

# Residential Evaluation Survey

(In case you are having trouble with submitting the info, please contact Josefin [REDACTED])

Name:	<input type="text"/>
Street Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zipcode:	<input type="text"/>
Mailing Address (If different from above):	<input type="text"/>
Daytime Phone(Work or Cell):	<input type="text"/>
Evening Phone(Work or Cell):	<input type="text"/>
Email:	<input type="text"/>
Parcel#:	<input type="text"/>
Designer:	<input type="text"/>
Installer:	<input type="text"/>
City( of Installer):	<input type="text"/>
State:(of Installer)	<input type="text"/>
Property Size(acres or sq.ft)	<input type="text"/>

## A. Home/Residents

Is this your first home with an on-site wastewater treatment system?	<input type="radio"/> Yes <input type="radio"/> No
Did you receive any septic system user information?	<input type="radio"/> Yes <input type="radio"/> No
Did you receive the as-built drawing for the system?	<input type="radio"/> Yes <input type="radio"/> No
Any additions to home since septic system was built?	Bedrooms : <input type="text" value="0"/> <input type="text" value="v"/> Bathrooms : <input type="text" value="0"/> <input type="text" value="v"/> Other : <input type="text" value="0"/> <input type="text" value="v"/>
Type of Use:	<div>Permanent <input type="text" value="v"/></div> <div>If Seasonal, number of months used <input type="text" value="0"/> <input type="text" value="v"/></div>

Number of people living in the home

Age Group(Years)	Male	Female
Adults(18-65)	<input type="text" value="0"/> <input type="text" value="v"/>	<input type="text" value="0"/> <input type="text" value="v"/>
Adults(>65)	<input type="text" value="0"/> <input type="text" value="v"/>	<input type="text" value="0"/> <input type="text" value="v"/>
Children(<13)	<input type="text" value="0"/> <input type="text" value="v"/>	<input type="text" value="0"/> <input type="text" value="v"/>
Teenagers(13-17)	<input type="text" value="0"/> <input type="text" value="v"/>	<input type="text" value="0"/> <input type="text" value="v"/>

Guests(Average per month):	<input type="text" value="0"/> <input type="text" value="v"/>
Number of bedrooms:	<input type="text" value="1"/> <input type="text" value="v"/>
Number of bathrooms:	<input type="text" value="1"/> <input type="text" value="v"/>
Number of Pets:	<input type="text" value="0"/> <input type="text" value="v"/>
Number of Pet Baths per month:	<input type="text" value="0"/> <input type="text" value="v"/>
Number of showers per week:	<input type="text" value="0-10"/> <input type="text" value="v"/>
Number of baths per week:	<input type="text" value="0"/> <input type="text" value="v"/>
Water Supply:	<div>Private Well <input type="text" value="v"/></div>
Water Supply Other Name:	<input type="text"/>
Do you have a in-home business?	<input type="radio"/> Yes <input type="radio"/> No
If yes what type?	<input type="text"/>
Do you use septic system additives?	<input type="radio"/> Yes <input type="radio"/> No
If yes, what products?	<input type="text"/>
Frequency	<input type="text"/>

Type of pretreatment system:	<div>Septic Tank <input type="text" value="v"/></div>
Specific type of system	<input type="text"/>
Make and Model	<input type="text"/>
How old is the system? (years)	<input type="text"/>
Date of last pump out	<input type="text"/>
Has the system ever backed up?	<input type="radio"/> Yes <input type="radio"/> No
Has the baffels ever been plugged?	<input type="radio"/> Yes <input type="radio"/> No
Is there an effluent screen in septic tank outlet?	<input type="radio"/> Yes <input type="radio"/> No
Has effluent screen ever plugged?	<input type="radio"/> Yes <input type="radio"/> No If yes, please mention date(s): <input type="text"/>
Has the system ever been repaired?	<input type="radio"/> Yes <input type="radio"/> No If yes, please mention date(s): <input type="text"/>
Has effluent ever surfaced?	<input type="radio"/> Yes <input type="radio"/> No
Has the alarm ever sounded?	<input type="radio"/> Yes <input type="radio"/> No
Soil type - at drain field depth or lower:	<input type="text"/>
Type of distribution/dispersal system:	<div>Gravity <input type="text" value="v"/></div>
If Other, type of distribution/dispersal system:	<input type="text"/>
Is water softner used?:	<input type="radio"/> Yes <input type="radio"/> No
Reverse osmosis?:	<input type="radio"/> Yes <input type="radio"/> No
Backwashing water filter(iron,sediment,etc)?:	<input type="radio"/> Yes <input type="radio"/> No
Other water treatment devices:	<input type="text"/>
Is there an outside power supply?:	<input type="radio"/> Yes <input type="radio"/> No
If yes, does the power supply have its own breaker?	<input type="radio"/> Yes <input type="radio"/> No
How many amps?	<input type="text"/>
If there an outside water spigot?	<input type="radio"/> Yes <input type="radio"/> No