

SEPTIC SYSTEM TROUBLESHOOTING GUIDE

Type of treatment system:

- ATU _____ Sand filter _____ Septic Tank _____ Other _____
- Size: _____
- Disposal: Subsurface _____ Drip field _____ Mound _____ Other _____
- How many people live in the home? Total Number _____
- Number of people ages (1-10) _____ ages (11-21) _____ ages (21 and over) _____
- Do you have a private well or are you connected to a municipal supply? _____
- If municipal supply, name of water district _____
- Average daily water usage (gallons) _____ Source of data _____
- Do you use a water softener? _____ If yes, does it discharge to your septic system? _____
- Do you have a washing machine? Yes _____ No _____
- Is laundry done: all in one day _____ spread out during the week _____
- How many loads of laundry done per week _____ # of loads per day _____
- Do you frequently fry foods? Yes _____ No _____
- If yes, how is the grease disposed of?
Pour in a container and reused _____ Pour down the sink _____ Pour in a container and placed in trash _____
Other _____ (describe disposal method) _____
- Are long term antibiotics used in the home? Yes _____ No _____ Type? _____
- Is anyone in the household on chemotherapy? _____
- List in-home crafts or hobbies _____
- Are any chemicals from these activities poured into the septic system? Yes _____ No _____
- If yes, what specific type of chemicals? _____
- Do you operate a business within your home? Yes _____ No _____
- If yes, what type of business? _____
- List the type of household cleaners used: _____
- Do you have a hot tub, whirlpool or spa? Yes _____ No _____
- If yes, is it connected to your septic system? Yes _____ No _____
- Do house gutters, swimming pool or spa discharge backwash or wastewater drain over any part of the septic system? Yes _____ No _____
- Do you regularly irrigate your lawn? Yes _____ No _____ If so, how often? _____
- Do you know where your septic tank and drain field are located? Yes _____ No _____
- Have you ever had problems with your septic system? Yes _____ No _____
- If yes, please describe _____
- Any additions to your home since the septic system was originally installed? Yes _____ No _____
- If yes, what type of addition? _____
- When was the septic tank or aerobic treatment unit last pumped out? _____
- Do you place additives in your septic tank or aerobic treatment unit? Yes _____ No _____ If yes, what type? _____