

Survey Number _____

Amity Township

Date ___/___/200__ Weather Conditions _____ LTL Employee _____

Good morning. My name is _____. I'm with LTL Consultants in Oley. We're conducting a survey on behalf of Amity Township to determine whether there are any problems with the on-lot sewage disposal systems in this area. The information will be used in planning for improvements to the sewage treatment plant, and in determining where sewer lines may be extended in the future. This survey will take about 5 minutes. Would you be willing to participate?

Name: _____ Address _____ (Locate property on map, if possible)

Phone () _____ Own Rent Number of people living here _____

ABOUT YOUR DRINKING WATER

- 1. What kind of water system do you have?
 Well Spring Cistern Public water Other
2. If you have a well: Is it DUG or DRILLED? How deep? _____ ft. Cased Y/N
3. How far is the well or spring from the drain field? _____ ft. Is it UPHILL or DOWNHILL?
4. Do you treat your water? Y/N
5. If YES, Chlorine UV Softener Ion Exchange
 Reverse Osmosis Other
6. Was the water ever tested? Y/N When was it last tested? _____
7. Any contamination? Y/N Total Coliform Fecal Coliform Nitrates
 Other

ABOUT YOUR SEWAGE DISPOSAL SYSTEM

- 8. How large is your lot? _____ sq. ft. or _____ acres
9. Number of homes on the lot _____
10. Number of sewage systems _____
11. The property is used for RESIDENTIAL COMMERCIAL
12. What kind of sewage system do you have? (Check all that apply)
 Septic Tank Inground Bed Community Sewer Cesspool
 Inground Trench Storm Sewer Old Well Elevated Sand Mound
 Pipe to Ditch Holding Tank Seepage Pit Pipe to Stream
 Privy Bore Hole Pipe to Surface
 Other
13. Where does your laundry and/or sink water go? (Check all that apply)
 Septic Tank Inground Bed Community Sewer Cesspool
 Inground Trench Storm Sewer Old Well Elevated Sand Mound
 Pipe to Ditch Holding Tank Seepage Pit Pipe to Stream
 Privy Bore Hole Pipe to Surface
 Other
14. How old is your system? _____ Was it permitted? Y/N When? _____
15. Have you ever noticed any of the following near your septic system?
 Lush green grass Wetness or spongy areas Odors Water ponding or surfacing
 System overflow Sluggish drains Wastewater backing into home
 Other
16. If you noticed any of the above, are they seasonal or year-round? (Circle)
17. Have you ever had your system pumped out? Y/N How often? _____ Last time? _____
18. If it was pumped, was it inspected for cracks or broken baffles? Y/N
19. Has the system ever been repaired? Y/N When? _____ By permit? Y/N
What part? Tank Repaired Replaced
 Line Repaired Replaced
 Drain Field Repaired Replaced

May we take a water sample for testing? Y/N (Results will be provided to you at no charge)

Do we have your permission to confirm this information by looking around? Y/N (Write observations or comments on back of survey)