

# Preliminary Information Form

For PSMA Inspections of Onlot Wastewater Treatment Systems (OWTS)

Property owner name(s): \_\_\_\_\_

Site address: \_\_\_\_\_

Directions to site : \_\_\_\_\_

1.) Is this inspection a second opinion: Yes \_\_\_ No \_\_\_

2.) Have excessive rains caused flooding conditions at the site: Yes \_\_\_ No \_\_\_

Note: Well or home inspectors **should not** discharge *well test* water into the OWTS!

3.) Age of structure: \_\_\_\_\_ Age of OWTS: \_\_\_\_\_

4.) Is there more than one OWTS in use: Yes \_\_\_ No \_\_\_

5.) Most recent number of people occupying structure: \_\_\_\_\_

6.) Number of occupants projected to occupy this structure or projected daily flow: \_\_\_\_\_

7.) Number of bedrooms in structure or daily flow: \_\_\_\_\_

8.) Is structure currently being occupied Yes \_\_\_ No \_\_\_

9.) If structure is presently unoccupied, for how long has it been vacant: \_\_\_\_\_

Note: If structure has been vacant for more than one week a hydraulic load test **must** be performed on the OWTS.

10.) Is the structure occupied on a seasonal basis: Yes \_\_\_ No \_\_\_

If Yes then list the frequency: \_\_\_\_\_

11.) List any known repairs made on the system in the past: \_\_\_\_\_

12.) Is it possible for the septic system construction or repair permit to be available at the time of inspection: Yes \_\_\_ No \_\_\_

Note: If you answered yes please make it available at the time of inspection or prior to it.

13.) Do the washing machine or other graywater lines discharge to any other place than the treatment tank: Yes \_\_\_ No \_\_\_

If you answered yes, specify where they discharge to: \_\_\_\_\_

14.) When was the treatment tank last cleaned: \_\_\_\_\_

15.) What is the typical cleaning frequency: \_\_\_\_\_

16.) Please provide the name of the person or company that cleaned your tank last: \_\_\_\_\_

17.) Is the system covered by a maintenance program: Yes \_\_\_ No \_\_\_

If yes, what is the maintenance providers name: \_\_\_\_\_

18.) Are the treatment and pump tanks accessible (main access dug out): Yes \_\_\_ No \_\_\_

19.) Was the system subject to a soil fracturing or Terralift process within the last 12 months: Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_ Date: / /