

HOMEOWNER INTERVIEW FORM

Please fill out completely to assist in the evaluation of your failing system

Name _____ Date _____

Address _____

Phone: () _____ () _____ () _____
(Home) (Cell) (Work)

When was septic system installed? _____ Permit # _____

Installer of current system _____

When was the last time your system tank was pumped? _____

Septic Tank Pumper _____

How often do you have your septic tank pumped? _____

Where in your yard is your septic tank and drain field: _____

Describe what is happening when you are having a problem with your septic system: _____

When did you first notice the problem? _____

Does the problem seem to be linked to certain events (heavy rains, washing clothes, company staying over) or does it occur at certain times of the day or week? Explain: _____

How many people live in your house? _____ Adults _____ Children _____ Teens

How much water do you use each day? _____

Are you on public water? _____ How much is your monthly water bill? _____

Do you have a garbage disposal? _____ How often do you use it? _____

Do you have a dishwasher? _____ How often do you use it? _____

“Healthy Environment, Safe Environment, Strong Community”

Do you have a washing machine? _____ How many loads per week do you wash? _____

Do you use an "in the tank" or "in the bowl" toilet bowl sanitizer? _____

Do you have a water softener or water treatment system? _____

Where does it drain? _____

Is this your first experience utilizing a septic system? _____ Yes _____ No

Are any household cleaning chemicals put down the drain? _____

What kinds? _____

Are any chemicals, paint thinners, paints, etc., disposed down the drain? _____

What kinds? _____

Have any new water using fixtures been added since the system was installed? _____

What kinds? _____

Please list any plumbing fixtures (like spas or whirlpools) other than sinks, lavatories, showers / bath and toilets:

Do you have an underground lawn-watering system? _____

Has any site work been done to the house since you moved in, such as gutter drains, a new pool, basement or foundation drains, landscaping and paving of driveway? _____

Describe: _____

Are there any underground utilities on your lot? _____

Check which ones:

_____ Power _____ Phone _____ Cable _____ Gas _____ Water

Signature

Date