

ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) Property Transfer Inspection Report

Name of Owner: <u>LAWLER</u>	Date of Inspection: <u>4-4-17</u>
Inspection Ordered By:	Name of Inspector: Kevin Sullivan
Site Address: <u>Berthoud</u>	Inspector's Certification No: 8081ITC
Owner's Phone:	Inspector's Address: PO Box 1288, Longmont CO 80502
Property Legal Description:	Inspector's Phone: 303-772-4019
Send Inspection Report To:	Inspector's E-mail: sullseptic@aol.com
Mailing or Email Address:	
Size of Property (i.e. # of acres):	
Type of Existing Building or Structure (if commercial, list all uses or tenants): <u>RESIDENTIAL</u>	

I. GENERAL INFORMATION (TO BE COMPLETED AND SIGNED BY OWNER)

1. Age of OWTS: 29 years
2. Water Softener Yes No
- Garbage Disposal Yes No
- Grease Trap Yes No
3. Residential Yes No
- Commercial Yes No
- Flow Meter Yes No
- In-Home Business Yes No Type: _____
4. Number of Bedrooms in House 4
- Number Listed on OWTS Permit 3 PASS FAIL } L.C.H.D. NO-REGULATIONS
- Number Listed in Assessor's Records N/A
- House Currently Unoccupied Yes No How long? _____
5. Has a sewage backup ever occurred? Yes No
6. List any known repairs to system _____
7. Is there a service contract for system components? Yes No Company: _____
8. Date septic tank last pumped: 3-22-17 Frequency: 2-3y Company: SULLIVAN SEPTIC
(Attach pumping receipt)
9. Water supply supplied by a well? Yes No
10. Std. potability test sample of well taken? Yes No
- Potability test results: PASS FAIL
(NOTE: A pass or fail here does not indicate a pass/fail for the inspection)
11. Is this a renewal? (If yes, complete and return this page) Yes No

The above information is true to the best of my knowledge.

Owner/Legal Agent: _____ Date: _____

INSPECTION REPORT MUST BE TURNED INTO BOULDER COUNTY WITHIN 365 DAYS

II. SYSTEM TYPE: Components of OWTS (complete as required)

- 1. Pretreatment (Septic Tank) Unit 1: Type Concrete Manufacturer EPC Capacity (gal) 1500 gal
 - 2. Pump Tank 1: Capacity (gal) 1500 gal
 - 3. Pretreatment/Treatment Unit 2: Type _____ Manufacturer _____ Capacity (gal) _____
 - 4. Pump Tank 2: Capacity (gal) _____
 - 5. Soil Treatment Unit: Type: STA Area (Ft²) 1512 ft²
 - 6. Vault (see instructions) Type _____ Manufacturer _____ Capacity (gal) _____
- Warning Device PASS FAIL
- Pumping Receipts (vault only) Yes No
- Location of warning device: _____

- 7. Additional Components: _____
- 8. Greywater Discharge (if separate from OWTS): None Surface Subsurface Tank
 PASS FAIL

III. EVALUATION PROCEDURES

- 1. Number of bedrooms counted in house: 4
Number of bedrooms doesn't exceed OWTS record: PASS FAIL *- NO REGULATION LC 11A ON 11 SP.*
- 2. Locate, access, and open the septic tank cover: PASS FAIL
- 3. If at grade, is tank cover secure? PASS FAIL
- 4. Can surface water infiltrate into tank(s)? No/PASS Yes/FAIL
- 5. Any indicators of previous failure? Yes No
- 6. Inspect lid; measure sludge and scum level: Yes No
- 7. Inspect effluent screen (if applicable): Yes No
- 8. Run an operation test:
 - a. Gallons added in the operation test: 200 gal gallons
 - b. Does water backflow into tank? No/PASS Yes/FAIL
- 9. Pump out primary treatment (septic) tank: Yes No/FAIL
 - a. How many gallons? 1500 gal gallons
- 10. Inspect the condition of the septic tank: PASS FAIL
 - a. Inspect condition of inlet and outlet baffles: Yes No
 - b. Comments (cracks, deterioration, infiltration, or damage): _____
- 11. Does the system contain a dosing or pump tank, ejector, or grinder pump or an Advance Treatment Unit (ATU)? Yes No
 - a. If so, was the condition of the tank checked? Yes No
 - Comments: _____
 - b. Is the pump elevated off the bottom of the tank? Yes No NA
 - c. Does the pump work? Yes/Pass No/Fail NA
 - d. Is there a check valve or purge hole present? Yes No NA
 - e. Is there a high water alarm? Yes No NA
 - f. Does the alarm work? Yes/Pass No/Fail NA
 - g. Type of alarm: Audio Visual Both
 - h. Do electrical connections appear satisfactory? Yes No
 - i. Was the pump/ATU tank cleaned? Yes/Pass No/Fail
 - j. If an ATU, is the motor working? Yes/Pass No/Fail
 - k. If an ATU, is there a current operation & maintenance agreement in place? Yes No
- 12. Was the soil treatment area probed to determine its location and to check for excessive moisture, odor, and/or effluent? Yes No
 - a. Any area subject to serious erosion? Yes No

- b. Any area subject to compaction? Yes No
- c. Any indication of previous failure? Yes No
- d. Seepage visible on the surface of the field? PASS FAIL
- e. Is improper vegetation present? Yes No
- f. Heavy saturation in the distribution media? Yes No
- g. Even distribution of effluent in the field? Yes No
- h. Snow cover over the absorption area? Yes No
- i. Irrigation present on absorption area? Yes No

13. Distance between water well and soil treatment area: 120 feet Feet

14. Inspection results of OWTS:

- Acceptable (no repairs required)
- Unacceptable (repairs required)
- Repairs required

Explain/define repairs needed or repairs made: _____

Complete system replacement required. Explain: _____

Further exploratory work is required. Explain: SEPTIC TANK NEEDS RESET ON
OUTLET SIDE 2' W/ NEW LID ALSO THE SYSTEM IS SIZED
FOR 3-BEDROOM HOME RAN APPROX 200 GPM SYSTEM CHECKED
SIDE-BERIN WHERE GRASS IS THICK, NO EFFLUENT IS SURFACING
OR LEAKING AT THIS TIME ALSO CHECKED TOP OF LEACHFIELD
AND IS DRY

By signing this form, I hereby verify that I am a NAWT or NSF-certified inspector who personally conducted the inspection of this property.

Certified Inspector Signature: Ken Sullis Date: 4-4-17

IV. SKETCH OF SYSTEM

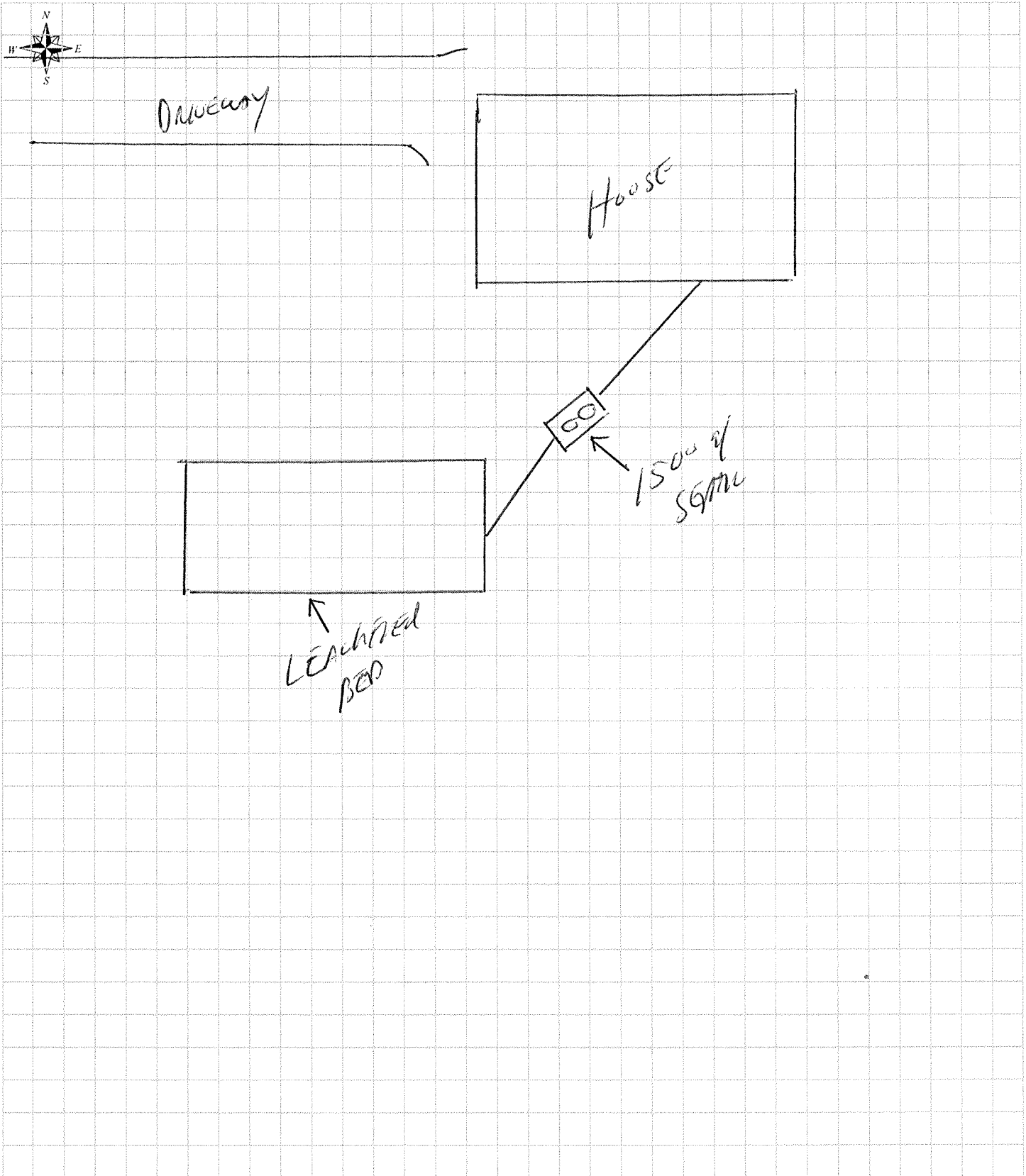
Make an accurate sketch of the entire system that shows the location of the dwelling or structure with two triangulated distance measurements to the septic tank lid(s) or GPS coordinates. Include sewer location to structure, septic tank(s), lift station, and soil treatment area. Include all pertinent setback locations, such as lakes, rivers, irrigation ditches, and water wells.

Note: BCPH is no longer accepting final drawings from existing OWTS permits.

Property Address: _____

SECTION IV. SKETCH OF SYSTEM

Make an accurate sketch of the entire system. Include sewer location to structure septic tank(s), lift station, and soil treatment area. Include all pertinent setback locations such as lakes, rivers, irrigation ditches and water wells.



APPLICATION AND PERMIT FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM



LARIMER COUNTY
DEPARTMENT OF HEALTH & ENVIRONMENT
1525 Blue Spruce Drive
Fort Collins, Colorado 80524

MICROFILMED

4230
(303) 498-6775 F.C.
(303) 586-6349 E.P.
FAX: 498-7821 E.P.

1. $\frac{1}{4}$, $\frac{1}{4}$, $\frac{1}{4}$, S 28 T 4 R 69

2. Subdivision Cathy's Pond

3. Lot 2 Block _____ Filing _____ Zoned _____

4. New System X Repair _____ New Vault _____

5. Address/Location ~~XXXXXXXX~~ 1522 Diamond Wall Drive Berthoud, CO 80513

6. Owner of Record ~~XXXXXXXX~~ Tom Address 738 Johnson St Louisville, MO
Agent Pierre Birds Address _____ Ph. 772-5071

8. System Contractor Gopher Address _____ Ph. _____

9. Building Type SF Basement Bathroom yes Design Capacity 3

10. Lot Size 2.4A Slope _____ Perc. Rate/H.C. 45mpi Depth to Bedrock 4ft

11. Depth to water Table soft Potable Water Supply public Aquifer _____

12. Water District Little Thompson

13. Sanitation District _____

14. Nearest Location of Public Sewer To Building _____

15. Exhibits check: Plot Plan _____ Eng. Geol. Report _____ Engineers Design _____

16. Owner/Agent Signature Benny L. Ruelten Date 4-21-93

17. Engineer Signature _____ P.E. Reg. # _____ Date _____

18. Fee of \$ 150.00 payable at time Permit is issued.

19. Plot plan on reverse of this form. Receipt # 19528 BP# 93-13725A

pick-up @

Permission is hereby granted to the owner or his agent to perform the work indicated below in accordance with the Larimer County Individual Sewage Disposal Regulations and is conditional upon the final installation approval of the Larimer County Department of Health and Environment. This permit is to remain in full force for the duration of the Larimer County Building Permit, or 120 days after its issuance, where applicable, providing it is not revoked for non-compliance. The issuance of this permit does not constitute assumption by the Department or its employees of liability for the failure or inadequacy of the sewage disposal system.

20. Type and design of System Install 1000 gallon two compartmental septic with minimum of 1494 cu ft of mounded leachfield. MAXIMUM depth in the ground is benches. Line the side wall with 10mil liner. (Design Code MO-1)

21. Maintenance Schedule Pump tank every 3 or 4 yrs.

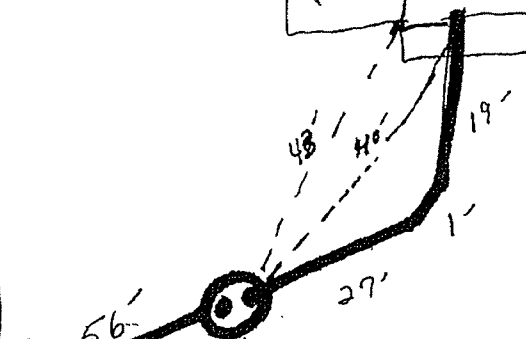
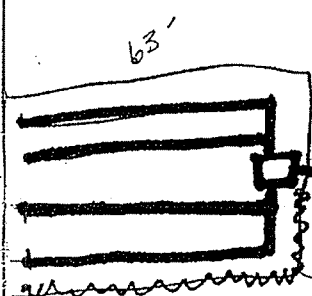
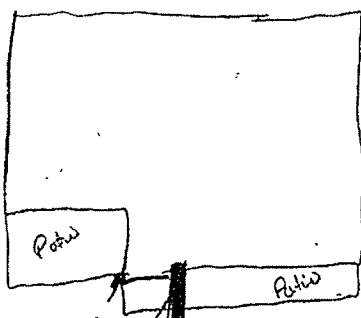
22. Please notify the department 24 hours in advance of backfilling to obtain final inspection for issuance of "Occupancy Certificate".

Approval Signature	Date	Approval Signature	Date
23. Site Inspection: <u>Spe Schauer</u>	<u>4-23-93</u>	Sanitation District:	
24. Preliminary: <u>Spe Schauer</u> R.P.S.	<u>4-23-93</u>	Occupancy Permit Signed: <u>myroan</u>	<u>9-30-93</u>
25. Final Inspection: <u>Spe Schauer</u> R.P.S.	<u>9-27-93</u>	And Transmitted By: _____	

Route: white - owner; pink - system contractor; Tag Copy - File.

72

Drive



1500 gallon
Septic tank Erie

1500 # Bed
installed larger to add
4 Bedroom, liner