

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	____ Resort	
____ Rental	____ Food Service	
____ 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:
Garbage Disposal: ___ Water Softener: ___ Dish Washer: ___ Washing Machine: ___
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 (Nitrates - ppm, Coliform Bact)	_____N _____Bact	_____N _____Bact
Status - used/abandoned/sealed	_____	_____
Shared with another home - Name	_____	_____

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!!