

EVALUATION CRITERIA FOR PUMPING and INSPECTING SEPTIC TANKS

FORM

702



Gilpin County Public Health
15193 Hwy 119, Black Hawk CO 80422
PHONE: 303-582-5803

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).

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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**.

BLACKWATER 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**

GILPIN COUNTY PUBLIC HEALTH AGENCY

FORM
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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.

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?	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
*Infiltration?	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Located under building?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Back flow after pumping?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

Tank Components

*Lid(s)	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
*Tank Integrity	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
*Dosing siphon	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> NP
*Internal Tees / baffles	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> NP
*Effluent Filters / screens	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> NP

BLACK WATER TANKS/ VAULTS

	<input type="checkbox"/> NA		
*No outlet / connection	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
*High water alarm	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> 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.