

**DRAINFIELD REPAIR SURVEY FORM
(MUST BE FILLED OUT COMPLETELY)**

Property Address - Street, City, Zip Code:		
Assessor Tax Account No.:	Number of Bedrooms:	Year Home Built:
Property Owner:	Contact Phone Number:	

SURVEY DETAILS

Number of people in house:	Adults:	Children:
Any family members using long term R/X drug or antibiotics:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type::
Water use during winter months (November to April):	GPD Avg.:	High: Low:
Leaking plumbing fixtures (Check at clean-out or tank inlet):	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wash loads:	Daily:	Weekly: <input type="checkbox"/> Consecutive
Year and month system installed:		
As-built available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the system ever been repaired:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Garbage disposal:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of drainfield:	<input type="checkbox"/> Gravity <input type="checkbox"/> PD <input type="checkbox"/> Mound <input type="checkbox"/> Sand Filter <input type="checkbox"/> ATU	
Effluent screen present:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Serial system:	<input type="checkbox"/> Yes <input type="checkbox"/> No All ponded: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Distribution Box:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> flooded <input type="checkbox"/> unequal <input type="checkbox"/> Crushed <input type="checkbox"/> OK	
Drainfield size:	Feet:	Width:
Drainfield depth to bottom of trench:	Feet:	Tank depth to top (inches):
Septic tank size	Gallons:	Compartments: Last pumped:
Septic tank water tight	<input type="checkbox"/> Yes <input type="checkbox"/> No	D.O. mg/L:
Pump tank Size:	Gallons:	Compartments: Last pumped:
Pump tank water tight	<input type="checkbox"/> Yes <input type="checkbox"/> No	D.O. mg/L:
Timer settings:	On Time:	Off Time: GPM:
Groundwater saturation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inches to water table:
Existing curtain drain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Soil depth:	Inches:	Classification (type): <input type="checkbox"/> Native <input type="checkbox"/> Fill
If system is less than 2 years old:	BOD mg/L:	TSS mg/L:
	FOG mg/L:	FOG mg/L:

Designers reason for failure:

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| <input type="checkbox"/> Drainfield very old/plugged | <input type="checkbox"/> Installed deep on hardpan |
| <input type="checkbox"/> Poor soils/installed in fill | <input type="checkbox"/> Crushed/damaged system |
| <input type="checkbox"/> High water table | <input type="checkbox"/> OTHER: |
| <input type="checkbox"/> High water use-owner abuse | _____ |
| <input type="checkbox"/> High waste strength-owner abuse | _____ |

Designers Signature	Date
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