

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: 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: _____

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 ₅ _____ mg/l	SS _____ mg/l
TSS _____ mg/l	FC _____ MPN/100 ml
O & G _____ mg/l	TKN _____ mg/l
pH _____	NH ₄ _____ mg/l
Temp _____ °C	NO ₂ _____ mg/l
DO _____ mg/l	NO ₃ _____ 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



