

Use Permit Inspection Form

Date of Inspection: 9/1/26

Use Permit Inspection Information

Name: TCS Septic: T. Cobb Phone: Office (719)640-0111 Email: tcsseptic@gmail.com

National Association of Wastewater Technicians (NAWT) (or other approved) Certification

Number: 13452itc If Other, certifying entity: _____

Owner and Property Information

Owners Name: H2 Properties INC Phone: N/A Email: _____

Address: 695 Elk Creek Dr

City: Divide State: CO Zip: County Teller

Address of Property for which Use Permit is requested (if different from above):

City: Colorado Zip: _____

Section 1: Tanks

Tank 1

Tank Size (gallons): 1000

Does this match TCHD records? ☒ Yes ☐ No

Type: ☒ Concrete ☐ Polyethylene ☐ Fiberglass ☐ Other

Was tank pumped? ☒ Yes ☐ No

If yes: Date Pumped: 9/1/26 Pumped by: TCS Septic

Attach copy of pump receipt

Yes No

- ☒ ☐ Is the tank in good condition such that the tank functions are not compromised?
- ☒ ☐ Is the tank a two compartment tank?
- ☐ Tees ☒ Baffles (check one)
- ☒ ☐ If Tees or Baffles, are they in good condition?
- ☒ ☐ Is top of tank or riser to grade?
- ☒ ☐ Are the risers in good condition such that their function is not compromised?
- ☒ ☐ Is the lid (riser or manhole) in good condition?
- ☒ ☐ Does lid have a secure closing mechanism or sufficient weight to prevent unauthorized access?

(Tank 1 information continued on next page)

Tank 2

☒ Check if Not Applicable (N/A)

Tank Size (gallons):

Does this match TCHD records? ☐ Yes ☐ No

Type: ☐ Concrete ☐ Polyethylene ☐ Fiberglass ☐ Other

Was tank pumped? ☐ Yes ☐ No

If yes: Date Pumped: _____ Pumped by: _____

Attach copy of pump receipt

Yes No

- ☐ ☐ Is the tank in good condition such that the tank functions are not compromised?
- ☐ ☐ Is the tank a two compartment tank?
- ☐ Tees ☐ Baffles (check one)
- ☐ ☐ If Tees or Baffles, are they in good condition?
- ☐ ☐ Is top of tank or riser to grade?
- ☐ ☐ Are the risers in good condition such that their function is not compromised?
- ☐ ☐ Is the lid (riser or manhole) in good condition?
- ☐ ☐ Does lid have a secure closing mechanism or sufficient weight to prevent unauthorized access?

(Tank 2 information continued on next page)

Tank 1 (continued)

Yes No

- ☐ ☒ Was tank water level above the outlet invert?
- ☒ ☐ Was tank water level below the outlet invert?
- ☐ ☒ Does tank have an effluent filter(s)?
- ☐ ☐ If YES, is the filter accessible for cleaning?
- ☐ ☐ If YES, is the filter clean and in good condition?

Comments: Tank is functioning as designed. Levels normal @ time of inspection. No damage or corrosion observed.

Tank 2 (continued)

Yes No

- ☐ ☐ Was tank water level above the outlet invert?
- ☐ ☐ Was tank water level below the outlet invert?
- ☐ ☐ Does tank have an effluent filter(s)?
- ☐ ☐ If YES, is the filter accessible for cleaning?
- ☐ ☐ If YES, is the filter clean and in good condition?

◆◆◆ Are additional tanks installed? ☐ Yes ☒ No - If YES, complete another use permit inspection form for the additional tanks. ◆◆◆

Is system equipped with a Siphon, Pumps & Floats or Controls?

Yes ☐ No ☒
(If "Yes" complete Section 2)

Section 2: Dosing Systems

Dosing Unit: ☐ Siphon ☐ Pump

Note: N/A answers apply to a siphon only

N/A Yes No

- ☐ ☐ Is siphon or pump operational?
- ☐ ☐ Are floats properly tethered and operational?
- ☐ ☐ Is the junction box (J-Box) approved for use?
- ☐ ☐ If Yes, are J-Box and wiring properly installed and functional?

N/A Yes No

- ☐ ☐ Is there an audio visual alarm?
- ☐ ☐ If alarm, is alarm operational?
- ☐ ☐ Is pump in a screened vault?
- ☐ ☐ If Yes, is the vault in acceptable condition and screen clean?
- ☐ ☐ Is there a means to disconnect house power supply to junction box or control panel?

Comments:

System Utilizes Uniform or Pressure Dosing, or is a Low Pressure Pipe or Drip Irrigation

Yes ☐ No ☒
(If "Yes" complete Section 2A)

Section 2A: Pressure Dosed, Non-Pressurized Drip Dispersal System (NDDS) or Drip Irrigation Systems

N/A Yes No

- ☐ ☐ Are the distribution valves in a box or vault?
- ☐ ☐ If Yes, is the box or vault in acceptable condition?
- ☐ ☐ Are the distribution valves operational?
- ☐ ☐ If Pressure dosed, NDDS, or Drip Irrigation, are risers at ends of zones in good condition?

Yes No

- ☐ ☐ Is there an automatic distribution valve (ADV)?
- ☐ ☐ If Yes, is the ADV working properly?
- ☐ ☐ Is the system equipped with flushing valves?
- ☐ ☒ If Yes, are the flushing valves accessible and operational?

Comments:

Property Address: 695 Elk Creek Dr

Is System Equipped with a Secondary Treatment Unit?

Yes ☐

No ☒

(If "Yes" complete Section 3)

Section 3: Secondary Treatment

Type of Unit:

Yes No

☐ ATU ☐ RSF ☐ ISF ☐ Textile Fiber ☐ Peat Filter ☐ Other

☐ ☐

Is there a current operation and maintenance (O&M) contract?

If other, indicate type: _____

If Yes, when was system last inspected?

Yes No

☐ ☐ Is secondary treatment unit operating properly?

_____/_____/_____

Comments:

Section 4: Absorption Area (Required for all Systems)

Yes No

☐ ☒ Is absorption area covered with snow?

☐ ☒ Are there odors?

☐ ☒ Are there wet areas on ground surface?

☐ ☒ Is irrigated landscaping planted over absorption area?

☒ ☐ Is surface drainage adequate to protect absorption area?

☒ ☐ Is vegetative cover adequate to protect absorption area from excessive erosion?

☐ ☒ Is vegetative cover excessive?

Yes No

☐ ☒ Are driveways, horse corrals, patios, or pools constructed over the septic tank or absorption area?

☐ ☒ Are there observation pipes in the absorption area?
If Yes, how many?

☐ ☒ If observation pipes, is there standing effluent in observation pipes?

☐ ☒ Is system equipped with a distribution box?

☐ ☐ If there is a distribution box, is it to grade?

☐ ☐ If distribution box is accessible, is it in good condition and are the outlets level?

Comments: System has x2 drywells - not accessible. No settling found are area. Flow test was performed - levels did not rise.

Section 5: Building Sewer (Required for all Systems)

Yes No

☐ ☒ Is there a cleanout(s) on the building sewer from house to septic tank?

If Yes, state location of cleanouts or show on system diagram

☐ ☒ Is there any evidence of damage, plugging or settlement of the building sewer from house to first septic tank?

☐ ☒ Is there any evidence of damage, plugging or settlement of the building sewer from the septic tank to the absorption area?

Yes No

☐ ☐ If system is equipped with a pump, is there any evidence of damage, plugging or settlement of the pump line (force main) from the septic tank to the absorption area?

If Yes, explain what was noted:

☐ ☐ If system has more than one tank, is there any evidence of damage, plugging or settlement of the building sewer between the tanks?

Comments:

No damage to report.

Section 6: General Questions and Inspector Comments (Required for All Systems)

Is the property ☒ Vacant ☐ Occupied If vacant, how long?

Yes No

☒ ☐ Is property served by a well?

☒ ☐ Is there a system diagram (as-built diagram)?

☒ ☐ If Yes, is diagram accurate?

If No diagram exists or if the diagram is inaccurate, please provide a system diagram on TCHD Form S-103.

☐ ☒ Is the public sewer within 400 feet of the property?

☒ ☐ Does the entire system meet all required set-backs (OWTS)?

(If No, provide detailed information in Comments and indicate on diagram)

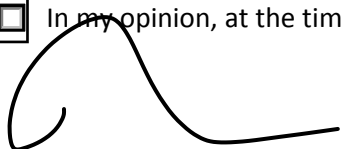
Comments: System and its components are functioning as designed. Tank sits approximately 80 ft downhill - very difficult to pump. Recommend pumping every 2-3 years during summer time. No access to drywells @ time of inspection. This report outlines our observations of the system's condition at the time of our inspection. Because conditions can change over time, this report should not be considered a warranty or guarantee of the system's ongoing function.

Yes No

☐ ☒ In my opinion, at the time of the inspection, the OWTS has deficiencies that require repairs.

Yes No

☒ ☐ In my opinion, at the time of the inspection, the OWTS is functioning adequately.


Inspector Signature

9/1/26

Date