES
- Is effluent evenly distributed across the STA? YES NO
- Is there snow cover or irrigation present? NO YES

Comments: _____

LAGOON **N/A**

- What is the depth of water in the lagoon? _____ feet
- How much freeboard is there between the water level and the top of the berm?
 >2 FT/Acceptable 1-2 FT/Acceptable <1 FT/Unacceptable
- Is seepage visible on the outside of the berm? NO/Acceptable YES/Unacceptable
- What is the condition of the berm? Acceptable Unacceptable
- Does the lagoon receive proper sunlight? YES NO
- Is there excessive aquatic plant growth in the lagoon? NO or CDI YES
- Is the lagoon fenced properly? YES/Acceptable CDI/Acceptable NO/Unacceptable

Comments: _____

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WATER SUPPLY

Distance from STA or lagoon to nearest water well or cistern: _____feet

Other Components (Describe: _____

Inspection Results (attach additional narrative if necessary) _____Acceptable _____Unacceptable

INSPECTION SUMMARY

_____ Acceptable (no repairs required) _____Unacceptable (repairs or replacement required)
_____ Repairs required that do not require a new permit (surface features/electrical
only)

Note any items corrected/added during inspection:

Explain/define repairs needed:

If complete replacement is needed, explain here:

If further inspection or investigation is needed, explain here:

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RECORD DRAWING

Draw the entire system. Include a north arrow, location of dwellings and other structures, distances to septic tank(s), pump or siphon vault(s), soil treatment area, and lagoon if present. Include relevant setbacks to surface water, wells, cisterns, water service lines, and property lines. If submitting this form online, is this sketch attached

ATTESTATION

By signing this form, I hereby verify that I am an NAWT-certified inspector who personally conducted the inspection of this property on the date reported.

Inspector Name _____ Signature _____ Date _____