

City of Trinidad
OWTS Owner / User Questionnaire
Application for Onsite Wastewater Treatment System (OWTS) Operating Permit
Resident / Business Questionnaire

The purpose of this questionnaire is to provide an assessment for the inspector of the types of demands that are being placed on the septic system (OWTS). This will allow proper maintenance to be planned for this system and help you know how to keep the system working well. Please fill in the information and turn it in to City Hall, as described at the bottom of the next page.

Name: _____ Date: _____

Street Address: _____ Phone: _____

Home/Residence/Business

1. Is this your first home/business with an on-site wastewater treatment system? YES / NO
2. Did you receive any septic system user information at time of purchase? YES / NO
3. Did you receive the as-built drawing for the system? YES / NO
If so, please provide copy to the City with this application.
4. Type of use: Residential / Commercial If commercial, type of business _____
If residential, do you have an in-home business, including a vacation rental? YES / NO
If "yes", what type? _____
5. Time of Use: Permanent / Seasonal If seasonal, number of months used _____
 - a. Number of people living in the home: Adults: ____ Children: ____
 - b. Number of bedrooms: _____ Number of bathrooms: _____
 - c. If you know, how many bedrooms was your system designed to accommodate? _____
 - d. Owner?_____, Renter?_____. # Dwellings?_____
 - e. Do you have 4+ overnight guests at a time several times per year? YES / NO
 - f. Do you hold periodic special events where the system gets very heavy use? YES / NO
 - f. Is the home / business regularly unoccupied for 10 or more hours per day? YES / NO
 - g. If permanently unoccupied, how many months since last occupied?_____
6. Do you have an in-home hobby where materials get flushed down toilets or drains? YES / NO
If "yes", what type? _____
7. Is any resident using long term prescription radiation drugs or antibiotics? YES / NO
Do these get flushed down toilets or drains? YES / NO
8. Do you use septic system additives? YES / NO
If "yes", what products? _____

Appliances and cleaning products

9. Home/Business equipped with water conserving fixtures/appliances? YES / NO / DON'T KNOW
Low-flow toilets? YES / NO Low-flow shower heads? YES / NO
Do household residents actively conserve water? YES / NO

10. Garbage disposal? YES / NO Do you DIVERT / COMPOST kitchen wastes? YES / NO
11. Do you collect grease, preventing it from going into the sink? YES / NO
12. Dishwasher used? YES / NO
13. Washing Machine? YES / NO Total _____ loads/week
- a. Front loading washer? YES / NO
- c. Regularly do 3+ loads of laundry in a day? YES / NO
- b. Bleach used regularly? YES / NO
14. Whirlpool tub / Hot Tub drained to septic? YES / NO Chemical Additives? _____
If no, where is the water drained to? _____
15. Is a drain cleaner used? YES / NO Type: _____
Frequency of use: _____
16. Hand-washing soap: REGULAR ANTIBACTERIAL BIODEGRADABLE
17. Regular use of disinfecting cleansers such as bleach, or containing bleach? YES / NO
- a. Continuous cleaner used in toilet tank? YES / NO
18. Please list any antibacterial products put into toilet or drains: _____
19. Water treatment device: YES / NO
- a. Is a water softener used? YES / NO Backflushes to: _____
- b. Reverse osmosis? YES / NO Discharges to: _____
- c. Other: _____
20. Footing drains or basement sump pumps connected into the system? YES / NO
Does your system have a pre-treatment or advanced treatment component? YES / NO

History

22. How old is the system? _____ years / DON'T KNOW
Date of last pump out: _____ / DON'T KNOW
23. Since you have lived/worked at this location
- a. Has the system ever backed up? YES / NO / DON'T KNOW
- b. Has the system ever been repaired? YES / NO / DON'T KNOW
- c. Has effluent ever surfaced? YES / NO / DON'T KNOW

Once you have had your OWTS inspected, complete this form and submit it to the City, along with your inspection report and applicable operating permit fee as your application for an OWTS Operating Permit:

City of Trinidad
PO Box 390
409 Trinity Street
Trinidad, CA 95570