



OWTS Homeowner Questionnaire

This form* should serve three purposes. First, it should heighten the awareness of the homeowner about their Onsite Wastewater Treatment System (OWTS) and how their use can affect its performance and therefore protect their property and environment. Second, it should help the service provider understand how that system will be used so that they can tailor the maintenance of the system based on actual usage. Third, it should help the service provider diagnose problems with the system, particularly with regard to the chemical & biological processes. Please take some time and try to answer each question thoroughly and honestly; the form will help only if the information you provide is complete and accurate.

Questionnaire completed by: _____ Date: _____

SITE INFORMATION

Name of property owner: _____ Preferred Phone: _____

Complete Address: _____

OCCUPANTS

1. Are you the owner of the residence? Yes No If no, relationship? _____
2. Is the residence a: Single-family or a Multi-family residence?
3. How many people live in the home?

	Full time (>4 months/year)		Part time (<4 months/year)	
	Male	Female	Male	Female
Adults (18 yrs. and older)				
Teens (≥13 and <18 yrs.)				
Children (>2 to <13 yrs.)				
Infants (0 to 2 yrs.)				

4. How many pets do you have? ___ None ___ Cats ___ Dogs ___ Birds ___ Other: _____
5. Do you bathe pets indoors? Yes No
6. Do you empty the litter box in toilet? Yes No
7. Is this your first home with an onsite wastewater treatment system? Yes No
8. Did you receive any user information about your wastewater system? Yes No
9. Did you receive as-built drawings for your wastewater system? Yes No

HOME DETAILS

1. What year was the house built? _____
2. What month/year was the OWTS installed? _____/_____
3. On what date did you first occupy the home: _____
4. What is your water source? Private well Public Water Community well
5. How many rooms are in the house? ___ Bedrooms, ___ Full Baths, ___, Half Baths, ___, Kitchens, ___ Wet Bar, Other: _____
6. Have you added on to the home since it was built? Yes No Describe _____
7. Is the residence: Permanent, Vacation, or Seasonal? Frequency & duration? _____
8. Is there an in-home business? None Day care Home office Beauty/barber shop Pet care Other: _____

*This questionnaire is based on the CIDWT "Form D-1 Residential Evaluation Summary (RES) & the North Carolina "ONS Homeowner Interview v Oct 2010"



WATER USE / APPLIANCES

- 1. Does anyone in the house engage in hobbies involving water use? None Photography Painting Pottery Home brewing/winemaking Other: _____
- 2. Is there significant water use for: Pool Irrigation Car washing Hot tub Other: _____
- 3. Are there other significant water uses that do not drain to treatment system? _____
- 4. Are there water-conserving fixtures/appliances in the home? Toilets Shower heads Faucets Front-load washer Toilets Other: _____
- 5. Do you have a garbage disposal? Yes No How many times per week is it used? _____
- 6. Do you have a dishwasher? Yes No How many times per week is it used? _____
- 7. Do you have a single-head shower? Yes No How many times per week is it used? _____
- 8. How many baths (conventional size) are taken per week in the house? _____
- 9. Do you have a panel shower (>3 heads or jets)? Yes No How many times per week is it used? _____
- 10. Do you have a whirlpool tub? Yes No How many times per week is it used? _____
- 11. Do you do laundry at home? Yes No
- 12. Do you wash other items besides family clothing, such as pet items, rags, uniforms, etc.? Yes No
- 13. How many loads do you wash per week? _____ Of these, how many are hot water cycles? _____
- 14. What is the maximum number of loads you wash in one day's time? _____
- 15. Are the loads consecutive? Yes No N/A
- 16. How often is bleach used? _____ Consecutive loads? Yes No N/A
- 17. Is there a basement sump pump? Yes No Don't know Where does it pump to? _____
- 18. Is there a footing drain? Yes No Don't know Where does it drain? _____
- 19. Do you have a floor drain? Yes No Don't know Where does it drain? _____
- 20. How much water do you use? _____ gallons per _____ (Source: Meter Estimate) Don't know
- 21. Is there an air conditioner? Yes No Where does the condensation drain? _____
- 22. Is there a commercial ice machine? Yes No Where does the condensation drain? _____

WATER QUALITY AND TREATMENT

- 1. Are you satisfied with your water quality? Yes No If no, why not? _____
- 2. Do you have a water softener? Yes No Type of Regeneration: DIR Demand
- 3. Why was it installed? _____
- 4. When was it installed? _____
- 5. Who adds salt to the unit? Homeowner Maintenance service?
- 6. Who services (adjusts, cleans, calibrates) the unit? Resident Maintenance Service Other: _____
- 7. How many times per year is this service performed? _____
- 8. How many pounds of softener salt do you purchase per year? _____
- 9. Does it back-flush to the septic system? Yes No If no, where? _____
- 10. Do you use in-tank toilet bowl cleaners (Ty-D-Bowl, etc.)? Yes No Brand: _____
- 11. Do you use septic additives? Yes No Brand: _____

PHARMACEUTICALS / PERSONAL CARE PRODUCTS

- 1. Is there any long term use (> 6 months) of prescription drugs or antibiotics? Yes No
- 2. If you are comfortable sharing this information, could you specify the drug product(s)? _____
- 3. Are any other personal care and/or ingested products used in the home that aren't mentioned? Yes No Product(s): _____



CLEANING PRODUCTS / ADDITIVES

For the following products please indicate the type and amount used (*cups per load or oz/month*):

Product	Brand(s) and Form (Powder, liquid, bar, etc.)	Use per week (amt./freq.)	Anti-bacterial?
Dishwasher detergent			
Hand dishwashing detergent			
Laundry detergent			
Laundry bleach			
Fabric Softener			N/A
Shower cleaner			
Drain cleaner			
Toilet cleaner, intermittent			
Toilet cleaner, continuous			
Septic system additives			
Toilet paper	Ply: _____ Septic safe? _____		
Moistened towelettes			
Baby wipes			
Liquid bath soap			
Liquid hand soap			
Bar soap			
Bath oil			N/A
Skin oil			
Moisturizer			
Other anti-bacterial products			

SEPTIC SYSTEM PERFORMANCE

1. Type of treatment system: Septic ATU Media Filter Other Brand: _____
2. If septic tank, what size is the tank? _____ Is it a two-compartment tank? Yes No Don't know
3. If a secondary treatment system, for how many gallons per day is it rated? _____
4. How often is the septic tank pumped out? _____ per _____
5. What is the date of last tank pump-out? _____ What was the reason for pump-out?: _____
6. Has sewage ever backed up into house? Yes No Date(s): _____
7. Does your tank have an effluent screen? Yes No Don't know
8. Has the septic tank effluent screen ever plugged? Yes No Don't know
9. Has the septic tank effluent screen been serviced? Yes Date(s): _____ No N/A Don't know
10. Has sewage ever backed up into the yard? Yes No Date(s): _____
11. Has the septic alarm ever sounded? Yes Date(s): _____ No No alarm on system

Questionnaire reviewed with homeowner by: _____ Date: _____



Please sketch the system with points of reference, or attach As-Built drawings