



**ONSITE WASTEWATER TREATMENT SYSTEM (OWTS)
USE PERMIT INSPECTION FORM**

76 Service Center Rd Aspen CO 81611

970-920-5070 Fax 970-920-5077

www.PitkinCounty.com

Inspection for Permit Number:

POWU

Job Address

(provide proof of application for an address if there is currently no address)

[Address Application](#)

Job Street:

Job City:

Job State:

Job Zip:

Owner

Owner First Name:

Owner Last Name:

Owner Corporation Name:

Owner Mailing Address:

Owner City:

Owner State:

Owner Zip:

Owner Phone:

Owner Cell Phone:

Owner Email:

Permit Contact

Contact First Name:

Contact Last Name:

Contact Business Name:

Contact Mailing Address:

Contact City:

Contact State:

Contact Zip:

Contact Phone:

Contact Cell Phone:

Contact Email:

Licensed Inspector

Inspector First Name:

Inspector Last Name:

Inspector Business Name:

Inspector Mailing Address:

Inspector City:

Inspector State:

Inspector Zip:

Inspector Phone:

Inspector Cell Phone:

Inspector Email:

Inspector's License Number:

[Parcel ID](#)

[Legal Description](#)

A copy of this inspection will be remitted to Pitkin County Environmental Health Department by the Licensed Systems Inspector within 60 days of the inspection regardless of whether the system passes or fails.

Questions For Property Owner PRIOR To Inspection:

Is the home currently occupied?

If N: How long has it been vacant?

How many bedrooms are in the home?

RECORDS

Were system records available from Pitkin County?

If Y: Permit Number

Date of final approval:

No. of bedrooms permitted:

Was an as-built drawing available?

Is the as-built drawing accurate?

If N: Complete and upload a drawing of the system as accurately and possible

Describe change in use/differences:

SITE CONDITIONS

Any questions marked **FAIL** or **NO** will require correction before an OWTS Use permit is issued.

Proper grading, no evidence of erosion:

Proper vegetation cover:

NO evidence of compaction such as heavy machinery or livestock:

Proper discharges (no straight pipes):

NO evidence of high ground water:

Snow cover is NOT present:

Site Conditions Pass/Fail:

TANK(S)	TANK 1	TANK 2	TANK 3
Tank Capacity (gallons)			
Tank Material			
Number of compartments			
Date of last pumping			
Lids/risers			
Risers to grade			
Riser height			
Riser condition/water tightness			
Inlet Sanitary T/Baffle			
Outlet Sanitary T/Baffle			
Effluent Filter (if part of design)			
Condition of Tank Material			
Tank was pumped for inspection			
If Y: List Pumping Company			
If N: Date of last pumping			
Scum level (1st compartment) inches			
Sludge level (1st compartment) inches			
Scum level 2nd compartment) inches			
Sludge level 2nd compartment) inches			
Backflow (if pumped)			
Midtank Baffle			
Water Tightness			

PUMPS/DOSING SIPHONS

Is a pump or dosing siphon present?

If Y: Is the pump/dosing siphon function properly?

Does the pump/wiring/dosing siphon appear to be in good condition?

Is the high water alarm working; both visibly and audibly?

Pumps/Dosing Siphon Pass/Fail:

SECONDARY TREATMENT

Is a secondary treatment unit present? If Y: Does the unit appear to be in good working condition?

Does the owner have a current maintenance contract for the unit?

Maintenance Provider

Phone

Email

Secondary Treatment Pass/Fail:

If there is no maintenance contract, a contract must be in place prior to occupancy of the home. A copy of the contract must be submitted to Pitkin County Environmental Health Department

ABSORPTION AREA

Effluent surfacing?

Evidence of past surfacing?

Surface dampness?

Excessive odors?

Field location verified by observation ports or probing:

Liquid in observation port?

If Y: Recorded Depth (inches)

Distribution Box or ADV part of original Design?

If Y: Is it accessible from grade?

If Y: Is it level and in good condition

Absorption Area Pass/Fail:

Any problems with the system that were not addressed above?

List any recommendations for the continued use of the system:

Were any repairs done as a result of this inspection?

If Y: Describe repairs

Additional Notes:

Clearly label any pictures and upload them.

To the best of my knowledge and training the information collected in this inspection is accurate.

Inspectors Signature

Date: