

Jefferson County On-Site Sewage Program

Residential Evaluation Survey

Name: _____ Date: _____ Time: _____
Address: _____ Phone: _____
Parcel #: _____ PM phone: _____
Designer: _____ Installer: _____

Home/Residents

1. Is this your first home with an on-site wastewater treatment system? YES / NO
2. Did you receive any septic system user information? YES / NO
3. Did you receive the as-built drawing for the system? YES / NO
4. Type of use: Permanent / Seasonal If seasonal, number of months used _____
 - a. Number of people living in the home: Adults: ____ M ____ F
 - b. Children: ____ M ____ F Teenagers: ____ M ____ F
 - c. Number of bedrooms: _____ Number of bathrooms: _____
5. Water supply: Private well / Centralized system / Other supply
6. Do you have an in-home business? YES / NO
If "yes", what type? _____
7. Is any resident using long term prescription drugs or antibiotics? YES / NO
Type _____

8. Do you use bath/skin oil/moisturizer? YES / NO
Use: _____ times/week.
9. Do you use septic system additives? YES / NO
If "yes", what products? _____

Appliances and cleaning products

10. Home equipped with water conserving fixtures/appliances? YES / NO
11. Garbage disposal? YES / NO Use: _____ times/day _____ times/week
12. Dishwasher used? YES / NO Use: _____ times/day _____ times/week
13. Laundry: Maximum ____ loads per day consecutive loads: YES / NO
Total ____ loads/week
 - a. Brand of laundry detergents used? _____ powder / liquid
 - b. Bleach used? YES / NO powder / liquid Use: ____ cups/load ____ loads/week
 - c. Hot or cold water used? _____
14. Whirlpool tub? YES / NO Use: _____ times/day _____ times/week
15. Is a drain cleaner used? YES / NO Type: _____
Frequency of use: _____

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16. Hand-washing soap brand? _____ Antibacterial? YES / NO
17. Number of rolls of toilet paper used per week? _____
18. Toilet cleaning product brand? _____
Cleanings/month _____
- Continuous cleaner used in toilet tank? YES / NO
19. Please list commonly used cleaning supplies:
Shower _____ Kitchen _____
Floors _____ Other: _____
20. Please list any antibacterial products: _____
21. Water treatment device: YES / NO
a. Is a water softener used? YES / NO Backflushes to: _____
b. Reverse osmosis? YES / NO Discharges to: _____
c. Other: _____
22. Air conditioner unit(s)? YES / NO condensate drains to: _____
23. Commercial ice machine? YES / NO condensate drains to: _____
24. Footing drains or basement sump pumps connected into the system? YES / NO

Treatment System (completed by CMP service provide or Engineer)

25. Type of pretreatment system: ☐ Septic tank ☐ ATU ☐ Media filter ☐ Constructed wetland
26. How old is the system? _____ years Date of last pump out: _____
27. Has the system ever backed up? YES / NO
28. Have the baffles ever been plugged? YES / NO
29. Effluent screen in septic tank outlet? YES / NO
30. Has effluent screen ever plugged? YES / NO Date(s): _____
31. Has the system ever been repaired? YES / NO
32. Has effluent ever surfaced? YES / NO
33. Has the alarm ever sounded? YES / NO
34. Soil type – at drainfield depth or lower / loading rate _____
35. Type of distribution/dispersal system: ☐ Gravity ☐ Trench ☐ Pressure dose ☐ Mound
☐ Drip ☐ Spray ☐ Other: _____
36. Control system: Demand / Timed
37. Design rate for system: _____ GPD
38. Septic tank size: _____ gallons pump tank: _____ gallons
39. Sludge levels in septic tank: 1st compartment accumulation _____ Floating materials _____
2nd compartment accumulation _____ Floating materials _____
40. Sludge level in pump tank: Accumulated _____ Floating materials _____
41. Is the pump working? YES / NO
42. Duration of pump cycle: _____ minutes pump drawdown: _____

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43. Where does downspouts discharge ? ☐ Around septic system ☐ Needs to be diverted
44. Curtain drain or other diversion present and functioning YES / NO

Water Use

Actual water use (GPD): Average: _____ High: _____ Low: _____

Reading this date from: _____ cycle counter
 _____ hour meter on pump
 _____ water meter
 _____ other

Site Sketch (Sketch the system or attach record of construction (as-built))

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Scale 1" = _____ feet

Signature _____ Printed _____ Date _____