

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 (Non-Residential) 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: \_\_\_\_\_