



Park County Environmental Health Department

P.O. Box 216 • Fairplay, CO 80440
Phone: 719-836-4267 Email: EHS@PARKCO.US

On-Site Wastewater Treatment System Transfer of Title Inspection Report

1. Inspector Information

Company Name: _____

Company Mailing Address: _____

Inspector: _____ Phone: _____

Email: _____ NAWT Cert. # REQUIRED: _____

2. System Information

Property Address: _____

Age of OWTS: _____ Water softener Garbage disposal Whirlpool

In-home business? Yes No Type: _____

Number of people currently occupying dwelling: _____

If currently unoccupied, for how long has it been vacant? _____

Number of bedrooms in dwelling: _____

Has there ever been a backup in the house? Yes No

List known repairs made to the system: _____

Date septic tank was last pumped: _____ Never to my knowledge

At what frequency? _____ Company: _____

3. Property Owner Information

Name: _____ Phone: _____ Email: _____

The above information is true to the best of my knowledge

Owner Signature: _____ **Date:** _____



Site	Acceptable	Unacceptable	N/A
Erosion – properly graded, not eroded or gullied			
Improper Discharges – no secondary surface wastewater points such as gray water lines, washing machine lines, etc.			
Proper vegetation – area of system is free of trees and / or shrubs			
Safe from compaction – components are not located in an area subject to compaction ie; under a structure or corral			
Tank			
Correct slope entering the tank			
Internal baffles/tees present, solid, and in good condition			
Effluent is at appropriate level			
Internal condition - no corrosion, erosion, root infiltration; tank is water tight			
Tank access at grade or above			
Risers in good condition			
Access lids are durable, weather-resistant and in good condition			
Filtration component present - Doser/Pump/Filter - filter must be accessible and good condition			
Pump Tank, Ejector or Grinder Pump			
Pump elevated off the bottom of the chamber			
Doser/pump operates properly			
If there is a check valve, purge hole is present			
High water alarm operates properly			
Soil Treatment Area			
Probe to determine location, excessive moisture, odor, and/or effluent			
No indication of a previous failure			
No seepage visible on surface			
No indication of effluent surfacing (i.e., no unusually lush vegetation present)			
No ponding water in the distribution media			
Even distribution of effluent in the field			



Tank Info

Type: Concrete Poly/Plastic Metal (unacceptable) Other _____

Number of compartments: _____ Tank size: _____

Mid seam tank: No Yes (water tightness test required)

Secondary Tank: Yes No

Type: Concrete Poly/Plastic Metal (unacceptable) Other _____

Pump records attached (required)

Risers Added Yes No Existing Screen Added Yes No Existing

Does the system contain a dosing or **pump tank, ejector or grinder pump**? Yes No

Aeration, Mechanical or Higher Level Treatment Additions? Yes No

Is there an active O&M Agreement Yes No Date of last inspection? _____

Soil Treatment Area

Approximate distance between water well and STA: _____

Explain answers as necessary and additional information:



Please attach the pump receipt & sketch of system (include relation to physical features) :

