SEPTIC INSPECTION OWNER / TENANT QUESTIONNAIRE (page 1 of 2)

| Account No | | | |
|------------------------------------|---|--|--|
| Owner/Tenant Name: | | | |
| Address of system being inspected: | | | |
| | | | |
| | House Information | | |
| | | | |
| 1. | Is house currently occupied? ☐ Yes ☐ No | | |
| | If yes, how long by <u>current</u> occupant | | |
| _ | If no, how long vacant? | | |
| 2. | Is house seasonally occupied? ☐ Yes ☐ No | | |
| 2 | If yes, how much of the year? | | |
| 3. | How many people live in the house? | | |
| 4. | | | |
| 5. | Number of bedrooms in house: | | |
| | Number of full bathrooms in house: | | |
| | Number of half bathrooms in house: Date and extent of last addition/enlargement of house: None | | |
| | Is there an in-home business? (ex. Day care, photo lab, taxidermy) \(\sigma\) Yes \(\sigma\) No | | |
| Э. | If yes, explain: | | |
| So | otic system Information | | |
| <u>50</u> | oue system intol mation | | |
| 10 | What year was the system installed? | | |
| | Do you know if it was installed under permit? \square Yes \square No \square Not sure | | |
| | Who owned the house when the system was installed? | | |
| | Describe what kind of system it is. Tank and □ drainfield □ seepage pit □ sand mound | | |
| | □ Other | | |
| 14. | Tank type? ☐ Concrete ☐ Metal ☐ Compartmentalized ☐ Other | | |
| | Has system been repaired or replaced? Yes When? No | | |
| | If yes, describe what was done | | |
| | | | |
| | | | |
| 16. | Date septic tank last pumped? | | |
| | By whom? | | |
| | Any problems noted? | | |
| | | | |
| | | | |
| 17. | Do you have septic system problems such as: | | |
| | wet spots, seepage, or open spots? \square Yes \square No | | |
| | direct pipe discharges (gray lines)? ☐ Yes ☐ No | | |
| | back up into the house or any slow drainage? Yes No | | |
| | odors? \(\sigma\) Yes \(\sigma\) No Where? | | |
| | Explain any YES answers: | | |
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SEPTIC CERTIFICATION OWNER / TENANT QUESTIONNAIRE (page 2 of 2)

| Account No. | |
|-------------|--|
| 18. | Do you have more than one pipe that leads from the house to the septic system? ☐ Yes ☐ No |
| | If yes, please describe |
| 20 | If not, where does it go? How many loads of laundry are done per week? |
| | Are water treatment devices used? \square Yes \square No |
| | ☐ Sediment filter? Is it the kind that backwashes itself ?☐ Yes ☐ No If yes, where does it discharge? |
| | ☐ Water softener? Where does it discharge when it regenerates? |
| | □ RO system? Where does the waste water go? |
| | Other Do they send any water to waste and |
| 22 | where do they discharge? |
| 22. | Where do down spouts discharge? |
| 23. | Do you have a sump pump? \(\sigma\) Yes \(\sigma\) No If yes, where does it discharge? |
| 24. | Is kitchen equipped with a garbage disposal? Yes No If yes, what limitations are placed on its use? |
| 25. | Is kitchen equipped with a dishwasher? ☐ Yes ☐ No |
| | Where is the septic system located? |
| | - |
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| | Provide a diagram if available or make sketch below: |
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| | sketch drawn by: |
| | |
| | Signature of Property Owner or Tenant Date |
| | Turk and a surface of the surface of |
| | Interview performed by: |
| | Fredericktowne Labs, Inc. |