

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

BOD₅ _____ mg/l SS _____ mg/l

TSS _____ mg/l FC _____ MPN/100 ml

O & G _____ mg/l TKN _____ mg/l

pH _____ NH₄ _____ mg/l

Temp _____ °C NO₂ _____ mg/l

DO _____ mg/l NO₃ _____ 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

