



## Onsite Wastewater Treatment Systems (OWTS) Use Permit Form Instructions

Pitkin County Environmental Health Department  
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Phone: 970-920-5070 Fax: 970-920-5077  
Website: [www.aspenpitkin.com/ehnr](http://www.aspenpitkin.com/ehnr)

*This form is to assist licensed systems inspectors with the completion of the Pitkin County Use Permit Inspection Form. Please refer to this document as you fill out the Inspection Form.*

### QUESTIONS FOR PROPERTY OWNER *PRIOR* TO INSPECTION:

Prior to the inspection, the homeowner should be asked these questions in order to better understand use and maintenance of the system. As a reminder, a maintenance contract is **required** for secondary treatment.

### RECORDS:

Any information about the existing system is going to be valuable when conducting an inspection. Contact the Pitkin County Environmental Health Department to obtain information pertinent to the OWTS(s) on the property, including permits and as-built drawings.

If a permit is available, fill in the permit number, date of final approval, and approved number of bedrooms.

If the use of the system is different than the stated use on the permit (i.e., different number of bedrooms in the home, change in business type, additional use from accessory structures, etc...), describe the change in use.

If an as-built is available mark **YES**. During the inspection compare the as-built drawing to what is in the ground and note if there are differences. If the as-built is not available or is different from what was actually installed, please complete the system drawing as accurately as possible at the end of the inspection form.

### SITE CONDITIONS:

#### Grading/Erosion:

Mark **PASS** if the area of the system is properly graded and not subject to serious erosion such as channeling or gullying. Mark **FAIL** if portions of the system are uncovered, exposed, or any other similar condition.

#### Improper Vegetative Cover:

Mark **NO** if the area of the system is well vegetated with grasses, weeds and wildflowers, with only an occasional shrub. Mark **YES** if the area is heavily vegetated with shrubs and/or trees to the extent that it may allow root infiltration into the system or has minimal vegetative cover.

#### Evidence of Compaction:

Mark **NO** if the absorption area is not located in a corral, under a driveway, under a structure, or otherwise subject to compaction. Mark **YES** if the absorption area is subject to compaction.

Improper Discharges:

Mark **PASS** if there are no secondary surface wastewater discharge points such as gray water lines, washing machine lines, "straight pipes" etc. Mark **FAIL** if any wastewater is discharging to the surface.

High Ground Water:

If there is no evidence of high ground water, mark **NO**. If there is evidence of high ground water, such as documentation in the Pitkin County Environmental Health Department files, or located in an area known for seasonal high ground water, 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. Mark **YES** if there is snow cover.

**TANK(S):**

Complete this chart for each tank in the system.

Tank Capacity:

Identify number of gallons each tank can hold based on pumping records or permit documents.

Tank Material:

Only concrete, fiberglass, and plastic tanks are approved materials. Other materials such as metal or wood will require replacement.

# of Compartments:

How many compartments does the tank have?

Date of Last Pumping:

Record the date of the last pumping for each tank.

Lids/Risers:

Lids and risers should be in good condition and tight fitting so ground or surface water can not enter the tank. Area around the lids should be properly graded as to not allow water to pond around the lids. Risers should be tall enough to bring the lids to grade so they are accessible for maintenance and pumping. Also record the height of the riser on the form.

Inlet/Outlet Sanitary Tees or Baffles:

Inlet/outlet sanitary tees or baffles must be present and in good condition. Tees must extend a minimum of 14 inches below the inverts and have no more than 1 inch of space over the top of the tees. Any other condition should be marked **FAIL**.

Effluent Filter (if part of original design):

If an effluent filter was part of the original design, it must be present to **PASS**, if not, mark **FAIL**. If an effluent filter was not part of the original design, mark **N/A**.

Condition of Tank Material:

The tank should be in good repair. If the tank materials are weathered or seriously cracked, rebar can be seen in concrete tanks, or caulking materials are in poor condition it should be marked **FAIL**.

Tank was pumped as part of the inspection:

Indicate if the tanks were pumped as part of the system inspection. If they were, the scum/sludge levels will not be applicable.

Scum/Sludge Levels:

If the tank was *not* pumped as part of the inspection, measure the sludge and scum levels for each compartment of the tank. If scum and sludge levels total 25-33% of the tank volume, pumping is needed. (For most tanks, 25% of tank capacity equals approximately 12 inches in depth.)

Backflow, if pumped:

If there is backflow from the outlet pipe back into the tank during or after pumping, mark **FAIL** as this is a sign of a saturated absorption field or a clogged or broken pipe.

Midtank Baffle:

Internal midtank baffles must be present and in good repair. If it is in any other condition, mark **FAIL**. For single compartment tanks, mark **N/A**.

Watertightness:

If the water level of the tank is below the outlet or another indicator demonstrating that the tank is no longer watertight, mark **FAIL**.

**PUMPS/DOSING SIPHONS:**

If a pump or dosing siphon is present, it must be functioning and in good condition with an audible and visible alarm.

**SECONDARY TREATMENT:**

If secondary treatment is present, it must be working properly and a maintenance agreement is required.

**ABSORPTION AREA:**

Effluent Surfacing:

Mark **PASS** if there is no standing or ponding effluent or leakage on the surface of the ground, ice build-up during the winter, and no effluent overflow from the observation ports. Mark **FAIL** if any of these conditions are observed. If snow cover is present, dig 3 holes to ground surface in the proximity of the absorption area to determine if standing water is present.

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 on the ground surface over any portion of the absorption area. 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**.

Field location verified by observation ports or probing:

The absorption area location should be verified as part of the inspection. This may be done by locating the observation ports or probing the likely field area to find gravel or chamber locations.

Liquid Standing in Observation Port:

Standing effluent more than 1" deep may indicate saturated conditions in the absorption system. If the liquid depth is less than 1", mark **NO**. If **YES**, indicate the liquid depth in inches.

Distribution box or ADV:

Mark **YES** if a distribution box or automatic distributing valve (ADV) part of the original design. Indicate **YES** if it is accessible from grade, **NO** if it is not. If **YES** and it is in good working condition, mark **PASS**. If it is not level or in good condition, mark **FAIL**.

**Clearly label any pictures and attach them to the inspection form.**

***Submit a copy of the inspection report to Pitkin County EH within 60 days of the inspection either by mail or email listed on the front of this document. Email is preferred.***