

Homeowner's Septic System Service And Maintenance Record

Record keeping is an important part of the operation and maintenance of your onsite system. Complete, as much as possible, the information asked for below. Much of this information can assist persons you call on to inspect, pump or service your system.

Property Information:			
Property Address: _____		Assessor Parcel #: _____	
Subdivision: _____		Lot / Block _____	
Household Information:	Number of Bedrooms When Built: _____	Number of Bedrooms After Addition: _____	
	Number of Toilets When Built: _____	Number of Toilets After Addition: _____	
<input type="checkbox"/> Hot Tub/Garden Tub/ Multi-head Shower System	<input type="checkbox"/> Reverse Osmosis Water Filter	<input type="checkbox"/> Private Water Supply	
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Water softener	<input type="checkbox"/> Public Water Supply	
<input type="checkbox"/> Other _____			
CATEGORY OF SYSTEM:		Date Installed: _____	
<input type="checkbox"/> Conventional Onsite System		Permit # _____	
<input type="checkbox"/> Alternative System		Type or Brand _____	
<input type="checkbox"/> Other Mechanical / Electrical Components _____			
SEPTIC TANK	Number of Tanks: _____	<input type="checkbox"/> Concrete	Manufacturer _____
<input type="checkbox"/> Rectangular	<input type="checkbox"/> One Compartment	<input type="checkbox"/> Fiberglass	_____
<input type="checkbox"/> Round/Oval	<input type="checkbox"/> Multi-Compartment	<input type="checkbox"/> Plastic	Capacity (Gallons) _____
PUMP TANK	Capacity (Gallons) _____	Pump Horsepower _____	Manufacturer _____
Location of Power Switch _____			_____
System Features:			
<input type="checkbox"/> Septic Tank Effluent Filter		<input type="checkbox"/> Siphon / Pump	
<input type="checkbox"/> Distribution Box / Flow Divider		<input type="checkbox"/> High Water Alarm	
<input type="checkbox"/> Diversion Valve		<input type="checkbox"/> Other _____	
DRAINFIELD OR DISPOSAL METHOD		Length of Field (sq. foot / Linear foot) _____	
<input type="checkbox"/> Pipe & Gravel (Conventional)		Number of Trenches: _____	
<input type="checkbox"/> Chambers		<input type="checkbox"/> Bed - Bed Dimensions: _____	
<input type="checkbox"/> Drip Irrigation		<input type="checkbox"/> Other _____	

IMPORTANT CONTACTS FOR ASSISTANCE

Install Contractor	Phone: _____
Septic Tank Pumper	Phone: _____
Maintenance Contractor	Phone: _____
County Environmental Agency	Phone: _____

SERVICE AND MAINTENANCE RECORD ON FOLLOWING PAGE

Service and Maintenance Record

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