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 __________
   __________________________________________

Appliances and cleaning products
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? _________________

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: ____________________
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 ____________________ ºC 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