

PRIVATE SEWAGE SYSTEM SURVEY

Your Whole House, Inc.

1319 Hammann Drive
Amelia, Ohio 45102
(513) 752-5018

This survey is used as an aid for the inspector to make proper description and evaluation of the system to be inspected. Please fill out as accurately as possible, and on a separate page sketch a general plot of the property and where known components are located.

General Information

Name: _____

Property Address: _____

Mailing Address: _____

Age of House: _____

Age of System: _____

Occupied Property Since: _____

Number of Recent Occupants: _____

Number of Bedrooms: _____

Number of Bathrooms: _____

Garbage Disposal: Yes No

System Description

Health permit Number: _____ Expiration Date: _____

System Type: Septic Aerobic Oldham Multi-flo Jet Cavitette

Grease Trap: Yes No

If yes, Location: _____

Manufacturer: _____

Tank Size in Gallons: _____

Absorption Field: Leach Field Mound Subsurface Sandfilter Chlorinated
 Other

Point of Discharge: _____

Are all drain fixtures discharge treated by this system? Yes No

If no, explain: _____

System Maintenance & Repairs

Date of Last Inspection: _____

Company: _____

Address, Ph#: _____

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Inspection findings: _____

List known repairs, including date, made to the system: _____

Repairs made by: _____

When was the most recent date the tank was pumped?: _____
Tank was pumped by: _____

When was tank pumped prior to the above date?: _____
Tank was pumped by: _____

Is there a service agreement, or warranties? ___ Yes ___ No
If yes, explain: _____

Addition Comments or History Information

If you have any documentation about the system, repairs, and history please make available with this survey for the inspector and client to review during the inspection. Your cooperation is greatly appreciated.

Signature: _____ Date: _____