

Please complete all sections that apply. By completing this questionnaire we are able to better understand how the system was maintained and how it functioned.

Signature: _____ Date: _____

Explain the conditions/symptoms that you are currently experiencing with your complete septic system:

History:

Year the system was installed: _____ Unknown Installed by: _____ Unknown

Maintenance:

Tank Pumping Frequency: Yearly 2-3 Yrs 4-5 Yrs 6-10 Yrs >10 Yrs Never Unknown

Last pump out date (approx.): _____; Company Name: _____

Service Frequency (if advanced treatment): <6 months 6 months to 1 year >1 year

Commercial Facility:

Estimated Flow: _____ gpd; Facility Use: _____

Residential Facility:

of Occupants: _____ # of Bedrooms: _____

Garbage Disposal: Yes No Used? Yes No Leaking Fixtures: Yes No Unknown

Average # of laundry loads: _____ per day _____ per week

Describe where the following currently discharge to. State N/A if not applicable.

- 1) Kitchen sink: _____ 5) Pool/Spa: _____
2) Laundry: _____ 6) Water treatment devices: _____
3) Bathroom sink(s): _____ 7) Roof run-off: _____
4) Sump: _____ 8) Footing Drain: _____

Products Used in the Home

Frequency

Table with 5 columns: Product Name, Sometimes, Always, Never, Other. Rows include Septic additive(s), Fabric Softener, Antibacterial Products, Bleach, Toilet bowl drop in, and Antibacterial Medications.

** Agency Use Only **

Existing System
 Failed System
Attach Copy of Site Eval.

History:

Permit Y N Year: _____
Final Inspection: Y N Affidavit: Y N; if yes to either, attach copy to O&M report
System Age: 0-5 6-10 11-15 16-20 21-25 26-30 31-40 >40 Unknown

Existing Design:

Septic Tank Type: single two compartment more than one tank no tank Construction Material: _____
Total Tank Capacity: <1000 1,000-1,500 1,500-2,000 2,000-3,000 >3,000 Unknown Attach Pump Report from Septage Hauler
Advanced Treatment: NA Type: _____ Manufacturer: _____
Pump Tank: Capacity _____ NA

Drainfield Design:

- Gravity Bed Gravity Trenches Gravity Mound
 Dosed Bed Dosed Trenches Dosed Mound
 Pressure Dosed Bed Pressure Dosed Trenches Pressure Dosed Mound
 Chambers Drywell(s) Unknown Other _____

Bed Size: _____ sq. ft. Unknown NA
Trench Size: _____ sq. ft. Unknown NA

Most Probable Causes of Failure:

- Septic Tank Failure Infrequent Tank Pumping Pipe Filled with Solids Damaged/Collapsed Piping System
 Hydraulic Overload System Undersized Root Intrusion Insufficient isolation from water table
 Installation Error Unsuitable Fill Dirty Stone Excess Cover
 Lack of Maintenance Soil Clogging Unable to Determine Other: _____

Comments: _____

Sanitarian Signature: _____ Date: _____