

**Form D-1 Residential evaluation survey (RES)**

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: \_\_\_\_\_
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 O&M service provider)**

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: \_\_\_\_\_
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: 1<sup>st</sup> compartment accumulation \_\_\_\_\_ Floating materials \_\_\_\_\_  
2<sup>nd</sup> 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: \_\_\_\_\_

**Water Use**

Actual water use (GPD): Average: \_\_\_\_\_ High: \_\_\_\_\_ Low: \_\_\_\_\_

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

**Effluent Sample**

Collected from: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Chain of custody completed? YES / NO

**Laboratory Results**

BOD <sub>5</sub> _____ mg/l	SS _____ mg/l
TSS _____ mg/l	FC _____ MPN/100 ml
O & G _____ mg/l	TKN _____ mg/l
pH _____	NH <sub>4</sub> _____ mg/l
Temp _____ °C	NO <sub>2</sub> _____ mg/l
DO _____ mg/l	NO <sub>3</sub> _____ mg/l
DO _____ mg/l (of water supply)	

(NOTE: If a chemical analysis of the tap water has been performed, please provide test date.)

**Microscopic examination:**

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

Scale 1" = \_\_\_\_\_ feet



