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: / /