TOWN OF PITKIN, COLORADO OWTS INSPECTION CHECKLIST

Property Owner:_____
Mailing Address:_____
Pitkin Address & Legal Description:_____
Water Softener_____ Garbage Disposal_____ Whirlpool Bath_____ Flow Meter_____
Number of bedrooms_____ Home currently occupied?_____ How long vacant?_____
Has system ever backed up into the house? _Y_ N_ Was system repaired?_____ Permit #_____
Have the fixtures, including but not limited to sink(s), toilet(s), bathtub(s), and shower(s) been maintained and checked for leaks? _Y_ N_
Date of Last Inspection and/or Pumping? _____

Tank Description: Capacity_____ Material_____Compartments_____ Yr. Installed_____
Liquid depth in first compartment_____ Liquid depth in second compartment_____
First or Single Comp: Sludge inches_____ Scum inches_____ % of tank fluid depth_____
Second Compartment: Sludge inches_____ Scum inches_____ % of tank fluid depth_____

Pumping is required at 33% of sludge plus scum in the first or single compartment of the septic tank. Additional considerations for pumping will be sludge in excess of 12 inches, or scum in excess of 3 inches in the second or single compartment. If pumping is required, inspector must complete the checklist that follows <u>after</u> the pumping occurs.

CHECK EACH ITEM EXAMINED:
_____Water-tightness of tank tested by examining flow into tank and tank level: *flush toilets and flow water from fixtures*.
_____Any indicators of previous failure? If so, describe_____
_____Leak-proof nature of the service accesses, ports, risers, lids, and covers
_____Integrity of inlet and outlet baffles.
_____Observable discharge of sewage to ground surface through service access, ports, vent openings, or direct plumbing?
If the OWTS is a Holding Tank:
_____Examine capacity relating to daily sewage flow and pumping service frequency.
_____Examine water-tightness of all plumbing connections to ensure that when tank is full it will back up into the facility.
_____Examine the alarm for function.
<u>Y N</u>Does system contain a dosing or pump tank, ejector or grinder pump?
_____Is the pump elevated off the bottom of the chamber?
_____Does the pump work? ____Alarm? ____ Does alarm work? ____Do electrical connections appear satisfactory?
_____ Visual inspection of soil treatment area via inspection ports, surface conditions, and, if necessary, core boring.
<u>Y N</u>Indication of previous failure? <u>Y N</u>Seepage visible? <u>Y N</u>Even distribution of effluent?
<u>Gravity</u> <u>Pressure</u> Circle type of effluent distribution.

Condition of system: Acceptable____Not Acceptable____ **(Sketch entire system on back or separate sheet— including setbacks to water sources)**

Remarks/Recommendations:_____
_____
_____(Continue on back if necessary.)
RECOMMEND PUMPING: YES NO (circle one)
LICENSED PUMPER REQUIRED. PUMPING REPORT MUST BE PROVIDED TO TOWN OF PITKIN.

I have reviewed the completed OWTS Inspection Checklist. I swear or affirm, under penalty of perjury, that the information set forth above is true and accurate to the best of my knowledge.

Certified Inspector Signature:_____ Phone:_____
Owner/Representative Signature: _____ Print Name: _____
Date of Inspection:_____

_____Pitkin Copy _____Owner Copy _____Inspector Copy (Form revised Feb. 2018)