



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

*The purpose of this questionnaire is to provide an assessment of the types of demands that are being placed on your septic system (a type of OWTS). This will allow proper maintenance to be planned for this system. Please fill in the information to the best of your knowledge. If the house a long-term rental, please check with your tenants to obtain information as needed. Then turn this 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: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Household Characteristics

1. Owner: \_\_\_\_\_ Renter: \_\_\_\_\_
2. Number of Dwellings: \_\_\_\_\_
3. Time of Use: PERMANENT / SEASONAL
  - a. If seasonal, number of months used: \_\_\_\_\_
4. Number of people living in the home: Adults: \_\_\_\_\_ Children: \_\_\_\_\_
  - a. Number of bedrooms: \_\_\_\_\_ Number of bathrooms: \_\_\_\_\_
  - b. If you know, how many bedrooms was your system designed to accommodate? \_\_\_\_\_
5. Do you have 4+ overnight guests at a time several times per year? YES / NO
6. Do you have an in-home business, including a vacation rental? YES / NO
  - a. Are any waste byproducts produced? YES / NO Type: \_\_\_\_\_
  - b. Are these flushed down a drain or toilet? YES / NO
7. Do you hold periodic special events where the system gets very heavy use? YES / NO
  - a. If so, how often? \_\_\_\_\_
8. Is the home regularly unoccupied for 10 or more hours per day? YES / NO
  - a. If permanently unoccupied, how many months since last occupied? \_\_\_\_\_
9. Do you have an in-home hobby where materials get flushed down toilets or drains? YES / NO
  - a. If "yes", what type? \_\_\_\_\_
10. Is any resident using long term prescription radiation drugs or antibiotics? YES / NO
  - a. Do these get flushed down toilets or drains? YES / NO
11. Do you use septic system additives? YES / NO
  - a. If "yes", what products? \_\_\_\_\_
12. Do household residents actively conserve water? YES / NO
13. Do you actively monitor for and fix leaks? YES / NO

## Appliances and cleaning products

1. Is the home equipped with water conserving fixtures/appliances? YES / NO / DON'T KNOW
2. Garbage disposal? YES / NO
  - a. Do you DIVERT / COMPOST kitchen wastes? YES / NO
  - b. Do you collect grease to prevent it from going down the sink? 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. Whirlpool/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 home 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 your system have a pre-treatment or advanced treatment component? YES / NO
5. How old is the system? \_\_\_\_\_ years / DON'T KNOW
  - a. Date of last pump out: \_\_\_\_\_ / DON'T KNOW
6. Since you have lived 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