

City of Trinidad
Individual Lot Assessment
Application for Onsite Wastewater Treatment System (OWTS) Permit
Resident/Business Questionnaire

The purpose of this questionnaire is to provide an assessment for the inspector of the types of impacts that are being placed on the septic system (OWTS). This will allow proper maintenance to be planned for this system and public education on keeping the system working. Please fill in the information and turn it in to your inspector or 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? YES / NO
3. Did you receive the as-built drawing for the system? YES / NO
If so, please provide copy to inspector.
4. Type of use: Permanent / Seasonal If seasonal, number of months used _____
 - a. Number of people living in the home: Adults: ____
 - b. Children: ____ Teenagers: ____
 - c. Number of bedrooms: _____ Number of bathrooms: _____
 - d. Owner?_____, Renter?_____. # Dwellings?_____
 - e. If unoccupied, how many months since last occupied?_____
5. Do you have an in-home business? YES / NO
If "yes", what type? _____
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 drugs or antibiotics? YES / NO Type _____
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
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. Type of laundry detergent used? POWDER / LIQUID

- b. Bleach used? YES / NO
14. Whirlpool tub / Hot Tub? YES / NO Chemical Additives? _____
15. Is a drain cleaner used? YES / NO Type: _____
Frequency of use: _____
16. Hand-washing soap: REGULAR ANTIBACTERIAL BIODEGRADABLE
17. Toilet cleaning products used? YES / NO
18. Continuous cleaner used in toilet tank? YES / NO
19. Please list commonly used cleaning supplies by brand name:
Shower _____ Kitchen _____
Floors _____ Other: _____
20. Please list any antibacterial products put into toilet or drains: _____
21. Water treatment device: YES / NO
- a. Is a water softener used? YES / NO Backflushes to: _____
- b. Reverse osmosis? YES / NO Discharges to: _____
- c. Other: _____
22. Commercial ice machine? YES / NO condensate drains to: _____
23. Footing drains or basement sump pumps connected into the system? YES / NO

History

24. How old is the system? _____ years / DON'T KNOW
Date of last pump out: _____ / DON'T KNOW
25. 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

When completed give this form to your inspector or return it to:

City of Trinidad
PO Box 390
Trinidad, CA 95570

Or FAX it to City Hall 677-3759