

**DOOR-TO-DOOR
NEEDS SURVEY**

Munic.: _____ Co.: _____ Study Area: _____ Date: _____

General weather conditions: _____

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: _____ STREET: _____ CITY: _____

ZIP: _____ PHONE #: _____ OWNER OR RENTER? NUMBER 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 well UP/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?

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)

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

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

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

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

Have you every noticed any of the following near your septic system?

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, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

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

Has the system every been repaired? Y / N When? _____ By permit? Y / N What part? _____

TANK: REPAIRED/REPLACED LINE: REPAIRED/REPLACED DRAIN FIELD: REPAIRED/REPLACED

COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N