



PUBLIC HEALTH DEPARTMENT

Environmental Health Division

Homeowner Interview Form

Name: _____
Address: _____

Date: _____
Phone: (H) _____
(W) _____
(C) _____

Installer of System: _____ Designer of System: _____
Septic Tank Pumper: _____

- 1. Number of people who live in the house: _____ How many adults: _____ How many children: _____
2. What is your average daily water usage? _____
3. Do you have a garbage disposal? _____ How often do you use it? _____
4. When was the septic tank last pumped? _____ How often do you have it pumped? _____
5. Do you have a dishwashing machine? Yes ___ No ___ How often do you use it? _____
6. Do you have a clothes washing machine? Yes ___ No ___ How often do you use it? _____
7. Do you have a water softener or water treatment system? Yes ___ No ___
Where does it drain? _____
8. Do you use an "in the tank" toilet bowl sanitizer? Yes ___ No ___
9. Are any household cleaning chemicals put down the drain? Yes ___ No ___
What kinds? _____
10. Are any chemicals (paints, thinners, etc.) disposed down the drain? Yes ___ No ___
What kinds? _____
11. Have any new water using fixtures been added since the system was installed? Yes ___ No ___
List plumbing fixtures (spas, whirlpools) other than sinks, lavatories, bath/showers & toilets:

12. Do you have an underground lawn-watering system? Yes ___ No ___
13. Has any site work been done to the house since you moved in, such as underground roof gutter drains,
basement/foundation, drains, landscaping, etc.? Yes ___ No ___ What kinds? _____
14. Are there any underground utilities on your lot? Yes ___ No ___ Check which types: Power ___ Phone ___ Cable
___ Gas ___ Water ___
15. When did you first notice the problem? _____ Describe what happens when you have a
problem with your septic tank
system. _____
16. Does the problem seem to be linked to a specific event (washing clothes, heavy rains, company coming over,
etc.)? _____
