

Sanitary Situation Survey

1. Community _____

2. Address _____

3. Property Owner _____ Phone _____

4. Plat Map Identifier _____ Acreage _____ Age of Home _____ years

5. How long have you lived here? _____ years

6. How many bedrooms are in your home? _____ How many live in your home? _____

7. Does your home have any of the following:

washing machine garbage disposal hot tub or spa in-ground lawn sprinkler

8. Is your washing machine connected to the septic system? Yes No

If "No" where does it drain? _____

9. Is your hot tub or spa connected to the septic system? Yes No

If "No" where does it drain? _____

10. Do you know approximately where your septic system is located? Yes
 No

11. Is there parking or driving over any part of your septic system? Yes
 No

12. Where does your drinking water come from? Public system Private well
 Shared well Other _____

13. About how old is your septic system? 0-5 years 6-10 years
 11-20 years More than 20 years Don't know

14. Have you ever had your septic system repaired? Yes No Don't know
If "Yes" what was done? _____

Sanitary Situation Survey

_____ How much did it cost? _____

15. Have you noticed any of the following conditions related to your septic system:
- Wetness in yard (unrelated to rain) Septic discharge Strong sewerage smell in yard Slow drainage of your plumbing Sewage back-ups into home
- Well water test shows positive for Fecal Coliform bacteria
16. When was the last time that your septic tank was pumped _____, and how much did it cost _____? How often do you have it pumped?
- _____
17. Do you have a water softener? Yes No
18. Would you support the formation of a wastewater utility that would care for the maintenance, repair, and even replacement of your septic system? Yes
- No If "Yes", how much money would you be willing to pay, per month for this service? \$0 \$5 \$10 \$15 \$20
19. Map: Show with approximate distances (in feet): buildings, driveways, roads, **wells, septic tank, drainfield, ditches**, and ponds, etc.

