

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____

Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____

No. of dwelling units: _____

One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	
OTHER _____			

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	
OTHER _____			

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	
OTHER _____		

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

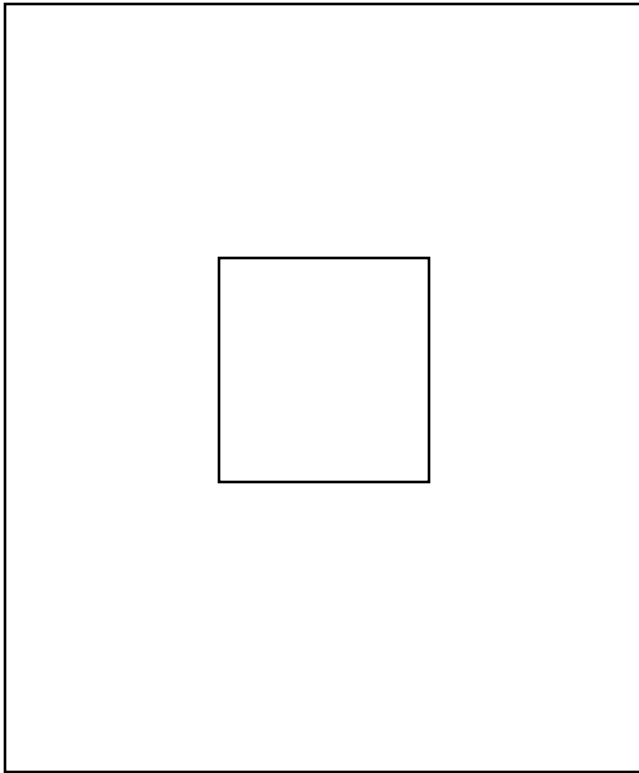
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER **

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:

- 1. Septic System
- 2. Well
- 3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

- | Yes | No | |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | GREEN, LUSH GRASS |
| <input type="checkbox"/> | <input type="checkbox"/> | WETNESS OR SPONGY AREAS |
| <input type="checkbox"/> | <input type="checkbox"/> | ODORS |
| <input type="checkbox"/> | <input type="checkbox"/> | WATER PONDING OR SURFACING |
| <input type="checkbox"/> | <input type="checkbox"/> | SYSTEM OVERFLOW |
| <input type="checkbox"/> | <input type="checkbox"/> | WASTEWATER BACKING INTO THE HOME |

GRADE: _____