

EVALUATION CRITERIA FOR INSPECTING INDIVIDUAL SEWAGE DISPOSAL SYSTEMS



Gilpin County Public Health Agency

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<http://www.co.gilpin.co.us/Public%20Health/homedefault.htm>

This form provides information for licensed or certified inspectors on conducting an inspection of an individual sewage disposal system for a use permit. Please fill out pages 1-2 utilizing the following instructions and inspection criteria. Submit only those pages for the permit.

SYSTEM COMPONENTS

To be approved, an individual sewage disposal system must have a primary treatment unit of some kind and an evaporation system of some kind, or it must be a sealed vault. If the system consists of a pit or vaulted privy, the applicant must use FORM 800.

<u>Primary Treatment Unit</u>	(also requires FORM 702)
Mark type of primary treatment unit, if applicable.	Otherwise, mark NA
<u>Secondary Treatment Unit</u>	(also requires FORM 702 and FORM 703)
Mark type of secondary treatment unit, if applicable.	Otherwise, mark NA
<u>Absorption / Evaporation system</u>	
Mark type of system, if applicable.	Otherwise, mark NA
<u>Alternate System</u>	
Mark type of alternate system, if applicable.	Otherwise, mark NA
<u>Other Components</u>	
Mark type of other components, if applicable.	Otherwise, mark NA

SITE, WEATHER AND OCCUPANCY CONDITIONS

Erosion?

Mark **PASS** if the area of the system is properly graded and not subject to serious erosion such as severe channeling or gullying. No portion of the system must be uncovered or exposed. Any other condition must be marked **FAIL**.

Improper discharges?

Mark **PASS** if, except for lines from water softeners, swamp coolers, etc., there are no secondary surface wastewater discharge points such as gray water lines, washing machine lines, "straight pipes" etc. If any of these are present, mark **FAIL**.

Improper vegetative cover?

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 may allow root infiltration into the system, mark **YES**.

Subject to compaction?

Mark **NO** if the system components are not located in a corral, under a driveway or other structure, or otherwise subject to compaction. If this condition is noted, mark **YES**.

Snow cover?

Mark **NO** if snow cover is not present to the extent that it would limit the inspector's ability to properly evaluate the system. If this is not the case, mark **YES**.

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Property vacant?

Mark **NO** if the property is occupied. If the property is either permanently vacant or temporarily vacant for more than one week on the date the inspection is performed, mark **YES**.

ABSORPTION / EVAPORATION SYSTEMS

Visible Components

Vent / observation pipe

Mark **PASS** if the vent and / or observation pipes are in good repair and capped or inverted. Any other condition must be marked **FAIL**. If either pipe was not part of the original installation or has been buried and is not visible above grade, mark **NP** (not present).

D-box / valve box

Mark **PASS** if the box has a suitable lid of weather-resistant material and is accessible and in good condition. Valves must operate and be clearly marked. Any other condition must be marked **FAIL**. If such a box was not a part of the original installation mark **NP**.

Operational Status

Sewage surfacing?

Mark **PASS** if there is no standing or ponded effluent or leakage on the surface of the ground, or ice build-up during the winter and there are no effluent leaks from the vent or observation pipes. If these conditions are observed, mark **FAIL**.

*NOTE: to inspect a snow-covered system, dig to the ground surface in at least 3 locations in the area of the absorption or evaporation bed to determine if standing ice/water is present. You should also check the **YES** under "snow cover?" above.*

Evidence of Past surfacing?

Mark **NO** if there is no evidence of any past discharge of effluent from any component, such as soil or vegetation staining, paper or other debris, etc. If this is observed, mark **YES**

Surface Dampness?

Mark **NO** if there is no sogginess or dampness of the ground surface over any portion of the system. If this is observed, mark **YES**.

Excessive Odors?

Mark **NO** if there is no more than a faint wastewater odor in the area of the system. If strong odors are observed, mark **YES**.

Liquid in obs. / vent pipe?

Standing effluent more than 1" deep may indicate saturation conditions in the absorption system. If the liquid depth is less than 1", mark **NONE**, otherwise, show liquid depth in inches.

ALTERNATE SYSTEMS (if not applicable, check NA)

Functioning?

- *For a chemical toilet: Mark **PASS** if the unit is free of leakage or damage, with no build-up of excreta or other waste material in the holding tank.*
- *For a composting toilet: Mark **PASS** if the unit is functional and free of damage; a ventilation fan, if supplied, must be functioning; and there must be no excess liquid in the composing chamber.*

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- *For an incineration toilet: Mark **PASS** if the unit operates properly when used. Materials in the toilet must be completely incinerated during the burn cycle. Any vents, gas lines and valves, or electrical connections must be properly connected and functional.*
- *For surface discharge: Mark **PASS** if the unit is equipped with a contact-type chlorinator in good condition, providing a detectable chlorine level of at least 1.0 ppm. in the wastewater discharge. The discharge may not flow off-site.*

Any other condition must be marked **FAIL**.

Excessive Odors?

- *For a chemical toilet: Mark **NO** if the unit does not generate waste odors, with the exception of disinfectant odors from the receiving liquid.*
- *For a composting toilet: Mark **NO** if the unit does not generate any odors detectable inside the enclosure.*
- *For an incineration toilet: Mark **NO** if the unit does not generate odors other than a faint 'combustion' smell when in operation.*
- *For surface discharge: Mark **NO** if the system does not generate more than faint wastewater odors.*

Any other condition must be marked **YES**.

ELECTRIC LIFT / PUMP STATION (if not applicable, mark NA)

Lids

Mark **PASS** if the tank is equipped with a close-fitting lid(s) of the same materials as the tank or other durable, weather-resistant material, in good condition and repair, with or without handles. Any other condition must be marked **FAIL**.

Tank integrity

Mark **PASS** if visible portions of the interior and exterior of the tank are in good repair, the materials are not weathered or seriously cracked, no re-bar can be seen in concrete tanks, and caulking materials are in good condition. Any other condition must be marked **FAIL**.

Pump and controls

Mark **PASS** if the lift pump and wastewater lines are functional and in good repair, without leaks or damage. The wiring, junction boxes, alarms and controls are operational and in good repair with no exposed (bare) wires. Any other conditions must be marked **FAIL**.

MINOR REPAIRS MADE TO SYSTEM

If you made any minor repairs to any components of the individual sewage disposal system during or after your inspection (other than repairs to the tank, which are noted on FORM 702, or the aeration system, which are on FORM 703), please check the box that corresponds most closely to the work that was done. If **NO** work was necessary, mark **NONE MADE**.

**GILPIN COUNTY PUBLIC HEALTH AGENCY
INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION REPORT**

STREET ADDRESS: _____

INSPECTION FIRM _____

COLORADO PE # _____ NAWT # _____ NSF # _____

Except for system components, unless a section has been checked **NA**, **ALL ITEMS** in that section must be completed. Items marked with an asterisk (*) are minimum approval criteria items. Any such item marked **FAIL** means the system cannot qualify for a use permit. All other **NO / YES** items are for information only and will be so noted on the use permit. **NP** means that the component was not provided with the original system. **Gray shaded numbers** are Agency codes.

SYSTEM COMPONENTS (mark only 1 for each category, or mark **NA** if not applicable)

Primary Treatment Unit **NA**

- septic tank gray water tank aeration tank (**703**)

Secondary Treatment Unit **NA**

- trickling media filter (**703**) other (specify) _____

Absorption / Evaporation System **NA**

- chambered system drip irrigation seepage bed*
 seepage pit seepage trench ET bed
 Other _____ *includes any unknown type of seepage system.

Alternate System **NA**

- chemical toilet composting toilet incineration toilet
 surface discharge holding tank black water vault
 other (specify) _____

Other Components: **NA**

- electric pump (lift) station valve box other _____

NOTE: items marked "**703**" above also require the submission of **FORM 703**

SITE, WEATHER AND OCCUPANCY CONDITIONS DURING INSPECTION

- | | | | |
|----------------------------|-------------------------------|-------------------------------|------|
| *Erosion? | <input type="checkbox"/> PASS | <input type="checkbox"/> FAIL | |
| *Improper discharges? | <input type="checkbox"/> PASS | <input type="checkbox"/> FAIL | |
| Improper vegetative cover? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | u202 |
| Subject to compaction? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | u203 |
| Snow cover? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | u204 |
| Property vacant? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | u201 |

ABSORPTION / EVAPORATION SYSTEMS **NA**

Visible Components

- | | | | |
|--------------------------|-------------------------------|-------------------------------|-----------------------------|
| *Vent / observation pipe | <input type="checkbox"/> PASS | <input type="checkbox"/> FAIL | <input type="checkbox"/> NP |
| *D Box / valve box | <input type="checkbox"/> PASS | <input type="checkbox"/> FAIL | <input type="checkbox"/> NP |

Operational status

- | | | | |
|-----------------------------|---------------------------------|--|----------------|
| *Sewage surfacing? | <input type="checkbox"/> PASS | <input type="checkbox"/> FAIL | |
| Evidence of past surfacing? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | u205 |
| Surface dampness? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | u206 |
| Excessive odors? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | u207 |
| Liquid in obs. / vent pipe? | <input type="checkbox"/> NONE | <input type="checkbox"/> less than 1" | u208 |
| | <input type="checkbox"/> 1"- 6" | <input type="checkbox"/> greater than 6" | u215 u216 |

ALTERNATE SYSTEMS

NA

- *Functioning? PASS FAIL
 *Specific odors? NO YES **u209**

ELECTRIC LIFT / PUMP STATIONS

NA

- *Lid(s) PASS FAIL
 *Tank integrity PASS FAIL
 *Pump and controls PASS FAIL

MINOR REPAIRS MADE TO SYSTEM* (must be completed) NONE MADE

- Erosion control measures Vent or observation pipe repaired / replaced
 Sewer line repairs Other repairs / replacements

(*Use FORM 702 to report repairs to the tank and 703 for repairs to the mechanical system)

I hereby certify that I have inspected the above individual sewage disposal system in accordance with the guidance document(s) provided by the Gilpin County Public Health Agency and that my comments and observations accurately reflect the physical and operational status of the system and its components on the date of inspection and of any work performed by me.

Inspector

Date

NOTE: TO OBTAIN A USE PERMIT THIS REPORT MUST BE FILED WITHIN THIRTY (30) DAYS OF THE DATE IT IS PREPARED AND SIGNED.

Below For Agency Use Only

MALFUNCTION FILES

- CURRENT? NO YES
 PAST 3 YEARS NO YES **u210** REF NUMBER _____
 MONTH, YEAR _____

INSTALLATION FILES

- RECORDS? NO **u211** YES
 Limited or Restricted Occupancy NO YES **u217**
 Permit Number _____
 Date of Installation _____ Number of bedrooms _____
 Tank capacity: _____ gallons Absorption area: _____ sq. ft

NOTICE OF NONCOMPLIANCE / VIOLATIONS? NO YES **u212**