



APPLICATION FOR USE PERMIT

Gilpin County Community Development Department

203 Eureka St., (P.O. Box 661), Central City, CO 80427

PHONE: 303-582-5831 Fax: 303-582-5440

Use this packet to apply for a Use Permit for an existing individual sewage disposal system. A Use Permit is required for the sale of a year-round occupied single-family dwelling or non-residential structure that is served by an individual sewage disposal system that was installed more than five (5) years prior to the proposed date of closing.

Use the **FORM 704** to renew a current use permit for a property that has not yet closed.

Before applying for the use permit, a private use permit inspector must pump the septic tank and inspect the system – the County does not perform this work. A list of inspectors may be found at:

<http://www.gilpincounty.org/cms/One.aspx?portalId=9285259&pageId=11339131>

When the pumping and inspection is completed, the Use Permit inspector will then provide you with completed copies of FORMS 701, 702 (and 703, if necessary) to be submitted along with this FORM 700.

TO APPLY FOR YOUR PERMIT:

1. **SUBMIT** the following forms:
 - FORM 700, (this form) signed by the current owner.
 - FORM 701, (inspection report) dated with 30 days of application date
 - FORM 702, (pumping report) dated within eighteen (18) months of application date
 - FORM 703 (for mechanical systems only) dated within 30 days of application date.
2. **ATTACH** check for **\$100.00** (do not send cash in mail) payable to Gilpin County Treasurer.

PROCESSING TIME

Please allow 7-10 working days to process your application.

AGENCY CONTACTS:

Tami Archer

303 582-5831

tarcher@gilpincounty.org

APPLICATION FOR USE PERMIT - FEE: \$100.00

Property Address		Property Account Number*	
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*The Property Account number may be obtained from the Gilpin County Assessor by calling (303) 582-5451 or online at <http://gilpin.infoenvoy.com/>

Please provide the following to expedite your application:

Closing Date _____ Resolution Date _____

Agent name and phone number: _____

Applicant: NAME _____

MAILING ADDRESS _____

CITY STATE ZIP _____

PHONE _____ email _____

Current Owner: NAME _____

Structure Type (choose only one)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Barn / Stable (commercial) <input type="checkbox"/> Barn / stable – (personal use) <input type="checkbox"/> Dwelling – Bed & Breakfast <input type="checkbox"/> Dwelling – multifamily <input type="checkbox"/> Dwelling – multiple structures <input type="checkbox"/> Dwelling – single family <input type="checkbox"/> Fire station <input type="checkbox"/> Garage (commercial) <input type="checkbox"/> Garage (personal use) <input type="checkbox"/> Other commercial use (specify) _____ <input type="checkbox"/> Other personal use (specify) _____ <input type="checkbox"/> Other public use (specify) _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Office <input type="checkbox"/> Recreational (public) <input type="checkbox"/> Recreational (commercial) <input type="checkbox"/> Religious Institution <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail Facility <input type="checkbox"/> Studio / shop (commercial) <input type="checkbox"/> Studio / shop (personal) |
|---|--|

Owner or Agent's Statement Regarding Operational Status of an Existing Individual Sewage Disposal System

By applying for this permit, the owner states that, to the best of their knowledge, the individual sewage disposal system on the property described in this application has functioned properly for a period of at least one year prior to the date of this application (or date property became vacant), meaning that none of the following has occurred: surfacing of sewage from any portion of the system (or a buildup of ice during winter months); slow or sluggish drains; damage to any part of the system; or any other factor that would impact the suitability and operation of the system. The owner also grants the health officer access to the property to verify information contained in any document or report submitted with this application.

OWNER or AUTHORIZED AGENT

DATE

PLEASE ATTACH THE FOLLOWING:

- **FORM 701** (individual sewage disposal system inspection form) dated not more than thirty (30) days prior to the date of the use permit application (required for all systems).
- **FORM 702** (pumping and inspection report) dated not more than eighteen (18) months prior to the date of the use permit application (required for all systems).
- **FORM 703** (mechanical and aeration system report) dated not more than thirty (30) days prior to the date of the use permit application (for mechanical treatment systems only).

UNLESS OTHERWISE NOTED, THE COMPLETED USE PERMIT WILL BE SENT TO THE APPLICANT'S EMAIL. Please check only one.

- Alternate email address: _____
- Faxed to _____
- Mailed to _____

* * * * * * For Department Use * * * * *

ISDS RECORDS Tank _____ Field _____ Bdrms. _____ Install date _____

TANK INSPECTION Date _____ by _____

SYSTEM INSPECTION Date _____ by _____

CONDITIONS NOTED: _____

REPAIRS MADE: (tank) YES NO (Other) YES NO



EVALUATION CRITERIA FOR INSPECTING INDIVIDUAL SEWAGE DISPOSAL SYSTEMS

FORM
701

Gilpin County Community Development Department

203 Eureka St., PO Box 661, Central City, CO 80427

PHONE: 303-582-5831 Fax: 303-582-5440

<http://www.gilpincounty.org/cms/One.aspx?portalId=9285259&pageId=11339131>

This form provides information for licensed or certified inspectors on conducting an inspection of an individual sewage disposal system for a use permit. Please fill out pages 1-2 utilizing the following instructions and inspection criteria. Submit only those pages for the permit.

SYSTEM COMPONENTS

To be approved, an individual sewage disposal system must have a primary treatment unit of some kind and an evaporation system of some kind, or it must be a sealed vault. If the system consists of a pit or vaulted privy, the applicant must use FORM 800.

- Primary Treatment Unit (also requires **FORM 702**)
Mark type of primary treatment unit, if applicable. Otherwise, mark **NA**
- Secondary Treatment Unit (also requires **FORM 702** and **FORM 703**)
Mark type of secondary treatment unit, if applicable. Otherwise, mark **NA**
- Absorption / Evaporation system
Mark type of system, if applicable. Otherwise, mark **NA**
- Alternate System
Mark type of alternate system, if applicable. Otherwise, mark **NA**
- Other Components
Mark type of other components, if applicable. Otherwise, mark **NA**

SITE, WEATHER AND OCCUPANCY CONDITIONS

Erosion?

Mark **PASS** if the area of the system is properly graded and not subject to serious erosion such as severe channeling or gulying. No portion of the system must be uncovered or exposed. Any other condition must be marked **FAIL**.

Improper discharges?

Mark **PASS** if, except for lines from water softeners, swamp coolers, etc., there are no secondary surface wastewater discharge points such as gray water lines, washing machine lines, "straight pipes" etc. If any of these are present, mark **FAIL**.

Improper vegetative cover?

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

Subject to compaction?

Mark **NO** if the system components are not located in a corral, under a driveway or other structure, or otherwise subject to compaction. If this condition is noted, 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. If this is not the case, mark **YES**.

EVALUATION CRITERIA - Page 2

Property vacant?

Mark **NO** if the property is occupied. If the property is either permanently vacant or temporarily vacant for more than one week on the date the inspection is performed, mark **YES**.

ABSORPTION / EVAPORATION SYSTEMS

Visible Components

Vent / observation pipe

Mark **PASS** if the vent and / or observation pipes are in good repair and capped or inverted. Any other condition must be marked **FAIL**. If either pipe was not part of the original installation or has been buried and is not visible above grade, mark **NP** (not present).

D-box / valve box

Mark **PASS** if the box has a suitable lid of weather-resistant material and is accessible and in good condition. Valves must operate and be clearly marked. Any other condition must be marked **FAIL**. If such a box was not a part of the original installation mark **NP**.

Operational Status

Sewage surfacing?

Mark **PASS** if there is no standing or ponded effluent or leakage on the surface of the ground, or ice build-up during the winter and there are no effluent leaks from the vent or observation pipes. If these conditions are observed, mark **FAIL**.

*NOTE: to inspect a snow-covered system, dig to the ground surface in at least 3 locations in the area of the absorption or evaporation bed to determine if standing ice/water is present. You should also check the **YES** under "snow cover?" above.*

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 soggy or dampness of the ground surface over any portion of the system. 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**.

Liquid in obs. / vent pipe?

Standing effluent more than 1" deep may indicate saturation conditions in the absorption system. If the liquid depth is less than 1", mark **NONE**, otherwise, show liquid depth in inches.

ALTERNATE SYSTEMS (if not applicable, check NA)

Functioning?

- *For a chemical toilet: Mark **PASS** if the unit is free of leakage or damage, with no build-up of excreta or other waste material in the holding tank.*
- *For a composting toilet: Mark **PASS** if the unit is functional and free of damage; a ventilation fan, if supplied, must be functioning; and there must be no excess liquid in the composing chamber.*

EVALUATION CRITERIA - Page 3

- *For an incineration toilet: Mark **PASS** if the unit operates properly when used. Materials in the toilet must be completely incinerated during the burn cycle. Any vents, gas lines and valves, or electrical connections must be properly connected and functional.*
- *For surface discharge: Mark **PASS** if the unit is equipped with a contact-type chlorinator in good condition, providing a detectable chlorine level of at least 1.0 ppm. in the wastewater discharge. The discharge may not flow off-site.*

Any other condition must be marked **FAIL**.

Excessive Odors?

- *For a chemical toilet: Mark **NO** if the unit does not generate waste odors, with the exception of disinfectant odors from the receiving liquid.*
- *For a composting toilet: Mark **NO** if the unit does not generate any odors detectable inside the enclosure.*
- *For an incineration toilet: Mark **NO** if the unit does not generate odors other than a faint 'combustion' smell when in operation.*
- *For surface discharge: Mark **NO** if the system does not generate more than faint wastewater odors.*

Any other condition must be marked **YES**.

ELECTRIC LIFT / PUMP STATION (if not applicable, mark NA)

Lids

Mark **PASS** if the tank is equipped with a close-fitting lid(s) of the same materials as the tank or other durable, weather-resistant material, in good condition and repair, with or without handles. Any other condition must be marked **FAIL**.

Tank integrity

Mark **PASS** if visible portions of the interior and exterior of the tank are in good repair, the materials are not weathered or seriously cracked, no re-bar can be seen in concrete tanks, and caulking materials are in good condition. Any other condition must be marked **FAIL**.

Pump and controls

Mark **PASS** if the lift pump and wastewater lines are functional and in good repair, without leaks or damage. The wiring, junction boxes, alarms and controls are operational and in good repair with no exposed (bare) wires. Any other conditions must be marked **FAIL**.

MINOR REPAIRS MADE TO SYSTEM

If you made any minor repairs to any components of the individual sewage disposal system during or after your inspection (other than repairs to the tank, which are noted on FORM 702, or the aeration system, which are on FORM 703), please check the box that corresponds most closely to the work that was done. If **NO** work was necessary, mark **NONE MADE**.

**GILPIN COUNTY COMMUNITY DEVELOPMENT DEPARTMENT
INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION REPORT**

STREET ADDRESS: _____

INSPECTION FIRM _____

COLORADO PE # _____ NAWT # _____ NSF # _____

Except for system components, unless a section has been checked **NA**, **ALL ITEMS** in that section must be completed. Items marked with an asterisk (*) are minimum approval criteria items. Any such item marked **FAIL** means the system cannot qualify for a use permit. All other **NO / YES** items are for information only and will be so noted on the use permit. **NP** means that the component was not provided with the original system. **Gray shaded numbers** are Agency codes.

SYSTEM COMPONENTS (mark only 1 for each category, or mark **NA** if not applicable)

Primary Treatment Unit **NA**

- septic tank gray water tank aeration tank (**703**)

Secondary Treatment Unit **NA**

- trickling media filter (**703**) other (specify) _____

Absorption / Evaporation System **NA**

- chambered system drip irrigation seepage bed*
 seepage pit seepage trench ET bed
 Other _____ *includes any unknown type of seepage system.

Alternate System **NA**

- chemical toilet composting toilet incineration toilet
 surface discharge holding tank black water vault
 other (specify) _____

Other Components: **NA**

- electric pump (lift) station valve box other _____

NOTE: items marked "**703**" above also require the submission of **FORM 703**

SITE, WEATHER AND OCCUPANCY CONDITIONS DURING INSPECTION

- *Erosion? PASS FAIL
 *Improper discharges? PASS FAIL
 Improper vegetative cover? NO YES **u202**
 Subject to compaction? NO YES **u203**
 Snow cover? NO YES **u204**
 Property vacant? NO YES **u201**

ABSORPTION / EVAPORATION SYSTEMS **NA**

- Visible Components
 *Vent / observation pipe PASS FAIL NP
 *D Box / valve box PASS FAIL NP

- Operational status
 *Sewage surfacing? PASS FAIL
 Evidence of past surfacing? NO YES **u205**
 Surface dampness? NO YES **u206**
 Excessive odors? NO YES **u207**
 Liquid in obs. / vent pipe? NONE less than 1" **u208**
 1"- 6" **u215** greater than 6" **u216**

ALTERNATE SYSTEMS

NA

*Functioning? PASS FAIL
 Specific odors? NO YES u209

ELECTRIC LIFT / PUMP STATIONS

NA

*Lid(s) PASS FAIL
 *Tank integrity PASS FAIL
 *Pump and controls PASS FAIL

MINOR REPAIRS MADE TO SYSTEM* (must be completed) NONE MADE

Erosion control measures Vent or observation pipe repaired / replaced
 Sewer line repairs Other repairs / replacements

(*Use FORM 702 to report repairs to the tank and 703 for repairs to the mechanical system)

I hereby certify that I have inspected the above individual sewage disposal system in accordance with the guidance document(s) provided by the Gilpin County Public Health Agency and that my comments and observations accurately reflect the physical and operational status of the system and its components on the date of inspection and of any work performed by me.

Inspector

Date

NOTE: TO OBTAIN A USE PERMIT THIS REPORT MUST BE FILED WITHIN THIRTY (30) DAYS OF THE DATE IT IS PREPARED AND SIGNED.

Below For Agency Use Only

MALFUNCTION FILES

CURRENT? NO YES
 PAST 3 YEARS NO YES u210 REF NUMBER _____
 MONTH, YEAR _____

INSTALLATION FILES

RECORDS? NO u211 YES
 Limited or Restricted Occupancy NO YES u217
 Permit Number _____
 Date of Installation _____ Number of bedrooms _____
 Tank capacity: _____ gallons Absorption area: _____ sq. ft

NOTICE OF NONCOMPLIANCE / VIOLATIONS? NO YES u212



EVALUATION CRITERIA FOR PUMPING and INSPECTING SEPTIC TANKS

FORM
702

Gilpin County Community Development Department

203 Eureka St., PO Box 661, Central City, CO 80427

PHONE: 303-582-5831 Fax: 303-582-5440

<http://www.gilpincounty.org/cms/One.aspx?portalId=9285259&pageId=11339131>

This form provides information for licensed Systems Cleaners on pumping and conducting an inspection of a septic tank, vault, or dosing / pump tank. Please fill out the one page inspection form utilizing the following instructions and inspection criteria. Use a separate FORM 702 for EACH tank pumped.

PUMPING AND INSPECTION CONDITIONS

All compartments of multi-compartment tanks must be pumped unless it is not physically possible to do so, such as when the tank lid is under a building, paved over, etc. Simply wishing not to disturb existing landscaping or to avoid the expense of digging up the additional lid is not a valid reason. If this box is checked '**NO**' you must provide the reason this could not be done.

All liquid and sludge must be removed leaving no more than 3" in the tank. Not having enough capacity in the tank truck is not a valid reason to leave more than 3" of sewage in the tank. If this box is checked '**NO**' you must provide the reason this could not be done.

ESTIMATED CAPACITY OF TANK(s)

Specify estimated capacity of the tank(s) and number of compartments pumped.

SEPTIC TANKS

Tank Operational Status

During or after the tank has been pumped you must inspect / observe the tank to determine if any of the following conditions are noted:

Discharge / leakage?

Mark **PASS** if there is no evidence of leakage from the tank such as side-wall leaks, concrete staining, pooling over the tank lids, within the riser, etc. Any other conditions must be marked **FAIL**.

Infiltration?

Mark **PASS** if there is no evidence that groundwater is infiltrating the tank, such as may be observed when the tank is empty. If there is any evidence of infiltration, mark **FAIL**.

Located under building?

Mark **NO** if neither tank lid is located under or in a building or structure (not including decks). If either lid is located under or in a building or structure, mark **YES**. (NOTE: Marking **YES** in itself will not be cause to fail the tank).

Back Flow After Pumping?

Mark **NO** if the pre-pumping wastewater level is not above the outlet T or there is no wastewater back flow from the absorption system into the tank after it is pumped. If you observe either of these conditions, mark **YES**. (NOTE: Marking **YES** will not in itself be cause to fail the tank).

EVALUATION GUIDE – Page 2

Tank components

Lids

Mark **PASS** if the tank is equipped with a close-fitting lid(s) of the same materials as the tank or other durable, weather-resistant material, in good condition and repair, with or without handles. Any other condition must be marked **FAIL**.

Tank Integrity

Mark **PASS** if visible portions of the interior and exterior of the tank are in good repair and the tank is properly backfilled or buried. The tank materials should not be weathered or seriously cracked (such that would allow the intrusion of precipitation), no re-bar can be seen in concrete tanks, caulking materials are in good condition, and the tank has not settled so as to significantly alter proper wastewater flow through the tank. Any other condition must be marked **FAIL**.

Dosing siphon

Mark **PASS** if the internal or external dosing siphon unit is in place and in good repair. Operation need not be verified to pass inspection. Any other conditions must be marked **FAIL**. If the device was not part of the original tank equipment, mark **NP**.

Internal Tees / baffles

Mark **PASS** if the internal sanitary tees or pre-cast baffles (inlet, outlet and middle) are present and in good repair. Any other conditions must be marked **FAIL**. Older tanks that do not have these devices should be marked **NP**.

Effluent Filters / screens

Mark **PASS** if the effluent filter is present, in good repair and was cleaned. Any other conditions must be marked **FAIL**. Older tanks that do not have these devices should be marked **NP**.

BLACK WATER TANKS / VAULTS (if not applicable, check NA)

No outlet / connection

Mark **PASS** if there is no inlet except from the house and no outlet to the tank except via pumping through the lid openings. Any other conditions must be marked **FAIL**.

High water alarm

Mark **PASS** if the alarm and tank components, if any, are operational and in good repair. Any other conditions must be marked **FAIL**. If the device was not part of the original tank equipment, mark **NP**.

TANK REPAIRS

Mark **YES** if any repairs were made to the tank, including replacing lids, tees or baffles, or patching, caulking or sealing the tank itself. Otherwise, mark **NO**

**PUMPING AND INSPECTION REPORT
FOR SEPTIC TANKS**

STREET ADDRESS: _____

SYSTEMS CLEANER _____

Unless a section has been checked **NA**, **ALL ITEMS** in that section must be completed. Items marked with an asterisk (*) are minimum approval criteria items and any such item marked **FAIL** means the system cannot qualify for a use permit. All other **NO / YES** items are for information only and will be so noted on the use permit. **NP** means that this component was not originally present or provided with the system. This form must be completed for ALL septic tank or vault pumping. Use a separate form for each tank pumped. Gray shaded numbers are agency codes.

PUMPING AND INSPECTION CONDITIONS

Were all compartments of multi-compartment tanks pumped? YES NO

Was all liquid and sludge removed leaving no more than 3 inches in tank? YES NO

If any of the above were marked 'NO,' you must provide an explanation of the reasons why it was not possible to do so:

ESTIMATED CAPACITY OF TANK _____ gal _____ compmts

PRIMARY TREATMENT UNITS (septic tanks)

Tank Operational Status

- *Discharge / leakage? PASS FAIL
- *Infiltration? PASS FAIL
- Located under building? NO YES u213
- Back flow after pumping? NO YES u214

Tank Components

- *Lid(s) PASS FAIL
- *Tank Integrity PASS FAIL
- *Dosing siphon PASS FAIL NP
- *Internal Tees / baffles PASS FAIL NP
- *Effluent Filters / screens PASS FAIL NP

BLACK WATER TANKS / VAULTS NA

- *No outlet / connection PASS FAIL
- *High water alarm PASS FAIL NP

TANK REPAIRS MADE? YES NO

Signature of Pumper

Pump Date

NOTE: TO OBTAIN A USE PERMIT THIS REPORT MUST BE FILED WITHIN EIGHTEEN (18) MONTHS OF THE PUMPING DATE SHOWN ABOVE.



EVALUATION CRITERIA FOR AERATION, MECHANICAL OR SECONDARY TREATMENT TANKS

FORM
703

Gilpin County Community Development Department

203 Eureka St., PO Box 661, Central City, CO 80427

PHONE: 303-582-5831 Fax: 303-582-5440

<http://www.gilpincounty.org/cms/One.aspx?portalId=9285259&pageId=11339131>

This form provides information for certified or licensed inspectors on conducting an inspection of an aeration, mechanical or secondary treatment tank. NOTE: an electric lift or pump station are NOT considered a mechanical system.

MAINTENANCE CONTRACT

Fill out applicable sections. All aeration, mechanical and secondary treatment systems must have an ongoing operation and maintenance contract.

GENERAL TANK COMPONENTS

Lids

Mark **PASS** if the tank is equipped with a close-fitting lid(s) of the same materials as the tank or other durable, weather-resistant material, in good condition and repair, with or without handles. Any other condition must be marked **FAIL**.

Tank Integrity

Mark **PASS** if visible portions of the interior and exterior of the tank are in good repair. The tank materials should not be weathered or seriously cracked, no re-bar can be seen in concrete tanks, caulking materials are in good condition. Any other condition must be marked **FAIL**.

Dosing siphon

Mark **PASS** if the internal or external dosing siphon unit is in place and in good repair. Operation need not be verified to pass inspection. Any other conditions must be marked **FAIL**. If the device was not part of the original tank equipment, mark **NP**.

Internal Tees / baffles

Mark **PASS** if the internal sanitary tees or pre-cast baffles (inlet, outlet and middle) are present and in good repair. Any other conditions must be marked **FAIL**. Older tanks that do not have these devices should be marked **NP**.

Effluent Filters / screens

Mark **PASS** if the effluent filter is present, in good repair and was cleaned. Any other conditions must be marked **FAIL**. Older tanks that do not have these devices should be marked **NP**.

AERATION TANKS – if not applicable, check NA

Mechanical systems

Mark **PASS** if the motor is operational and in good repair; the impeller / paddle / blades (if applicable) are operational, free of clogging or debris and in good repair; the aeration blower motor (if applicable) and lines are operational and in good repair; the alarm, control boxes, wiring and tank components (if applicable) are operational and in good repair. Any other conditions must be marked **FAIL**.

SECONDARY TREATMENT UNITS (if not applicable, check NA)

Media condition

Mark **PASS** if the natural or synthetic filter is not significantly clogged, crusted or otherwise obstructed and effluent is not pooled or ponded on the surface of the filter media. The media should not be clumped or channeled, or otherwise allow for short-circuiting. Any other conditions must be marked **FAIL**.

Distribution lines

Mark **PASS** if the distribution lines and fittings in the filter unit are properly set and level, free of debris or other obstructions and discharging properly and evenly. Return lines, if any, are operational. Any other conditions must be marked **FAIL**.

Containment Box

Mark **PASS** if the filter box is provided with close-fitting lid(s) of the same or similar weather-resistant materials and the observable surface of the box is free from cracks or other damage. Any other conditions must be marked **FAIL**.

Controls / Alarms

Mark **PASS** if the control boxes, alarms, wiring and all other appurtenant devices are in good condition and functional, including internet connections for remote monitoring, if present. Any other condition must be marked **FAIL**.

AERATION / ELECTRICAL REPAIRS

Mark **YES** if the aeration or electrical system required any repairs prior to being approved. Otherwise, mark **NO**

GILPIN COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

INSPECTION REPORT FOR AERATION, MECHANICAL AND SECONDARY TREATMENT SYSTEM TANKS AND COMPONENTS

STREET ADDRESS: _____

COMPANY NAME _____ DATE _____

Unless a section has been checked NA, ALL ITEMS in that section must be completed. Items marked with an asterisk (*) are minimum approval criteria items and if marked FAIL, the system cannot qualify for a use permit. NP means that this component was not originally present or provided with the system.

OPERATION AND MAINTENANCE CONTRACT

Does this system have an operation and maintenance contract? [] YES [] NO (FAIL)

Date operation and maintenance contract expires: _____

Name of service provider, if not inspector _____

GENERAL TANK COMPONENTS

- *Lid(s) [] PASS [] FAIL
*Tank Integrity [] PASS [] FAIL
*Dosing siphon [] PASS [] FAIL [] NP
*Internal Tees / baffles [] PASS [] FAIL [] NP
*Effluent Filters / screens [] PASS [] FAIL [] NP

AERATION TANKS

Mechanical systems [] PASS [] FAIL NA []

SECONDARY TREATMENT UNITS

- *Media condition [] PASS [] FAIL
*Distribution lines [] PASS [] FAIL
*Containment Box [] PASS [] FAIL
*Controls / Alarms [] PASS [] FAIL [] NP

AERATION / ELECTRICAL REPAIRS [] YES [] NO

Signature of Inspector _____

Date _____

NOTE: TO OBTAIN A USE PERMIT THIS REPORT MUST BE FILED WITHIN THIRTY (30) DAYS OF THE INSPECTION DATE SHOWN ABOVE.



PRE-PAID TANK PUMPING AND SYSTEM INSPECTION AGREEMENT FOR USE PERMITS

FORM 705

Gilpin County Community Development Department

203 Eureka St., PO Box 661, Central City, CO 80427

PHONE: 303-582-5831 Fax: 303-582-5440

<http://www.gilpincounty.org/cms/One.aspx?portalId=9285259&pageId=11339131>

In cases where it is deemed impossible or impractical to pump and inspect a septic system prior to the issuance of a use permit, this form may be submitted in lieu of FORM 701 and FORM 702, and any other forms required to obtain a Gilpin County ISDS Use Permit provided that the buyer signs below and agrees to the terms and conditions.

INSTRUCTIONS

- Submit this form and a copy of the pre-paid pumping receipt.

PROPERTY ADDRESS: _____

REASON FOR DELAY: _____

SYSTEM CLEANER STATEMENT

The pumping and system inspection fees required to obtain a Gilpin County ISDS Use Permit have been pre-paid and I have attached a copy of the receipt. All forms necessary to obtain a Gilpin County ISDS Use Permit will be submitted upon completion.

System Cleaner Date

PURCHASER STATEMENT

I am the purchaser of the property at the above address. I understand that due to conditions beyond my control the septic system cannot be pumped or inspected at this time and compliance with the Use Permit regulations cannot be determined. The pumping and inspection fee has been pre-paid and I will permit the systems cleaner to complete the pumping and inspection when conditions allow. The system cleaner will submit the full pumping and inspection report to the Agency for review and approval.

Should any deficiencies be found I acknowledge that I am responsible for making all necessary system repairs required to comply with the Gilpin County individual sewage disposal system regulation. Should I fail to complete the pumping and inspection or make the necessary repairs, I understand and acknowledge that the Agency may pursue legal action against me.

Purchaser (s) Date

GILPIN COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

Gilpin County OWTS Official Date