

Malfunction Assessment

VDH Use Only

HDIN: _____

| | |
|---|--|
| Application Information | |
| Name: _____ | Address: _____ |
| Phone: _____ | _____ |
| Location Information | |
| Tax Map/GPIN #: _____ | Property Address: _____ |
| Subdivision: _____ | Section: _____ Block: _____ Lot: _____ |
| Directions: _____ | |
| General Information | |
| Property Type (e.g. residential): _____ | Number of Bedrooms: _____ |
| Daily Flow: _____ gpd | Conditions: _____ |
| Number of Occupants: _____ | Date System Installed: _____ |
| 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 (AOSS only): _____ |
| System Type: <input type="checkbox"/> Conventional <input type="checkbox"/> Alternative | If Alternative, Treatment Type: _____ |
| Dispersal Method: <input type="checkbox"/> Gravity <input type="checkbox"/> Pump to Gravity <input type="checkbox"/> Pressure Dispersal | |
| Dispersal Media: <input type="checkbox"/> Gravel <input type="checkbox"/> Gravelless Material <input type="checkbox"/> Tire Chips <input type="checkbox"/> Sand | |
| Gravelless Type: _____ Notes: _____ | |
| Malfunction Information | |
| Type of Failure: <input type="checkbox"/> Backup into home <input type="checkbox"/> Effluent on the ground surface | |
| Malfunctioning Component(s) (check all that apply): <input type="checkbox"/> Sewer Line <input type="checkbox"/> Septic Tank <input type="checkbox"/> Septic Tees | |
| <input type="checkbox"/> Treatment Unit <input type="checkbox"/> Pump Chamber <input type="checkbox"/> Pump <input type="checkbox"/> Conveyance Line | |
| <input type="checkbox"/> Distribution/Headworks Box <input type="checkbox"/> Header Trench <input type="checkbox"/> Dispersal Pipe <input type="checkbox"/> Dispersal Media | |
| Probable Cause of Component Malfunction (check all that apply): <input type="checkbox"/> Unknown <input type="checkbox"/> Damaged/Compromised | |
| <input type="checkbox"/> Deterioration <input type="checkbox"/> Hydraulic Overload <input type="checkbox"/> Organic Overload <input type="checkbox"/> Improper Maintenance <input type="checkbox"/> Root Infiltration | |
| Temporary Corrective Actions | |
| Describe temporary corrective actions currently in place: _____ | |
| _____ | |
| _____ | |
| Describe additional recommended temporary corrective actions: _____ | |
| _____ | |
| _____ | |