



USE PERMIT INSPECTION REPORT

Time of Inspection: _____ Date of Inspection: _____

Required

- A certified inspector must complete this form.
 - An inspection report completed by uncertified inspector will not be accepted.

Use Permit Inspection Information

Name: _____		
Phone: _____	Email: _____	
National Association of Wastewater Transporters Number: _____		
or, indicate other approved certifying entity: _____		

Owner or Property Information

Owner Name: _____		
Phone: _____	Email: _____	
Address: _____		Unit: _____
_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip</i>
Address of property for which Use Permit is requested		<input type="checkbox"/> Same as above
Street Address: _____		Unit: _____
_____	_____	_____
Broomfield	CO	_____
<i>City</i>	<i>State</i>	<i>Zip</i>

Property Address: _____

Section 1: Required for all Systems - Tanks

	Tank 1		Tank 2	
Tank Size:	_____ gallons		_____ gallons	
Type of tank:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Concrete	<input type="checkbox"/> Fiberglass
	<input type="checkbox"/> Polyethylene	<input type="checkbox"/> Other	<input type="checkbox"/> Polyethylene	<input type="checkbox"/> Other
Type of component?	<input type="checkbox"/> Tees	<input type="checkbox"/> Baffles	<input type="checkbox"/> Tees	<input type="checkbox"/> Baffles
Was the tank pumped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, date pumped:	_____		_____	
Pumped by:	_____		_____	
License number:	_____		_____	
Expiration date:	_____		_____	

Note: Attach a copy of the pump receipt, within 18 months.

	Tank 1		Tank 2	
	Yes	No	Yes	No
Does the tank size match Broomfield Public Health and Environment's records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the tank in good condition such that the tank functions are not compromised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the tank a two compartment tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there are tees or baffles, are they in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the top of tank or riser within eight inches or less of grade?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the risers in good condition such that their function is not compromised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the lid (riser or manhole) in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the tank water level above the outlet invert?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the tank water level below the outlet invert?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the tank have an effluent filter(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the filter accessible for cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the filter clean and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Are additional tanks installed? Yes No

If yes, complete another Use Permit Inspection form for each additional tanks.

Is the system equipped with siphon, pumps and floats, or controls? Yes, complete Section 2 No

Property Address: _____

Section 2: Dosing Systems

Dosing Unit: Siphon Pump

	Yes	No	N/A*
Is the siphon or pump operational?	<input type="checkbox"/>	<input type="checkbox"/>	
Are floats properly tethered and operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the junction box (J-Box) approved for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are the J-Box and wiring properly installed and functional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an audiovisual alarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the alarm operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a pump in a screened vault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the vault in acceptable condition and screen clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**N/A applies only to a siphon*

Comments: _____

Does the system utilize uniform or pressure dosing; or, is there a low-pressure pipe (LPP) or drip irrigation? Yes, complete Section 2A No

Section 2A: Uniform or Pressure Dosed, Low Pressure Pipe, or Drip Irrigation Systems

Unit Type: ATU RSF ISF Textile Fiber Peat Filter Other

	Yes	No	N/A
Are the distribution valves in a box or vault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the box or vault in acceptable condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the distribution valves operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For the LPP, are the risers at end of the zones in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an automatic distribution valve (ADV)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the ADV working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the system equipped with flushing valves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are the flushing valves accessible and operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Is the system equipped with a secondary treatment unit? Yes, complete Section 3 No

Property Address: _____

Section 3: Secondary Treatment

Unit Type: ATU RSF ISF Textile Fiber
 Peat Filter Other, indicate type: _____

	Yes	No
Is the secondary treatment unit operating properly?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a current operation and maintenance contract?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when was the system last inspected? _____		
	<i>Month/Day/Year</i>	

Comments: _____

Section 4: Required for all Systems - Building Sewer Absorption Area

	Yes	No
Is the absorption area covered with snow?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any odors?	<input type="checkbox"/>	<input type="checkbox"/>
Are there wet areas on the ground surface?	<input type="checkbox"/>	<input type="checkbox"/>
Is the irrigated landscaping planted over the absorption area?	<input type="checkbox"/>	<input type="checkbox"/>
Is the surface drainage adequate to protect the absorption area?	<input type="checkbox"/>	<input type="checkbox"/>
Is the vegetative cover adequate to protect the absorption area from excessive erosion?	<input type="checkbox"/>	<input type="checkbox"/>
Is the vegetative cover excessive?	<input type="checkbox"/>	<input type="checkbox"/>
Are driveways, horse corrals, patios, or pools constructed over the septic tank or absorption area?	<input type="checkbox"/>	<input type="checkbox"/>
If observation pipes, is there standing effluent in the observation pipes?	<input type="checkbox"/>	<input type="checkbox"/>
If observation pipes, is there standing effluent in the observation pipes?	<input type="checkbox"/>	<input type="checkbox"/>
If distribution box is accessible, is it in good condition and are the outlets level?	<input type="checkbox"/>	<input type="checkbox"/>
Are there observation pipes in the absorption area?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many?		

Comments: _____

Property Address: _____

Section 5: Required for all Systems - Building Sewer

	Yes	No
Is there any evidence of damage, plugging, or settlement of the building sewer from house to first septic tank?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any evidence of damage, plugging, or settlement of the building sewer from the septic tank to the absorption area?	<input type="checkbox"/>	<input type="checkbox"/>
Is secondary treatment unit operating properly?	<input type="checkbox"/>	<input type="checkbox"/>
If the system has more than one tank, is there any evidence of damage, plugging, or settlement of the building sewer between the tanks?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a cleanout(s) on the building sewer from the house to septic tank?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, state the location of cleanouts or show on system diagram: _____		
If system is equipped with a pump, is there any evidence of damage, plugging or settlement of the pump line (force main) from the septic tank to the absorption area?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain what was noted: _____		
Comments: _____		

Section 6: Required for all Systems - General questions

Is the property: Occupied Vacant, how long? _____

	Yes	No
Is the property served by a well?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a system diagram (As-Built Diagram)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is diagram accurate?	<input type="checkbox"/>	<input type="checkbox"/>
If no, does the diagram exist or if the diagram is inaccurate, provide a system diagram on the City and County of Broomfield's As-Built Drawing form.	<input type="checkbox"/>	<input type="checkbox"/>
Does the entire system meet all required set-backs as listed in the City and County of Broomfield's On-site Wastewater Treatment System (OWTS) Regulations?	<input type="checkbox"/>	<input type="checkbox"/>
If no, provide detailed information in comments and provide the diagram on the As-Built Drawing form.		
Comments: _____		

Property Address: _____

Section 7: Required for all Systems - Inspector Comment and Signature

Additional Comments: _____

	Yes	No
In my opinion, at the time of the inspection, the OWTS has deficiencies that require repairs.	<input type="checkbox"/>	<input type="checkbox"/>
In my opinion, at the time of the inspection, the OWTS is functioning adequately.	<input type="checkbox"/>	<input type="checkbox"/>

Print Name of Inspector

Inspector Signature

Time

Date