



P.O. Box 77457
Greensboro, NC 27417

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TREATMENT SYSTEM OWNER INFORMATION SHEET

GENERAL INFORMATION

Owner(s): Installation Date:

Permit No.: Phone: Email:

System Address:

Town/City: County: State: Zip:

Legal Description: Tax ID No.:

PROJECT ENGINEER OR DESIGNER

Name and Company:

Phone: Email:

Address: City: State: Zip:

AUTHORIZED INSTALLER*

Name and Company:

Phone: Email:

Address: City: State: Zip:

SERVICE PROVIDER**

Name and Company:

Phone: Email:

Address: City: State: Zip:

*As a condition of operation, the design and installation instructions must be followed. The system shall be constructed in accordance with the approved plans and manufacturer specifications. The installer or system owner should provide installation photos, soil reports, permit documents and other pertinent information to demonstrate that the design and installation instructions were followed. Prior to placing the new system into operation, the permittee is responsible for ensuring that the administrative authority and the project engineer or designer verify the following:

- 1) All treatment system components, primary tanks, dosing tanks, access ports, access port covers and the collection system were properly installed, vented and tested to ensure they do not leak nor allow groundwater or surface water infiltration.
- 2) All system components were installed per the approved plans and manufacturer specifications.
- 3) All mechanical components (e.g. panels, pumps, alarms, level controls and air compressors) were properly installed, calibrated and tested.
- 4) All required health department, plumbing, electrical and/or building permits were obtained from the responsible administrative authority.
- 5) The dispersal system was installed in the approved location, at the proper depth, on natural contours and with minimal disturbance of native vegetation or soil.
- 6) The system is permanently protected from vehicular traffic, compaction, surface water run-off, irrigation and roof drains.
- 7) Upon final inspection and approval from administrative authority and project engineer or designer, the system is deemed fully operational.

**A service agreement between the service provider and the system owner is required as a condition of warranty. A service provider, who has been trained by the manufacturer or the manufacturer's authorized representative, must perform the service. The initial agreement should cover a two-year period, minimum, or as specified by the administrative authority.



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RESIDENCE

Bedrooms: Total Residents: Adults: Children, 0-6: Children, 7-12: Young adults, 13-17:

Occupancy: Full-Time (year round) Part-Time (seasonal) If part-time, how frequent and for how long?:

Use (check all that apply):

Frequent Guests/Friends/Entertaining Separate Guest Quarters Swimming Pool/Spa Own RV/5th Wheel

Health: Antibiotics Chemotherapy Dialysis Supplements Probiotics Homeopathic Remedies

Beverage Processing: Beer Brewing Wine Making Kombucha Espresso Grind Coffee Beans

Food Processing: Cottage Food Business Process Utilizing Bacteria, Fungi, or Yeast Cheese Making Canning

Food Production: Mushroom Growing Seed Sprouting Hydroponics Aquaculture Indoor Gardening

Other Activities: Soap Making Photo Lab Auto Repair Electronics Repair Aquarium(s) ≥10 Gallons

WATER SUPPLY

Is water supply metered?: Yes No Water softener or water treatment unit used?: Yes No

Private well Community or Public Water Supply Community or Public Water Supply Company:

CLEANING AND HYGIENE

Washing Machine: Yes No Top Load Front Load High Efficiency Discharge Line Lint Screen

Laundry Loads: Per Day Per Week

Laundry Practices (check all that apply):

Powdered Detergent Liquid Detergent Pacs or Pods Chlorine Bleach Non-chlorine Bleach

Liquid Fabric Softener Borax OxiClean Baking Soda Earth-Friendly/Eco/Green Products

Automatic Dishwasher: Yes No Dishwasher Loads: Per Day Per Week

Automatic Dishwasher Practices (check all that apply):

Powdered Detergent Liquid Detergent Pacs or Pods Rinse Aid Earth-Friendly/Eco/Green Products

Toilet (check all that apply):

Automatic Cleaner Septic Tank Additives Toilet Tissue Use: Rolls Per Day Rolls Per Week

Cleaning or Hygiene Products (check all that apply):

Anti-Bacterial Soap or Cleaner Chlorine Bleach Vinegar Quaternary Ammonium Compounds Floor Wax

Bath Oil Bath/Shower Moisturizer Bath Salts Shave Oil



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KITCHEN AND COOKING

Garbage Grinder: Yes No Automatic Juicer: Yes No Fryer: Yes No

Meals Prepared at Home: Per Day Per Week

Salad Dressing Use: Yes No Ounces of Salad Dressing Used: Per Day Per Week

Cooking Oil Use: Yes No Ounces of Oil Used: Per Day Per Week

Cooking Oil Types (check all that apply):

Olive Corn Canola Soybean Safflower Lard Vegetable Shortening Other

Fat or Grease Disposal (check all that apply):

Kitchen Sink Trash Receptacle Recycle

Meat Butchering or Game Processing: Yes No Frequency: Per Month Per Year

PLUMBING FIXTURES

Enter Number: Toilets: Bathroom Sinks: Tubs: Showers: Laundry/Mop/Utility Sinks:

Fixtures and Drainage (check all that apply):

Whirlpool Tub Garden Tub Indoor Hot Tub Shower Tunnel Bidet Bar Sink

Basement Sump Pump Floor Drain Roof Drain Other Drain

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