



## RESIDENTIAL EVALUATION SURVEY (RES)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ PM phone: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

### 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 \_\_\_\_\_
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: \_\_\_\_\_

### Appliances and cleaning 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: \_\_\_\_\_  
Frequency of use: \_\_\_\_\_
16. Hand-washing soap brand? \_\_\_\_\_ Antibacterial? YES / NO
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 used: \_\_\_\_\_
21. Water treatment device: YES / NO
- a. Is a water softener used? YES / NO Back flushes 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

**System (completed by Mighty Mac representative)**

25. Type of treatment system:  Septic tank  ATU  Media filter
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 drain field depth or lower: \_\_\_\_\_
35. Type of distribution/dispersal system:  Gravity  Trench  Subsurface  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:
- 1<sup>st</sup> compartment accumulation \_\_\_\_\_ Floating materials \_\_\_\_\_
- 2<sup>nd</sup> 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: \_\_\_\_\_

**Laboratory Results**

BOD<sub>5</sub> \_\_\_\_\_ mg/l      SS \_\_\_\_\_ mg/l

TSS \_\_\_\_\_ mg/l      FC \_\_\_\_\_ MPN/100

O & G \_\_\_\_\_ mg/l      TKN \_\_\_\_\_ mg/l

PH \_\_\_\_\_      NH-3 \_\_\_\_\_ mg/l

Temp \_\_\_\_\_ °C      NO<sub>2</sub> \_\_\_\_\_ mg/l

DO \_\_\_\_\_ mg/l      NO<sub>3</sub> \_\_\_\_\_ 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:**