

Existing System Evaluation

VDH Use Only

HDIN: _____
VPDES GP: _____

Owner and Application Information <input type="checkbox"/> Repair <input type="checkbox"/> Voluntary Upgrade	
Name:	Phone Number:
Address:	
Email:	

System Location			
Address:			
Tax Map/GPIN #:			
Subdivision:	Section:	Block:	Lot:
Directions:			

System File Information	
Permit Type: <input type="checkbox"/> Onsite Disposal	<input type="checkbox"/> Stream Discharging System
Property Type:	
Permitted Design Flow: _____ gpd	Permitted #Bedrooms: _____
System Type: <input type="checkbox"/> Conventional <input type="checkbox"/> Alternative If Alternative, Treatment Mfg. & Model: _____	
Dispersal Method: <input type="checkbox"/> Gravity <input type="checkbox"/> Pump to Gravity <input type="checkbox"/> LPD <input type="checkbox"/> Drip	
Dispersal Media: <input type="checkbox"/> Gravel <input type="checkbox"/> Gravelless Material <input type="checkbox"/> Tire Chips <input type="checkbox"/> Sand	
Gravelless Type: _____ Notes: _____	
<input type="checkbox"/> Attach a Copy of As-built drawing or drawing of system layout	

Existing System Evaluation					
Failure Observed or reported by owner: <input type="checkbox"/> Yes <input type="checkbox"/> No: <input type="checkbox"/> Backup into home <input type="checkbox"/> Effluent on the ground surface					
If failure observed or reported by owner, REPAIR permit REQUIRED .					
Number of Occupants: _____ Date System Installed: _____					
Current Use: _____ Current Number of Bedrooms: _____					
Has property been occupied during previous 30 day period? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Garbage Disposal: <input type="checkbox"/> Yes <input type="checkbox"/> No Water Softener: <input type="checkbox"/> Yes <input type="checkbox"/> No Jacuzzi/Hot Tub: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date of Last Septic Tank Pump Out: _____ Date of Last Operator Visit _____					
Component Status (place check under appropriate box)					
Component	Present	Inspected	Functional	Non-Functional	Observations/Comments
Sewer Line					
Septic Tank					
Septic Tank Tees					
Treatment Unit					
Pump Chamber					
Pump					
Disinfection					
Conveyance Line					

D-Box					
Splitter Manifold					
Header Trench					
Dispersal Pipe					
Dispersal media					
Dispersal Field					
Other_____					
Other_____					
Additional Analyses					
Analysis	Needed	Conducted	Observations/Comments		
Flow					
Wastewater Sample					
Dye Test					
Other_____					

[illegible]

Sketch, if applicable:

Recommended Action: ☐ Repair

Identify Probable Cause of Component Malfunction (check all that apply):

☐ Unknown ☐ Damaged/Compromised ☐ Deterioration ☐ Hydraulic Overload ☐ Organic Overload ☐
Improper Maintenance ☐ Root Infiltration

Describe temporary corrective recommended action(s) and purpose of action(s): _____

Describe Permanent recommended action(s) and purpose of action(s): _____

Form Completed By:

Name: _____ Signature: _____

Date: _____

Professional License Type and Number: _____

Recommended Action: ☐ Voluntary Upgrade

If Voluntary Upgrade,

Describe recommended action(s) and the 'improvement' associated with the voluntary upgrade:

Owner must provide signature to following statement:

As the owner, I have not observed any sewage on the ground or experienced a backup of sewage into my home.

Name: _____ Signature: _____

Date: _____

Form Completed By:

Name: _____ Signature: _____

Date: _____

Professional License Type and Number: _____