EVALUATION CRITERIA FOR PUMPING and INSPECTING SEPTIC TANKS

Gilpin County Community Development Department
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http://www.co.gilpin.co.us/Public%20Health/homedefault.htm

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).
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.

Revised 1/15/15
GILPIN COUNTY COMMUNITY DEVELOPMENT DEPT.

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
Back flow after pumping? □ NO □ YES

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.