

SEPTIC SYSTEM QUESTIONNAIRE
AUTHORIZATION / EXISTING SYSTEM EVALUATION / REPAIR

The questions asked on this form will help us in responding to our application. Please answer questions concerning the septic system to the best of your knowledge. Please use a question mark (?) for the word "approximately" if you are not sure of your answer.

*Owner _____ Agent _____

*Contact Phone Number _____

Year Septic System Installed _____ DEQ Permit # _____

Is Septic System in use? **YES** **NO** If no, Date of Last Use _____

*Tank Size _____ (gallons) Tank Material _____

Date the tank was last Pumped _____

*Total Footage of Drainlines _____ * Number of Drainlines _____

*Distance from Septic Tank to Well _____

*Distance from Drainlines to Well _____

Are the drainline (s) ends flagged and septic tank uncovered for inspection? **YES** **NO**
(Note: Please call 541-883-5121 or 800-378-1304 option #6 when system is ready)

Type of Building Served By This System:

Residence / Stick Built

Manufactured / Mobile Year _____

Commercial Building Indicate Present Use _____

Proposed Changes / Use _____

Other _____

<p><u>Number of Bedrooms</u></p> <p>* Present: _____</p> <p>*Adding / Subtracting: _____</p> <p>*New Number Proposed: _____</p>

*Owner / Agent Signature _____ Date _____

When report / sign-off is ready: MAIL CALL OWNER / APPLICANT
(Circle One)