Residential Sewage Treatment Information

(To be used by a community task force to collect pertinent information voluntarily from the owner about each property. Distribution may be via mail, hand delivery or completed in an interview. Survey should be modified to collect only necessary information.)

All of this information is important to assess the sewage treatment needs of our community. Individual information will not be used for enforcement purposes. Renters: please forward to your landlord. Thank you for your assistance!!

Parcel Number (from tax statement ________________

1. Owner’s Name & Permanent Mailing Address:

2. Phone: ___________________ (permanent residence) _____________________ (cabin) ___________________ (winter)

3. Size of Parcel: Approximate dimensions _____ X _____ or if large: Acres __________

4. Own more than one parcel? Yes ___ If so, how many? _____ Other Parcel #’s __________________________________

5. Type of building(s) and usage: (Check all that apply)

   Residential:  Commercial:  Industrial: _____________ (explain)
   ____ Primary  ____ Commercial  ____ Industrial:  (explain)
   ____ Rental    ____ Food Service    ____ Other _____________ (explain)
   ____ Seasonal  ____ Other _____________ (explain)
   ____ Multi-residence  ____ Other _____________ (explain)

   Usage: Live year around ___ Summer ___ Winter ___ Weekend

6. Number of bedrooms: ______ Number of persons normally living here: ______

7. Water Use Appliances: Mark which of the following you have:

   Hot Tub / Sauna / Whirlpool Tub: ___  Humidifier on furnace, etc: ___
   Others: Name ______________________________________________________________________________________

8. Well Information: Well #1 Well #2

   Type - dug, sand point, drilled
   Depth – approximate     _____ feet    _____ feet
   Year installed
   Installed by: Contractor or owner
   Test Results (Nitrites – ppm, Coliform Bact)     _____ N  _____ Bact  _____ N  _____ Bact
   Status – used/abandoned/sealed
   Shared with another home – Name

(OVER)
9. Sewer System:

Type of system: holding tank  ____ Septic tank/drywell/cesspool  ____ Septic tank/mound  ____ Septic tank/trench

____ Other: Please Identify ___________________________________________  ____ Unknown

____ Shared with another home (Name) ____________________________________________

Year of Installation: _________

Distance from well? _______ feet   Distance from lake or river? _______ feet

Contractor who completed Installation: ____________________________________________________________________

Any changes to system: If so, please indicate what and when done [i.e. adding to drainfield, replacement of tank, etc]

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Frequency of septic tank pumping? ____ Every year  ____ 2 years  ____ 3 years  ____ 4 years  ____ Long time/Never

10. Do you have any plans to convert from a seasonal to full-time residence or for future additions such as bedrooms, etc. If so, please indicate here and comment: ____________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

11. Draw a sketch of property below; label buildings, well, septic, lake/river/wetland

12. Attach a copy of any other documents—permit, pumping record, well test

Please return this survey to: ______________________________________________________________

by __________(date)          Thank you for your participation!!