

**Malfunction Assessment**

<b>VDH Use Only</b>
HDIN: _____

<b>Application Information</b>	
Name: _____	Address: _____
Phone: _____	_____
<b>Location Information</b>	
Tax Map/GPIN #: _____	Property Address: _____
Subdivision: _____	Section: _____ Block: _____ Lot: _____
Directions: _____	
<b>General Information</b>	
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: _____
<b>Malfunction Information</b>	
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	
<b>Temporary Corrective Actions</b>	
Describe temporary corrective actions currently in place: _____	
_____	
_____	
Describe additional recommended temporary corrective actions: _____	
_____	
_____	