

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: Yes No Water Softener: Yes No Jacuzzi/Hot Tub: Yes No

Date of Last Septic Tank Pump Out: _____ Date of Last Operator Visit (AOSS only): _____

System Type: Conventional Alternative If Alternative, Treatment Type: _____Dispersal Method: Gravity Pump to Gravity Pressure DispersalDispersal Media: Gravel Gravelless Material Tire Chips Sand

Gravelless Type: _____ Notes: _____

Malfunction InformationType of Failure: Backup into home Effluent on the ground surfaceMalfunctioning Component(s) (check all that apply): Sewer Line Septic Tank Septic Tees Treatment Unit Pump Chamber Pump Conveyance Line Distribution/Headworks Box Header Trench Dispersal Pipe Dispersal MediaProbable Cause of Component Malfunction (check all that apply): Unknown Damaged/Compromised Deterioration Hydraulic Overload Organic Overload Improper Maintenance Root Infiltration**Temporary Corrective Actions**

Describe temporary corrective actions currently in place: _____

Describe additional recommended temporary corrective actions: _____
