



Application for Onsite Wastewater Treatment System (OWTS) Operating Permit Business Questionnaire

The purpose of this questionnaire is to provide an assessment 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. Please fill in the information to the best of your knowledge and turn it in to City Hall along with your inspection report and applicable operating permit fee as your complete application for an OWTS Operating Permit.

Name: _____ Date: _____

Business Name: _____

Street Address: _____ Phone: _____

Business Characteristics

1. Type of business: _____
2. Time of Use: PERMANENT / SEASONAL If seasonal, number of months used: _____
3. Square footage of business: _____
4. Approximate number of people served per day: _____
5. Number of employees: _____
 - a. Do you train or provide information to your employees about appropriate use of OWTS, including water conservation and what not to put down drains? YES / NO
 - b. Do you have signs at your sinks and/or dishwashing stations to remind employees to conserve water and to follow proper OWTS use guidelines? YES / NO / NA
6. Number of restrooms: _____
 - a. Do you have signs in your restrooms asking employees/customers to conserve water and use caution about what goes down the drains? YES / NO
7. Do you prepare food? YES / NO HOT / COLD
 - a. Do you serve food? YES / NO DINE-IN / CARRY-OUT
8. Do you manufacture any products? YES / NO
 - a. If so, what products? _____
 - b. Are any waste byproducts produced? YES / NO Type: _____
 - c. Are these flushed down a drain or toilet? YES / NO
9. Do you dispose of any expired merchandise or other waste products down drains or toilets? YES / NO
 - a. If so what / and how often? _____ / _____
10. Do you hold periodic special events where the system gets very heavy use? YES / NO
 - a. If so, how often? _____

Appliances and cleaning products

1. Business equipped with water conserving fixtures/appliances? YES / NO / DON'T KNOW
 - a. Do you actively monitor for and fix leaks? YES / NO
2. Garbage disposal? YES / NO Do you DIVERT / COMPOST kitchen wastes? YES / NO
3. Dishwasher used? YES / NO Total _____ loads/week Total _____ loads/day
4. Washing Machine? YES / NO Total _____ loads/week Total _____ loads/day
 - a. Front loading washer? YES / NO
 - b. Bleach used regularly? YES / NO
5. Type of soap (hand, dish, laundry as applicable): REGULAR ANTIBACTERIAL BIODEGRADABLE
6. Hot Tub drained to septic? YES / NO
 - a. If no, where is the water drained to? _____
7. Do you use septic system additives? YES / NO
 - a. Type: _____ Frequency of use: _____
8. Is a drain cleaner used? YES / NO
 - a. Type: _____ Frequency of use: _____
9. Regular use of disinfecting cleansers such those containing bleach or ammonia? YES / NO
 - a. Type: _____ Frequency of use: _____
10. Water treatment device: YES / NO
 - a. Is a water softener used? YES / NO Backflushes to: _____
 - b. Reverse osmosis? YES / NO Discharges to: _____
 - c. Other: _____
11. Footing drains or basement sump pumps connected into the system? YES / NO

OWTS History and Components

1. Is this your first 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
 - a. If so, please provide copy to the City with this application.
4. Does the OWTS include a grease interceptor? YES / NO
5. Does your system have a pre-treatment or advanced treatment component? YES / NO
6. How old is the system? _____ years / DON'T KNOW
 - a. Date of last pump out: _____ / DON'T KNOW
7. Since you have 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