

Glen Lake Septic Survey



Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different)

Property Address: \_\_\_\_\_

Tax Parcel ID: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

*Complete the following worksheet for each wastewater treatment system on the property.  
Provide property/system sketch and attach plan(s) of system(s) if available.*

**1. Please provide the following background information:**

- Age of home: \_\_\_\_\_
- Number of bedrooms: \_\_\_\_\_
- Private well on property (Y/N): \_\_\_\_\_

**2. What type of septic system do you have?**

- Conventional: \_\_\_\_\_
- Elgin/Graveless: \_\_\_\_\_
- Other (Describe): \_\_\_\_\_

**3. Septic System Detail:**

- Age of System: \_\_\_\_\_
- Size of Tank: \_\_\_\_\_
- Size or Field/Disposal Area: \_\_\_\_\_

**4. How often do you have your septic system pumped?**

- Never
- Every 3 to 5 years
- Other \_\_\_\_\_

**5. Date of Last Pump Out: \_\_\_\_\_**

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**6. Which of the following sources discharge to your septic system? (choose all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Storm Water       |
| <input type="checkbox"/> Sump Pump        | <input type="checkbox"/> Roof Runoff       |
| <input type="checkbox"/> Washing Machine  | <input type="checkbox"/> Foundation drains |
| <input type="checkbox"/> Dishwasher       | <input type="checkbox"/> Other: _____      |

**7. Have you noticed any of the following signs of septic issues at your home?**

(Choose all that apply)

- Sewage backs up in the drains and toilets
- Unpleasant smelling liquid on or around the septic tank or drain field
- Slow flushing or draining of toilets, sinks, bathtubs, or showers
- Unpleasant odors from plumbing
- Unusually lush, green grass over the drain field
- Pooling water or muddy soil around the septic system or in basement

**8. In the past, has your septic system ever experienced problems?**

- Yes, specify: \_\_\_\_\_
- No

**9. System Layout:** Please answer for the following to the best of your ability.

- Distance from house to first system component (\_\_\_\_\_), is (\_\_\_\_\_) ft
- Distance from septic tank to nearest property line is \_\_\_\_\_ ft.
- Distance from leach system to nearest property line is \_\_\_\_\_ ft.
- Distance from leach system to surface water is \_\_\_\_\_ ft., or N/A
- Distance from leach system to top of slope is \_\_\_\_\_ ft., or N/A

**10. System Sketch.** On the following page, please sketch your septic system (if available, include copy of your property's site plan map showing your septic system as built). This sketch should include:

- The approximate shape of your house, labeling its front and back
- Label driveway, roads, accessory structures, wells, surface waters (lake, streams, tributaries, wetlands)
- Show the distance of your existing septic system (tank and field) from your house and adjacent water bodies and distance to well (if applicable)
- Identify property lines

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**Please sketch your system below.** An example sketch and septic system fact sheet are provided on the back of this sheet.

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## Example Sketch:

