

Homeowner/Tenant Interview Form

Please fill out completely to aid in the evaluation of your failing septic system.

Name: _____

Date: _____

Address: _____

Phone: _____ (Home/Cell)

_____ (Work)

Email: _____

When was the septic system installed? _____

Permit/File #: _____

Who installed the septic system? _____

When was the septic tank last pumped? _____

Who pumped the septic tank? _____

How often have you had the tank pumped? _____

Where are the septic tank and drain field located on the property?

Briefly describe the problem you are experiencing with the septic system:

When did you first notice the problem? _____

Does the problem seem to be linked to certain events (heavy rains, doing laundry, guests staying over, etc.)?

Yes No

Explain:

How many people are living in the house? _____ Adults _____ Teens _____ Children

How much water do you use each day (provide estimate in gallons)? _____

Is the property served by public water? Yes No

If yes, on average how much is your monthly water bill? \$_____

Do you have a dishwasher? Yes No How many times per week is it used? _____

Do you have a garbage disposal? Yes No How many times per week is it used? _____

Do you have a washing machine? Yes No How many times per week is it used? _____

Do you use "in tank" or "in bowl" toilet sanitizer products? Yes No

Do you have a water softener unit or water treatment system installed? Yes No

If yes, where does the system drain? _____

Are any household cleaning chemicals put down the drain? Yes No

If yes, please indicate what types of chemicals: _____

Are any other types of chemicals (paints, solvents, oils, etc.) put down the drain? Yes No

If yes, please indicate what types of chemicals: _____

Have any new water using fixtures been added in the house since the septic system was installed? Yes No

If yes, please indicate what type of fixtures have been added: _____

Excluding sinks, showers, bathtubs, and toilets please list any other plumbing fixtures (spa, whirlpool, etc.) that are in the house:

Do you have an in-ground irrigation system? Yes No

If yes, how often is the system used during a one week period? _____

Has any site work been done at the property or to the house since you moved in? Examples include: gutter drains, swimming pool installation, basement remodel/finish, landscaping, paving of driveway, etc.

Please describe:

Are there underground utilities located on the property? Yes No

If yes, check ALL that apply: Power Phone Water Gas Cable TV

Signature