

**TRANSFER OF TITLE INSPECTION REPORT for On-Site Wastewater Treatment Systems**

**PROPERTY INFORMATION**

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

**INSPECTOR INFORMATION**

Name of Inspector \_\_\_\_\_ Inspector's 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? Y / N Garbage Disposal? Y / N Grease Trap? Y / N # of Bedrooms \_\_\_\_\_  
 Commercial Uses (include # of employees/users) \_\_\_\_\_  
 Is the dwelling or facility unoccupied or vacant? Y/N If so, for how long? \_\_\_\_\_  
 Has a sewage backup ever occurred? Y / N Date of last sewage backup \_\_\_\_\_  
 List any known repairs to system \_\_\_\_\_ Water supply \_\_\_\_\_  
 Is there a service contract for system components? Y / N Date of last service \_\_\_\_\_  
 Date septic tank was last pumped \_\_\_\_\_ Usual frequency of pumping \_\_\_\_\_

**SYSTEM COMPONENTS** (mark components not present with "N/A")

Septic Tank 1: Material \_\_\_\_\_ # of Compartments \_\_\_\_\_ Capacity (gallons) \_\_\_\_\_  
 Septic Tank 2: Material \_\_\_\_\_ # of Compartments \_\_\_\_\_ Capacity (gallons) \_\_\_\_\_  
 Aerator: Location (circle one): Middle Compartment of Septic Tank / Separate Aerator Vault  
 Pump: Location (circle one): Pump Vault / Final Compartment of Septic Tank  
 Siphon: Location (circle one): Siphon Vault / Final Compartment of Septic Tank  
 Higher-Level or other Treatment Unit: Manufacturer/Model \_\_\_\_\_  
 Soil Treatment Area: Distribution Media \_\_\_\_\_ (Chambers, GSF, Rock-and-Pipe, or Other)  
 # of Trenches \_\_\_\_\_ # of Beds \_\_\_\_\_ Total # of Laterals \_\_\_\_\_ Area (ft<sup>2</sup>) \_\_\_\_\_  
 Lagoon: Depth (ft) \_\_\_\_\_ Dimensions at Bottom (ft x ft) \_\_\_\_\_ Lined? Y / N  
 Vault: Material \_\_\_\_\_ Capacity (gallons) \_\_\_\_\_ Warning Device? Y / N  
 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
Is tank cover at or above grade? _____ YES/Acceptable	_____ CDI/Acceptable	_____ NO/Unacceptable
Can surface water infiltrate into tank?	_____ NO/Acceptable	_____ YES/Unacceptable
Any indications of previous failure?	_____ NO	_____ YES
Inspect lid; measure sludge and scum level	_____ Complete	_____ Not Completed
Is effluent filter present? _____ YES	_____ CDI	_____ NO

# SAN JUAN BASIN

## public health

[DEPARTMENT USE ONLY]  
 EXISTING WWP # \_\_\_\_\_  
 TRT APPLICATION # \_\_\_\_\_  
 INSPECTION DATE \_\_\_\_\_

### EVALUATION PROCEDURES (Cont.) (CDI= Corrected/Added During Inspection)

#### Operating Test

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 \_\_\_\_\_

*Aerator (this section is for aeration tanks NOT being used as a Higher-level treatment system. Use this section for most lagoon-type systems – these systems are indicated with “aeration tank” or “home type” on most original permits)*

Does the system contain an aeration tank?  YES  NO  
 Is the aerator working?  YES/Acceptable  CDI/Acceptable  NO/Unacceptable  
 (NOTE: Do not replace a failed aerator or install a new one without a minor repair permit from SJBPH. However, you may restore electrical to a disconnected aerator during inspection.)  
 Aerator Manufacturer/Model (if working) \_\_\_\_\_ Age (years) \_\_\_\_\_

#### Pump Chamber

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  
 (NOTE: Do not replace failing pump without minor repair permit from SJBPH)  
 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

#### Siphon Chamber

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 minor repair permit from SJBPH)  
 Has the siphon chamber been pumped?  YES/Acceptable  NO/Unacceptable

#### Higher-level Treatment System (or other Pretreatment System)

Is the HLTS operational?  YES/Acceptable  NO/Unacceptable  
 (NOTE: Do not replace failed HLTS without minor repair permit from SJBPH)  
 Comments:

#### Soil Treatment Area

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

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TRT APPLICATION # \_\_\_\_\_

INSPECTION DATE \_\_\_\_\_

### EVALUATION PROCEDURES (Cont.) (CDI = Corrected/Added During Inspection)

#### Soil Treatment Area (Cont.)

- 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

- 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:

#### Water Supply

- Distance from STA or lagoon to nearest water well or cistern: \_\_\_\_\_ feet
- Are there water line-sewer line crossings?                     NO                                     YES

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:

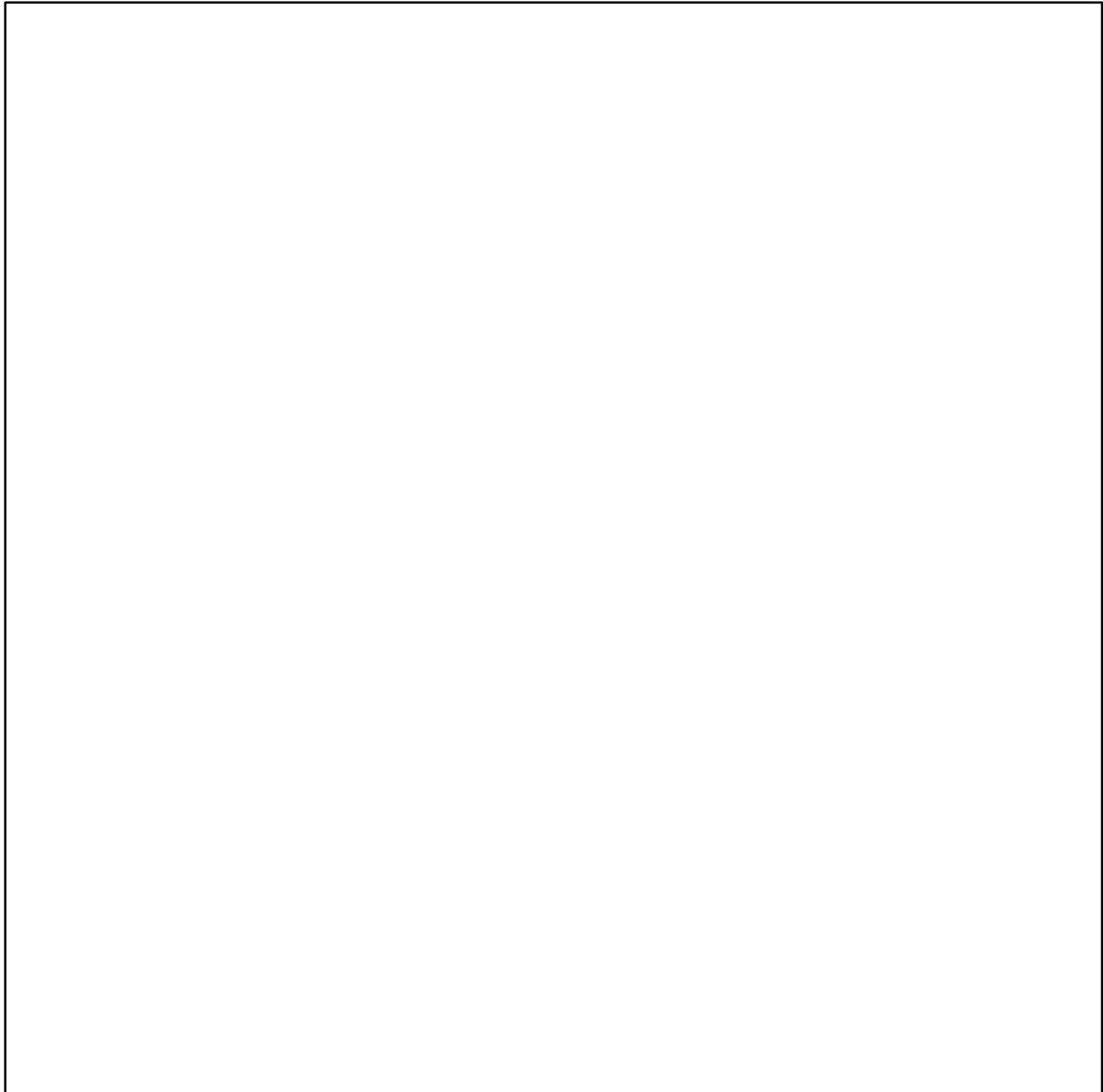
Explain/define repairs needed:

If complete replacement is needed, explain here:

If further inspection or investigation is needed, explain here:

**RECORD DRAWING**

If SJBPH does not have a record drawing on file, 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.



**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 \_\_\_\_\_