PLAINFIELD TOWNSHIP

NORTHAMPTON COUNTY, PENNSYLVANIA

ACT 537 SEWAGE FACILITIES PLAN

Prepared by:

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Project No.: 4652.001

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DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

INSTRUCTIONS FOR COMPLETING ACT 537 PLAN CONTENT AND ENVIRONMENTAL ASSESSMENT CHECKLIST

Remove and recycle these instructions prior to submission.

CHECKLIST INSTRUCTIONS

These instructions are designed to assist the applicant in completing the *Act 537 Plan Content and Environmental Assessment Checklist*.

This checklist is composed of three parts: one for "General Information," one for "Administrative Completeness," and one for "General Plan Content". A plan must be ***administratively complete*** in order to be formally reviewed by the Department of Environmental Protection (DEP). The "General Plan Content" portion of the checklist identifies each of the issues that must be addressed in your Act 537 Plan Update based on the pre-planning meeting between you and/or your consultant and DEP.

Use the right-hand column blanks in the checklist to identify the page in the plan on which each planning issue is found or to reference a previously approved update or special study (title and page number).

If you determine a planning issue is not applicable even though it was previously thought to be needed, please explain your decision within the text of the plan (or as a footnote) and indicate the page number where this documentation is found.

When information required as part of an official plan update revision has been developed separately or in a previous update revision, incorporate the information by reference to the planning document and page.

For specific details covering the Act 537 planning requirements, refer to 25 *Pa. Code* Chapters 71 and 73 of DEP's regulations.

Wastewater projects proposing funding through the following sources must prepare an "Environmental Report" as described in the Uniform Environmental Review (UER) process and include it with the plan submission designated as "Plan-Appendix A". The following funding programs use the UER process.

- The Clean Water State Revolving Loan Fund (PENNVEST, DEP, EPA)
- The RUS Water and Waste Disposal Grant and Loan Program (USDA-RD)
- The Community Development Block Grant Program (DCED, HUG)
- Other Federal Funding Efforts (EPA)

The checklist items or portions of checklist items required in the Act 537 Plan Update revision and that are also included in the UER process are indicated by shading. Most of the "Environmental Report" document may be constructed from the Act 537 Official Plan Update revision by using "copy & paste" techniques. The technical guidance document *Guidelines for the Uniform Environmental Review Process in Pennsylvania* (381-5511-111) is available electronically in DEP's eLibrary online at www.dep.pa.gov.

After Municipal Adoption by Resolution, submit 3 copies of the plan, any attachments or addenda and this checklist to DEP.

A copy of this completed checklist must be included with your Act 537 plan. DEP will use the "DEP USE ONLY" column during the completeness evaluation of the plan. This column may also be used by DEP during the pre-planning meeting with the municipality to identify planning elements that are not required to be included in the plan.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

ACT 537 PLAN CONTENT AND ENVIRONMENTAL ASSESSMENT CHECKLIST

PART 1 GENERAL INFORMATION

A. Project Information

1. Project Name Plainfield Township Act 537 Sewage Facilities Plan

2. Brief Project Description Development of an updated Act 537 Sewage Facilities Plan to address the short term and long term wastewater management needs of the Plainfield Township, Northampton County

B. Client (Municipality) Information

Municipality Name	County	City	Boro	Twp
Plainfield Township	Northampton	☐	☐	☒

Municipality Contact Individual - Last Name	First Name	MI	Suffix	Title

Additional Individual Last Name	First Name	MI	Suffix	Title
Petrucci	Thomas	R		Township Manager

Municipality Mailing Address Line 1	Mailing Address Line 2
6292 Sullivan Trail	

Address Last Line -- City	State	ZIP+4
Nazareth	PA	18064

Phone + Ext.	FAX (optional)	Email (optional)
(610)-759-6944 ext 102		

C. Site Information

Site (or Project) Name	
Plainfield Township	(Municipal Name) Act 537 Plan

Site Location Line 1	Site Location Line 2
Plainfield Township	

D. Project Consultant Information

Last Name	First Name	MI	Suffix
Peters	Mary	B	

Title	Consulting Firm Name
Project Manager	Entech Engineering Inc.

Mailing Address Line 1	Mailing Address Line 2
239 South Mountain Blvd.	

Address Last Line – City	State	ZIP+4	Country
Mountaintop	PA	18707	US

Email	Phone + Ext.	FAX
mpeters@entecheng.com	570-868-0275	570-868-0127

PART 2 ADMINISTRATIVE COMPLETENESS CHECKLIST

DEP Use Only	Indicate Page #(s) in Plan	In addition to the main body of the plan, the plan must include items one through eight listed below to be accepted for formal review by DEP. Incomplete plans may be ***denied*** unless the municipality is clearly requesting an advisory review.
_____	TOC	1. **Table of Contents**
		2. **Plan Summary**
_____	Plan Summary-1	A. Identify the proposed service areas and major problems evaluated in the plan. (Reference - 25 *Pa. Code* §71.21(a)(7)(i)).
_____	Plan Summary-2	B. Identify the alternative(s) chosen to solve the problems and serve the areas of need identified in the plan. Also, include any institutional arrangements necessary to implement the chosen alternative(s). (Reference - 25 *Pa. Code* §71.21(a)(7)(ii)).
_____	Plan Summary-2	C. Present the estimated cost of implementing the proposed alternative (including the user fees) and the proposed funding method to be used. (Reference - 25 *Pa. Code* §71.21(a)(7)(ii)).
_____	Plan Summary-2	D. Identify the municipal commitments necessary to implement the Plan. (Reference - 25 *Pa. Code* §71.21(a)(7)(iii)).
_____	Plan Summary-3	E. Provide a schedule of implementation for the project that identifies the ***major*** milestones with dates necessary to accomplish the project to the point of operational status. (Reference - 25 *Pa. Code* §71.21(a)(7)(iv)).
_____	_____	3. **Municipal Adoption:** ***Original***, signed and sealed Resolution of Adoption by the municipality which contains, at a minimum, alternatives chosen and a commitment to implement the Plan in accordance with the implementation schedule. (Reference - 25 *Pa. Code* §71.31(f)) Section V.F. of the Planning Guide.
_____	_____	4. **Planning Commission / County Health Department Comments**: Evidence that the municipality has requested, reviewed and considered comments by appropriate official planning agencies of the municipality, planning agencies of the county, planning agencies with area wide jurisdiction (where applicable), and any existing county or joint county departments of health. (Reference - 25 *Pa. Code* §71.31(b)) Section V.E.1 of the Planning Guide.
_____	_____	5. **Publication:** Proof of Public Notice which documents the proposed plan adoption, plan summary, and the establishment and conduct of a 30-day comment period. (Reference - 25 *Pa. Code* §71.31(c)) Section V.E.2 of the Planning Guide.
_____	Comments and Responses-1	6. **Comments and Responses:** Copies of ***all*** written comments received and municipal response to ***each*** comment in relation to the proposed plan. (Reference - 25 *Pa. Code* §71.31(c)) Section V.E.2 of the Planning Guide.
_____	Implementation Schedule-1	7. **Implementation Schedule:** A complete project implementation schedule with milestone dates specific for each existing and future area of need. Other activities in the project implementation schedule should be indicated as occurring a finite number of days from a major milestone. (Reference - 25 *Pa. Code* §71.31(d)) Section V.F. of the Planning Guide. Include dates for the future initiation of feasibility evaluations in the project's implementation schedule for areas proposing completion of sewage facilities for planning periods in excess of five years. (Reference - 25 *Pa. Code* §71.21(c)).
_____	Consistency Documentation-1	8. **Consistency Documentation:** Documentation indicating that the appropriate agencies have received, reviewed and concurred with the method proposed to resolve identified inconsistencies within the proposed alternative and consistency requirements in 25 *Pa. Code §*71.21.(a)(5)(i-iii). (Reference - 25 *Pa. Code* §71.31(e)). Appendix B of the Planning Guide.

PART 3 GENERAL PLAN CONTENT CHECKLIST

DEP Use Only	Indicate Page #(s) in Plan		Item Required
_____	I-1	**I.**	**Previous Wastewater Planning**
			A. Identify, describe and briefly analyze all past wastewater planning for its impact on the current planning effort:
_____	I-1		1. Previously undertaken under the Pennsylvania Sewage Facilities Act (Act). (Reference - Act 537, 35 P.S. §750.5(d)(1)).
_____	I-1		2. Has not been carried out according to an approved implementation schedule contained in the plans. (Reference - 25 *Pa. Code* §71.21(a)(5)(i)(A-D)). Section V.F of the Planning Guide.
_____	I-1		3. Is anticipated or planned by applicable sewer authorities or approved under a Chapter 94 Corrective Action Plan. (Reference - 25 *Pa. Code* §71.21(a)(5)(i)(A&B)). Section V.D. of the Planning Guide.
_____	I-1		4. Through planning modules for new land development, planning "exemptions" and addenda. (Reference - 25 *Pa. Code* §71.21(a)(5)(i)(A)).
_____	II-1	**II.**	**Physical and Demographic Analysis utilizing written description and mapping** (All items listed below require maps, and all maps should show all current lots and structures and be of appropriate scale to clearly show significant information).
_____	II-1		A. Identification of planning area(s), municipal boundaries, Sewer Authority/Management Agency service area boundaries. (Reference – 25 *Pa. Code* §71.21(a)(1)(i)).
_____	II-1		B. Identification of physical characteristics (streams, lakes, impoundments, natural conveyance, channels, drainage basins in the planning area). (Reference - 25 *Pa. Code* §71.21(a)(1)(ii)).
_____	II-1		C. Soils - Analysis with description by soil type and soils mapping for areas not presently served by sanitary sewer service. Show areas suitable for in-ground onlot systems, elevated sand mounds, individual residential spray irrigation systems (IRSIS), and areas unsuitable for soil dependent systems. (Reference - 25 *Pa. Code* §71.21(a)(1)(iii)). Show Prime Agricultural Soils and any locally protected agricultural soils. (Reference - 25 *Pa. Code* §71.21(a)(1)(iii)).
_____	II-2		D. Geologic Features - (1) Identification through analysis, (2) mapping and (3) their relation to existing or potential nitrate-nitrogen pollution and drinking water sources. Include areas where existing nitrate-nitrogen levels are in excess of 5 mg/L. (Reference - 25 *Pa. Code* §71.21(a)(1)(iii)).
_____	II-2		E. Topography - Depict areas with slopes that are suitable for conventional systems; slopes that are suitable for elevated sand mounds and slopes that are unsuitable for onlot systems. (Reference - 25 *Pa. Code* §71.21(a)(1)(ii)).
_____	II-2		F. Potable Water Supplies - Identification through mapping, description and analysis. Include public water supply service areas and available public water supply capacity and aquifer yield for groundwater supplies. (Reference - 25 *Pa. Code* §71.21(a)(1)(vi)). Section V.C. of the Planning Guide.
_____	II-2		G. Wetlands-Identify wetlands as defined in 25 *Pa. Code* Chapter 105 by description, analysis and mapping. Include National Wetland Inventory mapping and potential wetland areas per the United States Department of Agricultural (USDA) Natural Resources Conservation Service (NRCS) mapped hydric soils. Proposed collection, conveyance and treatment facilities and lines must be located and labeled, along with the identified wetlands, on the map. (Reference - 25 *Pa. Code* §71.21(a)(1)(v)). Appendix B, Section II.I of the Planning Guide.

_____ III-1 **III. Existing Sewage Facilities in the Planning Area - Identifying the Existing Needs**

A. Identify, map and describe municipal and non-municipal, individual and community sewerage systems in the planning area including:

_____ III-1 1. Location, size and ownership of treatment facilities, main intercepting lines, pumping stations and force mains including their size, capacity, point of discharge. Also include the name of the receiving stream, drainage basin, and the facility's effluent discharge requirements. (Reference - 25 *Pa. Code* §71.21(a)(2)(i)(A)).

_____ III-5 2. A narrative and schematic diagram of the facility's basic treatment processes including the facility's National Pollutant Discharge Elimination System (NPDES) permitted capacity, and the Clean Streams Law permit number. (Reference - 25 *Pa. Code* §71.21(a)(2)(i)(A)).

_____ III-5 3. A description of problems with existing facilities (collection, conveyance and/or treatment), including existing or projected overload under 25 *Pa. Code* Chapter 94 (relating to municipal wasteload management) or violations of the NPDES permit, Clean Streams Law permit, or other permit, rule or regulation of DEP. (Reference - 25 *Pa. Code* §71.21(a)(2)(i)(B)).

_____ III-5 4. Details of scheduled or in-progress upgrading or expansion of treatment facilities and the anticipated completion date of the improvements. Discuss any remaining reserve capacity and the policy concerning the allocation of reserve capacity. Also discuss the compatibility of the rate of growth to existing and proposed wastewater treatment facilities. (Reference - 25 *Pa. Code* §71.21(a)(4)(i & ii)).

_____ III-6 5. A detailed description of the municipality's operation and maintenance (O & M) requirements for small flow treatment facility systems, including the status of past and present compliance with these requirements and any other requirements relating to sewage management programs (SMPs). (Reference – 25 *Pa. Code* §71.21(a)(2)(i)(C)).

_____ III-6 6. Disposal areas, if other than stream discharge, and any applicable groundwater limitations. (Reference - 25 *Pa. Code* §71.21(a)(4)(i & ii)).

_____ III-6 B. Using DEP's publication titled *Act 537 Sewage Disposal Needs Identification* (3800-BK-DEP1949), identify, map and describe areas that utilize individual and community onlot sewage disposal and, unpermitted collection and disposal systems ("wildcat" sewers, borehole disposal, etc.) and retaining tank systems in the planning area including:

_____ III-7 1. The types of onlot systems in use. (Reference - 25 *Pa. Code* §71.21(a)(2)(ii)(A)).

_____ III-7 2. A sanitary survey complete with description, map and tabulation of documented and potential public health, pollution, and operational problems (including malfunctioning systems) with the systems, including violations of local ordinances, the Act, the Clean Stream Law or regulations promulgated thereunder. (Reference - 25 *Pa. Code* §71.21(a)(2)(ii)(B)).

_____ III-9 3. A comparison of the types of onlot sewage systems installed in an area with the types of systems which are appropriate for the area according to soil, geologic conditions, topographic limitations sewage flows, and 25 *Pa. Code* Chapter 73 (relating to standards for sewage disposal facilities). (Reference - 25 *Pa. Code* §71.21(a)(2)(ii)(C)).

_____ III-9 4. An individual water supply survey to identify possible contamination by malfunctioning onlot sewage disposal systems consistent with DEP's *Act 537 Sewage Disposal Needs Identification* publication. (Reference – 25 *Pa. Code* §71.21(a)(2)(ii)(B)).

_____ III-10 5. Detailed description of O & M requirements of the municipality for individual and small volume community onlot systems, including the status of past and present compliance with these requirements and any other requirements relating to SMPs. (Reference - 25 *Pa. Code* §71.21(a)(2)(i)(C)).

_____ III-10 C. Identify wastewater sludge and septage generation, transport and disposal methods. Include this information in the sewage facilities alternative analysis including:

_____ III-10 1. Location of sources of wastewater sludge or septage (Septic tanks, holding tanks, wastewater treatment facilities). (Reference – 25 *Pa. Code* §71.71).

_____ III-10 2. Quantities of the types of sludges or septage generated. (Reference - 25 *Pa. Code* §71.71).

_____ III-10 3. Present disposal methods, locations, capacities and transportation methods. (Reference - 25 *Pa. Code* §71.71).

_____ IV-1 **IV. Future Growth and Land Development**

A. Identify and briefly summarize all municipal and county planning documents adopted pursuant to the Pennsylvania Municipalities Planning Code (Act 247) including:

_____ IV-1 1. All land use plans and zoning maps that identify residential, commercial, industrial, agricultural, recreational and open space areas. (Reference - 25 *Pa. Code* §71.21(a)(3)(iv)).

_____ IV-1 2. Zoning or subdivision regulations that establish lot sizes predicated on sewage disposal methods. (Reference – 25 *Pa. Code* §71.21(a)(3)(iv)).

_____ IV-1 3. All limitations and plans related to floodplain and stormwater management and special protection (25 *Pa. Code* Chapter 93) areas. (Reference - 25 *Pa. Code* §71.21(a)(3)(iv)) Appendix B, Section II.F of the Planning Guide.

_____ IV-2 B. Delineate and describe the following through map, text and analysis.

_____ IV-2 1. Areas with existing development or plotted subdivisions. Include the name, location, description, total number of equivalent dwelling units (EDUs) in development, total number of EDUs currently developed and total number of EDUs remaining to be developed (include time schedule for EDUs remaining to be developed). (Reference - 25 *Pa. Code* §71.21(a)(3)(i)).

_____ IV-2 2. Land use designations established under the Pennsylvania Municipalities Planning Code (35 P.S. 10101-11202), including residential, commercial and industrial areas. (Reference - 25 *Pa. Code* §71.21(a)(3)(ii)). Include a comparison of proposed land use as allowed by zoning and existing sewage facility planning. (Reference - 25 *Pa. Code* §71.21(a)(3)(iv)).

_____ IV-3 3. Future growth areas with population and EDU projections for these areas using historical, current and future population figures and projections of the municipality. Discuss and evaluate discrepancies between local, county, state and federal projections as they relate to sewage facilities. (Reference - 25 *Pa. Code* §71.21(a)(1)(iv) and (a)(3)(iii)).

_____ IV-4 4. Zoning, and/or subdivision regulations; local, county or regional comprehensive plans; and existing plans of any other agency relating to the development, use and protection of land and water resources with special attention to: (Reference - 25 *Pa. Code* §71.21(a)(3)(iv)).

--public ground/surface water supplies
--recreational water use areas
--groundwater recharge areas
--industrial water use
--wetlands

IV-4 5. Sewage planning necessary to provide adequate wastewater treatment for 5 and 10-year future planning periods based on projected growth of existing and proposed wastewater collection and treatment facilities. (Reference - 25 *Pa. Code* §71.21(a)(3)(v)).

V-1 **V. Identify Alternatives to Provide New or Improved Wastewater Disposal Facilities**

A. Conventional collection, conveyance, treatment and discharge alternatives including:

V-1 1. The potential for regional wastewater treatment. (Reference - 25 *Pa. Code* §71.21(a)(4)).

V-2 2. The potential for extension of existing municipal or non-municipal sewage facilities to areas in need of new or improved sewage facilities. (Reference - 25 *Pa. Code* §71.21(a)(4)(i)).

V-2 3. The potential for the continued use of existing municipal or non-municipal sewage facilities through one or more of the following: (Reference - 25 *Pa. Code* §71.21(a)(4)(ii)).

V-2 a. Repair. (Reference - 25 *Pa. Code* §71.21(a)(4)(ii)(A)).

V-2 b. Upgrading. (Reference - 25 *Pa. Code* §71.21(a)(4)(ii)(B)).

V-2 c. Reduction of hydraulic or organic loading to existing facilities. (Reference - 25 *Pa. Code* §71.71).

V-2 d. Improved O & M. (Reference - 25 *Pa. Code* §71.21(a)(4)(ii)(C)).

V-2 e. Other applicable actions that will resolve or abate the identified problems. (Reference - 25 *Pa. Code* §71.21(a)(4)(ii)(D)).

V-2 4. Repair or replacement of existing collection and conveyance system components. (Reference - 25 *Pa. Code* §71.21(a)(4)(ii)(A)).

V-2 5. The need for construction of new community sewage systems including sewer systems and/or treatment facilities. (Reference - 25 *Pa. Code* §71.21(a)(4)(iii)).

V-3 6. Use of innovative/alternative methods of collection/conveyance to serve needs areas using existing wastewater treatment facilities. (Reference - 25 *Pa. Code* §71.21(a)(4)(ii)(B)).

V-3 B. The use of individual sewage disposal systems including IRSIS systems based on:

V-3 1. Soil and slope suitability. (Reference - 25 *Pa. Code* §71.21(a)(2)(ii)(C)).

V-3 2. Preliminary hydrogeologic evaluation. (Reference - 25 *Pa. Code* §71.21(a)(2)(ii)(C)).

V-3 3. The establishment of a SMP. (Reference - 25 *Pa. Code* §71.21(a)(4)(iv)). See also Part "F" below.

V-3 4. The repair, replacement or upgrading of existing malfunctioning systems in areas suitable for onlot disposal considering: (Reference - 25 *Pa. Code* §71.21(a)(4)).

V-3 a. Existing technology and sizing requirements of 25 *Pa. Code* Chapter 73. (Reference - 25 *Pa. Code* §73.31-§73.72).

V-3 b. Use of expanded absorption areas or alternating absorption areas. (Reference - 25 *Pa. Code* §73.16).

V-4 c. Use of water conservation devices. (Reference - 25 *Pa. Code* §71.73(b)(2)(iii)).

_____	V-4	C. The use of small flow sewage treatment facilities or package treatment facilities to serve individual homes or clusters of homes with consideration of: (Reference - 25 *Pa. Code* §71.64(d)).
_____	V-4	1. Treatment and discharge requirements. (Reference - 25 *Pa. Code* §71.64(d)).
_____	V-4	2. Soil suitability. (Reference - 25 *Pa. Code* §71.64(c)(1)).
_____	V-4	3. Preliminary hydrogeologic evaluation. (Reference - 25 *Pa. Code* §71.64(c)(2)).
_____	V-4	4. Municipal, Local Agency or other controls over O & M requirements through a SMP. (Reference - 25 *Pa. Code* §71.64(d)). See Part "F" below.
_____	V-4	D. The use of community land disposal alternatives including:
_____	V-4	1. Soil and site suitability. (Reference - 25 *Pa. Code* §71.21(a)(2)(ii)(C)).
_____	V-4	2. Preliminary hydrogeologic evaluation. (Reference - 25 *Pa. Code* §71.21(a)(2)(ii)(C)).
_____	V-4	3. Municipality, Local Agency or other controls over O & M requirements through a SMP. (Reference - 25 *Pa. Code* §71.21(a)(2)(ii)(C)). See Part "F" below.
_____	V-4	4. The rehabilitation or replacement of existing malfunctioning community land disposal systems. (See Part "V", B, 4, a, b, c above). See also Part "F" below.
_____	V-5	E. The use of retaining tank alternatives on a temporary or permanent basis including: (Reference - 25 *Pa. Code* §71.21(a)(4)).
_____	V-5	1. Commercial, residential and industrial use. (Reference - 25 *Pa. Code* §71.63(e)).
_____	V-5	2 Designated conveyance facilities (pumper trucks). (Reference - 25 *Pa. Code* §71.63(b)(2)).
_____	V-5	3. Designated treatment facilities or disposal site. (Reference - 25 *Pa. Code* §71.63(b)(2)).
_____	V-5	4. Implementation of a retaining tank ordinance by the municipality. (Reference - 25 *Pa. Code* §71.63(c)(3)). See Part "F" below.
_____	V-5	5. Financial guarantees when retaining tanks are used as an interim sewage disposal measure. (Reference - 25 *Pa. Code* §71.63(c)(2)).
_____	V-5	F. SMPs to assure the future O & M of existing and proposed sewage facilities through:
_____	V-5	1. Municipal ownership or control over the O & M of individual onlot sewage disposal systems, small flow treatment facilities, or other traditionally non-municipal treatment facilities. (Reference - 25 *Pa. Code* §71.21(a)(4)(iv)).
_____	V-6	2. Required inspection of sewage disposal systems on a schedule established by the municipality. (Reference - 25 *Pa. Code* §71.73(b)(1)).
_____	V-6	3. Required maintenance of sewage disposal systems including septic and aerobic treatment tanks and other system components on a schedule established by the municipality. (Reference - 25 *Pa. Code* §71.73(b)(2)).
_____	V-6	4. Repair, replacement or upgrading of malfunctioning onlot sewage systems. (Reference - 25 *Pa. Code* §71.21(a)(4)(iv) and §71.73(b)(5)) through:
_____	V-6	a. Aggressive pro-active enforcement of ordinances that require O & M and prohibit malfunctioning systems. (Reference - 25 *Pa. Code* §71.73(b)(5)).
_____	V-6	b. Public education programs to encourage proper O & M and repair of sewage disposal systems.
_____	V-6	5. Establishment of joint municipal SMPs. (Reference - 25 *Pa. Code*

§71.73(b)(8)).

_____ V-6 6. Requirements for bonding, escrow accounts, management agencies or associations to assure O & M for non-municipal facilities. (Reference - 25 *Pa. Code* §71.71).

_____ V-6 G. Non-structural comprehensive planning alternatives that can be undertaken to assist in meeting existing and future sewage disposal needs including: (Reference - 25 *Pa. Code* §71.21(a)(4)).

1. Modification of existing comprehensive plans involving:

_____ V-6 a. Land use designations. (Reference - 25 *Pa. Code* §71.21(a)(4)).

_____ V-6 b. Densities. (Reference - 25 *Pa. Code* §71.21(a)(4)).

_____ V-6 c. Municipal ordinances and regulations. (Reference - 25 *Pa. Code* §71.21(a)(4)).

_____ V-6 d. Improved enforcement. (Reference - 25 *Pa. Code* §71.21(a)(4)).

_____ V-6 e. Protection of drinking water sources. (Reference - 25 *Pa. Code* §71.21(a)(4)).

_____ V-7 2. Consideration of a local comprehensive plan to assist in producing sound economic and consistent land development. (Reference - 25 *Pa. Code* §71.21(a)(4)).

_____ V-7 3. Alternatives for creating or changing municipal subdivision regulations to assure long-term use of on-site sewage disposal that consider lot sizes and protection of replacement areas. (Reference - 25 *Pa. Code* §71.21(a)(4)).

_____ V-7 4. Evaluation of existing local agency programs and the need for technical or administrative training. (Reference - 25 *Pa. Code* §71.21(a)(4)).

_____ V-7 H. A no-action alternative which includes discussion of both short-term and long-term impacts on: (Reference - 25 *Pa. Code* §71.21(a)(4)).

_____ V-7 1. Water quality/public health. (Reference - 25 *Pa. Code* §71.21(a)(4)).

_____ V-7 2. Growth potential (residential, commercial, industrial). (Reference - 25 *Pa. Code* §71.21(a)(4)).

_____ V-7 3. Community economic conditions. (Reference - 25 *Pa. Code* §71.21(a)(4)).

_____ V-8 4. Recreational opportunities. (Reference - 25 *Pa. Code* §71.21(a)(4)).

_____ V-8 5. Drinking water sources. (Reference - 25 *Pa. Code* §71.21(a)(4)).

_____ V-8 6. Other environmental concerns. (Reference - 25 *Pa. Code* §71.21(a)(4)).

VI. Evaluation of Alternatives

_____ VI-1 A. Technically feasible alternatives identified in Section V of this checklist must be evaluated for consistency with respect to the following: (Reference - 25 *Pa. Code* §71.21(a)(5)(i)).

_____ VI-1 1. Applicable plans developed and approved under **Sections 4 and 5 of the Clean Streams Law or Section 208 of the Clean Water Act** (33 U.S.C.A. 1288). (Reference - 25 *Pa. Code* §71.21(a)(5)(i)(A)). Appendix B, Section II.A of the Planning Guide.

_____ VI-1 2. Municipal wasteload management **Corrective Action Plans or Annual Reports** developed under 25 *Pa. Code* Chapter 94. (Reference - 25 *Pa. Code* §71.21(a)(5)(i)(B)). The municipality's recent Wasteload Management (25 *Pa. Code* Chapter 94) Reports should be examined to determine if the proposed alternative is consistent with the recommendations and findings of the report. Appendix B, Section II.B of the Planning Guide.

_____ VI-1 3. Plans developed under **Title II of the Clean Water Act** (33 U.S.C.A.

1281-1299) or **Titles II and VI of the Water Quality Act of 1987** (33 U.S.C.A 1251-1376). (Reference - 25 *Pa. Code* §71.21(a)(5)(i)(C)). Appendix B, Section II.E of the Planning Guide.

_____ VI-1 4. **Comprehensive plans** developed under the Pennsylvania Municipalities Planning Code. (Reference - 25 *Pa. Code* §71.21(a)(5)(i)(D)). The municipality's comprehensive plan must be examined to assure that the proposed wastewater disposal alternative is consistent with land use and all other requirements stated in the comprehensive plan. Appendix B, Section II.D of the Planning Guide.

_____ VI-2 5. **Antidegradation requirements** as contained in 25 *Pa. Code* Chapters 93, 95 and 102 (relating to water quality standards, wastewater treatment requirements and erosion control) and the Clean Water Act. (Reference - 25 *Pa. Code* §71.21(a)(5)(i)(E). Appendix B, Section II.F of the Planning Guide.

_____ VI-2 6. **State Water Plans** developed under the Water Resources Planning Act (42 U.S.C.A. 1962-1962 d-18). (Reference - 25 *Pa. Code* §71.21(a)(5)(i)(F)). Appendix B, Section II.C of the Planning Guide.

_____ VI-2 7. **Pennsylvania Prime Agricultural Land Policy** contained in Title 4 of the Pennsylvania Code, Chapter 7, Subchapter W. Provide narrative on local municipal policy and an overlay map on prime agricultural soils. (Reference - 25 *Pa. Code* §71.21(a)(5)(i)(G)). Appendix B, Section II.G of the Planning Guide.

_____ VI-2 8. **County Stormwater Management Plans** approved by DEP under the Storm Water Management Act (32 P.S. 680.1-680.17). (Reference - 25 *Pa. Code* §71.21(a)(5)(i)(H)). Conflicts created by the implementation of the proposed wastewater alternative and the existing recommendations for the management of stormwater in the county Stormwater Management Plan must be evaluated and mitigated. If no plan exists, no conflict exists. Appendix B, Section II.H of the Planning Guide.

_____ VI-2 9. **Wetland Protection.** Using wetland mapping developed under Checklist Section II.G, identify and discuss mitigative measures including the need to obtain permits for any encroachments on wetlands from the construction or operation of any proposed wastewater facilities. (Reference - 25 *Pa. Code* §71.21(a)(5)(i)(I)) Appendix B, Section II.I of the Planning Guide.

_____ VI-3 10. **Protection of rare, endangered or threatened plant and animal species** as identified by the Pennsylvania Natural Diversity Inventory (PNDI). (Reference - 25 *Pa. Code* §71.21(a)(5)(i)(J)). Provide DEP with a copy of the completed *PNDI Manual Project Submission Form*. Also provide a copy of the response letters from the 4 jurisdictional agencies regarding the findings of the PNDI search. Appendix B, Section II.J of the Planning Guide.

_____ VI-3 11. **Historical and archaeological resource protection** under P.C.S. Title 37, Section 507 relating to cooperation by public officials with the Pennsylvania Historical and Museum Commission (PHMC). (Reference - 25 *Pa. Code* §71.21(a)(5)(i)(K)). Provide DEP with a completed copy of a *Cultural Resource Notice* and a return receipt for its submission to PHMC. Provide a copy of the response letter or review stamp from the Bureau of Historic Preservation (BHP) indicating the project will have no effect on, or that there may be potential impacts on, known archaeological and historical sites and any avoidance and mitigation measures required. Appendix B, Section II.K of the Planning Guide.

_____	VI-3	B. Provide for the resolution of any inconsistencies in any of the points identified in Section VI.A. of this checklist by submitting a letter from the appropriate agency stating that the agency has received, reviewed and concurred with the resolution of identified inconsistencies. (Reference - 25 *Pa. Code* §71.21(a)(5)(ii)). Appendix B of the Planning Guide.
_____	VI-3	C. Evaluate alternatives identified in Section V of this checklist with respect to applicable water quality standards, effluent limitations or other technical, legislative or legal requirements. (Reference - 25 *Pa. Code* §71.21(a)(5)(iii)).
_____	VI-3	D. Provide cost estimates using present worth analysis for construction, financing, ongoing administration, O & M and user fees for alternatives identified in Section V of this checklist. Estimates shall be limited to areas identified in the plan as needing improved sewage facilities within 5 years from the date of plan submission. (Reference - 25 *Pa. Code* §71.21(a)(5)(iv)).
_____	VI-4	E. Provide an analysis of the funding methods available to finance the proposed alternatives evaluated in Section V of this checklist. Also provide documentation to demonstrate which alternative and financing scheme combination is the most cost-effective; and a contingency financial plan to be used if the preferred method of financing cannot be implemented. The funding analysis shall be limited to areas identified in the plan as needing improved sewage facilities within 5 years from the date of the plan submission. (Reference - 25 *Pa. Code* §71.21(a)(5)(v)).
_____	VI-4	F. Analyze the need for immediate or phased implementation of each alternative proposed in Section V of this checklist including: (Reference - 25 *Pa. Code* §71.21(a)(5)(vi)).
_____	VI-4	1. A description of any activities necessary to abate critical public health hazards pending completion of sewage facilities or implementation of SMPs. (Reference - 25 *Pa. Code* §71.21(a)(5)(vi)(A)).
_____	VI-4	2. A description of the advantages, if any, in phasing construction of the facilities or implementation of a SMP justifying time schedules for each phase. (Reference - 25 *Pa. Code* §71.21(a)(5)(vi)(B)).
_____	VI-4	G. Evaluate administrative organizations and legal authority necessary for plan implementation. (Reference - 25 *Pa. Code* §71.21(a)(5)(vi)(D)).
_____	VII-1	**VII. Institutional Evaluation**
		A. Provide an analysis of all existing wastewater treatment authorities, their past actions and present performance including:
_____	VII-1	1. Financial and debt status. (Reference - 25 *Pa. Code* §71.61(d)(2)).
_____	VII-1	2. Available staff and administrative resources. (Reference - 25 *Pa. Code* §71.61(d)(2))
_____	VII-1	3. Existing legal authority to:
_____	VII-1	a. Implement wastewater planning recommendations. (Reference - 25 *Pa. Code* §71.61(d)(2)).
_____	VII-1	b. Implement system-wide O & M activities. (Reference - 25 *Pa. Code* §71.61(d)(2)).
_____	VII-1	c. Set user fees and take purchasing actions. (Reference - 25 *Pa. Code* §71.61(d)(2)).
_____	VII-1	d. Take enforcement actions against ordinance violators. (Reference - 25 *Pa. Code* §71.61(d)(2)).
_____	VII-1	e. Negotiate agreements with other parties. (Reference - 25 *Pa. Code* §71.61(d)(2)).

VII-1 f. Raise capital for construction and O & M of facilities. (Reference - 25 *Pa. Code* §71.61(d)(2)).

VII-1 B. Provide an analysis and description of the various institutional alternatives necessary to implement the proposed technical alternatives including:

VII-1 1. Need for new municipal departments or municipal authorities. (Reference - 25 *Pa. Code* §71.61(d)(2)).

VII-1 2. Functions of existing and proposed organizations (sewer authorities, onlot maintenance agencies, etc.). (Reference - 25 *Pa. Code* §71.61(d)(2)).

VII-1 3. Cost of administration, implementability, and the capability of the authority/agency to react to future needs. (Reference - 25 *Pa. Code* §71.61(d)(2)).

VII-1 C. Describe all necessary administrative and legal activities to be completed and adopted to ensure the implementation of the recommended alternative including:

VII-1 1. Incorporation of authorities or agencies. (Reference - 25 *Pa. Code* §71.61(d)(2)).

VII-1 2. Development of all required ordinances, regulations, standards and inter-municipal agreements. (Reference - 25 *Pa. Code* §71.61(d)(2)).

VII-1 3. Description of activities to provide rights-of-way, easements and land transfers. (Reference - 25 *Pa. Code* §71.61(d)(2)).

VII-1 4. Adoption of other municipal sewage facilities plans. (Reference - 25 *Pa. Code* §71.61(d)(2)).

VII-1 5. Any other legal documents. (Reference - 25 *Pa. Code* §71.61(d)(2)).

VII-1 6. Dates or timeframes for items 1-5 above on the project's implementation schedule.

VII-1 D. Identify the proposed institutional alternative for implementing the chosen technical wastewater disposal alternative. Provide justification for choosing the specific institutional alternative considering administrative issues, organizational needs and enabling legal authority. (Reference - 25 *Pa. Code* §71.61(d)(2)).

VIII-1 **VIII. Implementation Schedule and Justification for Selected Technical & Institutional Alternatives**

A. Identify the technical wastewater disposal alternative which best meets the wastewater treatment needs of each study area of the municipality. Justify the choice by providing documentation which shows that it is the best alternative based on:

VIII-1 1. Existing wastewater disposal needs. (Reference - 25 *Pa. Code* §71.21(a)(6)).

VIII-1 2. Future wastewater disposal needs. (5 and 10 year growth areas). (Reference - 25 *Pa. Code* §71.21(a)(6)).

VIII-1 3. O & M considerations. (Reference - 25 *Pa. Code* §71.21(a)(6)).

VIII-1 4. Cost-effectiveness. (Reference - 25 *Pa. Code* §71.21(a)(6)).

VIII-1 5. Available management and administrative systems. (Reference - 25 *Pa. Code* §71.21(a)(6)).

VIII-1 6. Available financing methods. (Reference - 25 *Pa. Code* §71.21(a)(6)).

VIII-1 7. Environmental soundness and compliance with natural resource planning and preservation programs. (Reference - 25 *Pa. Code* §71.21(a)(6)).

_____	VIII-1	B. Designate and describe the capital financing plan chosen to implement the selected alternative(s). Designate and describe the chosen back-up financing plan. (Reference - 25 *Pa. Code* §71.21(a)(6))
_____	VIII-1	C. Designate and describe the implementation schedule for the recommended alternative, including justification for any proposed phasing of construction or implementation of a SMP. (Reference – 25 *Pa. Code* §71.31(d))
_____	IX-1	**IX. Environmental Report (ER) generated from the UER Process**
_____	IX-1	A. Complete an ER as required by the UER process and as described in the DEP Technical Guidance (381-5511-111). Include this document as "Appendix A" to the Act 537 Plan Update Revision. ***Note: An ER is required only for Wastewater projects proposing funding through any of the funding sources identified in the UER.***

PENNVEST I.D. No. _____

ADDITIONAL REQUIREMENTS FOR PENNVEST PROJECTS

Municipalities that propose to implement their official sewage facilities plan updates with PENNVEST funds must meet 6 additional requirements to be eligible for such funds. See *A Guide for Preparing Act 537 Update Revisions* (362-0300-003), Appendix N for greater detail or contact the DEP regional office serving your county listed in Appendix J of the same publication.

DEP Use Only	Indicate Page #(s) in Plan	Item Required
_____	_____	1. Environmental Impact Assessment. (Planning Phase) The UER replaces the Environmental Impact Assessment that was a previous requirement for PENNVEST projects.
_____	_____	2. Cost Effectiveness (Planning Phase) The cost-effectiveness analysis should be a present-worth (or equivalent uniform annual) cost evaluation of the principle alternatives using the interest rate that is published annually by the Water Resources Council. Normally, for PENNVEST projects the applicant should select the most cost-effective alternative based upon the above analysis. Once the alternative has been selected the user fee estimates should be developed based upon interest rates and loan terms of the selected funding method.
_____		3. Second Opinion Project Review. (Design Phase)
_____		4. Minority Business Enterprise/Women's Business Enterprise (Construction Phase)
_____		5. Civil Rights. (Construction Phase)
_____		6. Initiation of Operation/Performance Certification. (Post-construction Phase)

I/A TECHNOLOGIES

PARTIAL LISTING OF INNOVATIVE AND ALTERNATIVE TECHNOLOGIES

TREATMENT TECHNOLOGIES
Aquaculture
Aquifer Recharge
Biological Aerated Filters
Constructed Wetlands
Direct Reuse (NON-POTABLE)
Horticulture
Overland Flow
Rapid Infiltration
Silviculture
Microscreens
Controlled Release Lagoons
Swirl Concentrator

ENERGY RECOVERY TECHNOLOGIES
Anaerobic Digestion with more than 90 percent Methane Recovery
Cogeneration of Electricity
Self-Sustaining Incineration

SLUDGE TREATMENT TECHNOLOGIES

Aerated Static Pile Composting
Enclosed Mechanical Composting (In vessel)
Revegetation of Disturbed Land
Aerated Windrow Composting

INDIVIDUAL & SYSTEM-WIDE COLLECTION TECHNOLOGIES
Cluster Systems
Septage Treatment
Small Diameter Gravity Sewers
Step Pressure Sewers
Vacuum Sewers
Variable Grade Sewers
Septic Tank Effluent Pump with Pressure Sewers

PLAN SUMMARY

This Act 537 Plan Update (Plan) has been prepared for Plainfield Township (Township), Northampton County, pursuant to the Pennsylvania Sewage Facilities Act (Act 537 of 1968 and the Pennsylvania Code, Chapters 71, 72, and 73). This Plan considers the long-term wastewater management alternatives for the Township, as identified and required by the Pennsylvania Department of Environmental Protection (PADEP).

The purpose of this Plan is to evaluate alternatives for providing short and long term wastewater management for the Township.

A. Identify the proposed service areas and major problems evaluated in the plan. (Reference - 25 Pa. Code §71.21(a)(7)(i)).

Service Area Evaluated

Plainfield Township is located in Northampton County, in the Lehigh Valley region of the state. The Township covers 24.8 square miles and encompasses Wind Gap and Pen Argyl Boroughs and is surrounded by six (6) municipalities including Bushkill, Upper Nazareth, Forks, Lower Mount Bethel, and Washington Townships, as well as, Stockertown Borough all in Northampton County. Ross and Hamilton Townships in Monroe County provide the northern border.

The area for this update includes the entire Township. A map of the entire Township outlining the planning areas is included in Appendix A.

Sewage Needs Identification

A fundamental part of this Plan is the identification and documentation of the sewage disposal needs in the planning area. Adequate documentation of these sewage disposal needs is considered fundamental for all following work involving sewage disposal alternatives and solutions.

On-Lot Disposal Systems

The “Sewage Needs Assessment” was performed in a manner that is consistent with “Act 537 Sewage Disposal Needs Identification” in 2019. The field assessments were conducted by OTT Consulting, Inc (OTT). The sewage system surveys compiled historic and current information about the existing systems within the study area.

OTT visited and conducted a sewage surveys for a total of 349 properties within the study area. Each property's on-lot disposal system was evaluated per DEP's publication titled "Act 537 Sewage Disposal Needs Identification."

The information listed on the survey forms, in conjunction with professional judgment, indicates that zero of the properties surveyed of the on-lot wastewater disposal systems are confirmed malfunctions. However, a portions of the indicated some issues with the on-lot systems in the past and also had a few needs surveys that indicated Suspected or Potential Malfunctions. While the malfunction rate is low throughout the Township, these conditions do warrant that the Township continue to closely monitor the on-lot wastewater disposal systems and implement the procedures within their ordinance to minimize failures.

B. *Identify the alternative(s) chosen to solve the problems and serve the areas of need identified in the plan. Also, include any institutional arrangements necessary to implement the chosen alternative(s). (Reference - 25 Pa. Code §71.21(a)(7)(ii))*

A Sewage Management Plan will be implemented for continued use of on-lot disposal systems that are in the areas that (1) are not already sewered by public wastewater collection systems, (2) cannot be feasibly connected to the centralized collection systems and (3) meet the requirements as outlined in PA Code 25, Chapters 71 through 73 governing the use of on-lot disposals systems.

C. *Present the estimated cost of implementing the proposed alternative (including the user fees) and the proposed funding method to be used. (Reference - 25 Pa. Code §71.21(a)(7)(ii)).*

The Sewage Management Plan does not impact and/or establish user rates. Plainfield Township has experienced management and administrative staff that are capable of operating and maintaining the Sewage Management Plan. Individual costs for the property owners include all installation, operation, and maintenance costs required to utilize individual on-lot disposal systems.

D. *Identify the municipal commitments necessary to implement the Plan. (Reference - 25 Pa. Code §71.21(a)(7)(iii)).*

Plainfield Township will need to adopt this Plan by resolution

E. Provide a schedule of implementation for the project that identifies the major milestones with dates necessary to accomplish the project to the point of operational status. (Reference - 25 Pa. Code §71.21(a)(7)(iv)).

Upon approval of this Act 537 Plan, the Sewage Management Plan can be implemented immediately.

Comments and Responses

This section will be utilized to respond to any written comments from planning agencies or from the public.

IMPLEMENTATION SCHEDULE

Upon approval of this Act 537 Plan, the Sewage Management Plan can be implemented immediately.

Consistency Documentation

To date, no inconsistencies have been identified. A Pennsylvania Natural Diversity Inventory (PNDI) search and a Cultural Resource Notice, by the Pennsylvania Historical and Museum Commission (PHMC) is not required for the Selected Alternative.

I. Previous Wastewater Planning

A. Previous Wastewater Planning Efforts

This section identifies past wastewater planning efforts for Plainfield Township, Northampton County which have previously been completed.

1970 Feasibility Study for Bushkill-Lower Lehigh Regional Sewer System prepared by Gilbert Associates, Inc.

1976 Environmental Assessment for Bushkill-Lower Lehigh Joint Sewer Authority and City of Easton prepared by Gilbert Associates, Inc.

1981 Final Environmental Impact Statement for Bushkill-Lower Lehigh Joint Sewer Authority and Borough of Nazareth Wastewater Treatment Facilities prepared by U.S. EPA, Region III.

1991 Act 537 Sewage Facilities Plan for Plainfield Township, prepared by G. Edwin Pidcock Co.

2004 Draft Comprehensive Plan, Lehigh and Northampton Counties, PA - The Lehigh Valley...2030, prepared by the Lehigh Valley Planning Commission

2004 Pen Argyl – Plainfield – Wind Gap Regional Comprehensive Plan, prepared by Urban Research and Development Corporation

2018 Little Bushkill Creek 2018 Watershed Management Plan, prepared by Hanover Engineering

2019 Comprehensive Plan, Lehigh and Northampton Counties, PA - FutureLV The Regional Plan, prepared by the Lehigh Valley Planning Commission

II. Physical Description

A. Planning Area Boundaries

Plainfield Township is located in Northampton County, in the Lehigh Valley region of the state. The Township covers 24.8 square miles and encompasses Wind Gap and Pen Argyl Boroughs and is surrounded by six (6) municipalities including Bushkill, Upper Nazareth, Forks, Lower Mount Bethel, and Washington Townships, as well as, Stockertown Borough all in Northampton County. Ross and Hamilton Townships in Monroe County provide the northern border.

The area for this update includes the entire Township. A map of the entire Township outlining the planning areas is included in Appendix A.

B. Physical Characteristics

The Township is a rolling topography with various ranges of elevation. The Blue Mountain ridge at its northern border has elevations near 1600 feet to the lowest elevations near 400 feet where the Bushkill Creek enters Stockertown Borough at its southern border.

The Township contains the Bushkill Creek, Martins Creek and Mud Run watersheds which are all tributaries to the Delaware River.

The Bushkill Creek Watershed encompasses 80 square miles of Northampton County, stretching from Blue Mountain to the Delaware River in Easton. The Bushkill Creek, all of its unnamed tributaries and the Little Bushkill Creek are classified by PADEP as HQ-CWF. Most of the upper half of the basin is located in shale and slate geology and is dominated by woodlands, agriculture and low-density residential development. The lower half of the basin has a different character, consisting of gently undulating hills underlain by carbonate geology (limestone and dolomite).

The Martins Creek Watershed drains the Northeast quarter of the Township and is classified by PADEP as CWF, MF.

The Mud Run Watershed drains the Southeast quarter of the Township and is classified by PADEP as CWF, MF.

Portions of the Bushkill Creek Watershed and Martins Creek Watershed are considered impaired by PADEP due to siltation and pathogens. These streams include Waltz Creek and Unnamed Tributaries to Waltz Creek, Unnamed Tributaries to Little Bushkill Creek, and Unnamed Tributaries to Bushkill Creek. The cause of impairment is due to erosion from derelict land, urban runoff/storm sewers, and other unknown sources. As indicated in **Section I**, the Township has developed the Little Bushkill Creek 2018 Watershed Management Plan, prepared by Hanover Engineering, to implement corrective actions to improve water quality. Some measures include additional sampling, riparian buffers, on-lot disposal system inspections, and other forms of best management practices.

A map showing the physical characteristics in and around the planning area is included in Appendix A.

C. Soils

According to the Natural Resource Conservation Service, there are 65 soil types throughout the planning area. Most of Plainfield Township contains soils of the Allenwood, Berks, and Comly Associations. These soils are characterized by a shaley, moderately to very deep, well-drained soils. Approximately 76 percent of the soils in the Township exhibit very limited limitations for on-lot sewage disposal. The remaining 24 percent exhibit moderate limitations that may require special practices to overcome or correct (13%) or are not rated (11%).

The Blue Mountain forms the northern border of Plainfield Township. The Laidig-Stony and Buchanan-Laidig-Andover soils in this area are characterized by stoniness, low permeability and a seasonally high water table. The types of soil and the moderate to steep slopes make this area unsuitable for building lots and on-lot sewage disposal.

The area south of the Borough of Pen Argyl is characterized by numerous slate quarries, many of which have been backfilled. The nature of the fill material is unknown and it may or may not be suitable for on-lot sewage disposal.

Appendix A contains an overall Soils map and Soil Maps created from USDA's Natural Resources Conservation Service which identifies and summarizes the soil information within the planning area, along with the soil ratings for different types of sewage disposal systems.

D. Geologic Features

The majority of the Township is located within the Ordovician Martinsburg Formation and Drift. The Martinsburg Formation is made up of the Pen Argyl, Ramseyburg and Bushkill Members. The formation is comprised of shale, slate and sandstone. Drift is a cobbly, silty, clayey till. A map showing the geology in and around the planning area is included in Appendix A.

E. Topography

Most of the Township's land area has a slope ranging from 1 to 8 percent. Steep slopes in the 15 to 25 percent range and extremely steep slopes in the over 25 percent range are found primarily to the north along the Blue Mountain and in the southeast corner of the Township along the creek and stream valleys.

F. Potable Water Supplies

Public water is supplied in the Borough by the Pennsylvania American Water Company - Blue Mountain/Nazareth District. Water sources for this system include the Ross Common Creek and several ground water wells in the Wind Gap area. Emergency sources also include several springs located in Cherry Valley, Hamilton Township. A map of community water supply service in the region is included in Appendix A.

For properties located outside of the public water service area, potable water is supplied by individual on-lot wells, which is common for majority of the residents throughout the Township. As indicated previously, the Township has developed the Little Bushkill Creek 2018 Watershed Management Plan to implement corrective actions to improve water quality. Information on past and present water quality, the extent of known water contamination problems and the relationship of land-use practices to ground water quality is critical to developing effective strategies to prevent ground water contamination.

G. Wetlands

The U.S. Fish & Wildlife National Wetlands Inventory was reviewed as part of the preparation of this plan. This review did identify wetlands located within the planning area. A map of wetlands listed in this inventory for the region is included in **Appendix A**.

III. Existing Sewage Facilities in the Planning Area

A. Existing Sewerage Systems

1. *Location, size and ownership of treatment facilities, main intercepting lines, pumping stations and force mains including their size, capacity, point of discharge. Also include the name of the receiving stream, drainage basin, and the facility's effluent discharge requirements.*

Wastewater Collection System

The only community sewerage systems in Plainfield Township are those owned and operated by either the Wind Gap or Pen Argyl Municipal Authorities.

Wind Gap Municipal Authority

The Wind Gap Municipal Authority operates a sewage treatment plant which provides sewerage service to Borough of Wind Gap residents, to a limited number of residents in Plainfield Township, including the Oakwood Manor and Edgewood Subdivisions, and to a limited number of residents in the West Pen Argyl area directly east of the Wind Gap Borough line.

Pen Argyl Municipal Authority

The Pen Argyl Municipal Authority operates a sewage treatment plant which serves the Borough of Pen Argyl and small portions of Plainfield and Washington Townships. The areas served in Plainfield Township include the Grand Central Sanitary Landfill, Blue Valley Acres Subdivision, Mary's Mountain estates Subdivision, and the Bayberry Road area.

Borough of Stockertown

The Borough of Stockertown is located to the south of Plainfield Township. They currently do not provide sewerage service to Plainfield Township, but information is presented for potential future service areas.

In June 1995, the Borough of Stockertown installed collection and conveyance facilities and a lagoon Wastewater Treatment Plant (WWTP) to provide public

sewer service to portions of the Borough. The Borough's collection and conveyance system includes approximately 22,560 linear feet of 6-inch diameter gravity sewers, 2,930 linear feet of 8-inch diameter gravity sewers and a combination of standard manholes and cleanouts. All pipes are PVC with rubber gasketed joints.

In October 2018, PADEP approved an Act 537 Plan for the Borough of Stockertown to decommission the existing WWTP and connect into the Forks Township conveyance system, which is ultimately treated at the Easton Area Joint Sewer Authority's (EAJSA) WWTP.

Refer to **Drawing II-A** for a map displaying the public sewer service areas.

Wastewater Treatment Plants

There are two (2) wastewater treatment plants (WWTP) that serve portions of the Township, each is owned and operated by the Wind Gap or Pen Argyl Municipal Authorities respectively. Information is also presented for the Easton Area Joint Sanitary Authority for potential future service areas.

Wind Gap Municipal Authority

The Wind Gap Wastewater Treatment Plant is south of the Borough of Wind Gap, off Abel Colony Road in Plainfield Township. The discharge of the plant is to a tributary of the Little Bushkill Creek which, in turn, is tributary to the Bushkill Creek and ultimately to the Delaware River.

The WWTP currently operates under NPDES Permit No. PA-0052167 with a rated hydraulic capacity of 1.0 MGD. Effluent criteria for the WWTP are shown in **Table III.A.1.1**.

Table III.A.1.1 Wind Gap NPDES Permit Requirements

PARAMETER	MONTHLY AVERAGE	MAXIMUM WEEKLY AVERAGE	INSTANTANEOUS MAXIMUM
Flow	1.0 MGD		
PH	6.0 to 9.0 standard units at all times		
Dissolved Oxygen	5.0 mg/L minimum		
$CBOD_5$ (Nov 1 – Apr 30)	20 mg/l	30 mg/L	40 mg/l
$CBOD_5$ (May 1 – Oct 31)	10 mg/l	15 mg/L	20 mg/l
Total Suspended Solids (TSS)	30 mg/l	45 mg/L	60 mg/l
Ammonia-Nitrogen (Nov 1 – Apr 30)	6.0 mg/l	-	-
Ammonia-Nitrogen (May 1 – Oct 31)	2.0 mg/l	-	-
Total Kjeldahl Nitrogen	Report Annual Average	-	-
Nitrite-Nitrate as N	Report Annual Average	-	-
Total Nitrogen	Report Annual Average	-	-
Total Phosphorus	Report Annual Average	-	-
Fecal Coliform (5/1 to 9/30)	200/100 ml as a geometric mean		
Fecal Coliform (10/1 to 4/30)	2,000/100 ml as a geometric mean		

Pen Argyl Municipal Authority

The Pen Argyl Municipal Authority operates a sewage treatment plant which serves the Borough of Pen Argyl and small portions of Plainfield and Washington Townships.

The WWTP currently operates under NPDES Permit No. PA-0037052 with a rated hydraulic capacity of 0.95 MGD and an organic design capacity of 1,596 lb BOD_5 per day. Effluent criteria for the WWTP are shown in **Table III.A.1.2**.

Table III.A.1.2 Pen Argyl NPDES Permit Requirements

PARAMETER	MONTHLY AVERAGE	MAXIMUM WEEKLY AVERAGE	INSTANTANEOUS MAXIMUM
Flow	0.95 MGD		
PH	6.0 to 9.0 standard units at all times		
Dissolved Oxygen	5.0 mg/L minimum		
$CBOD_5$	25 mg/l	40 mg/L	50 mg/l
Total Residual Chlorine	0.2 mg/L		0.3 mg/L
Total Suspended Solids (TSS)	30 mg/l	45 mg/L	60 mg/l
Ammonia-Nitrogen (Nov 1 – Apr 30)	4.5 mg/l	-	9.0 mg/l
Ammonia-Nitrogen (May 1 – Oct 31)	1.5 mg/l	-	3.0 mg/l
Total Copper	0.016 mg/l	0.025 mg/l (Daily Max)	-
Total Lead	0.0059 mg/l	0.00929 mg/l (Daily Max)	-
Total Zinc	0.135 mg/l	0.204 mg/l (Daily Max)	-
Total Kjeldahl Nitrogen	Report Annual Average	-	-
Nitrite-Nitrate as N	Report Annual Average	-	-
Total Nitrogen	Report Annual Average	-	-
Total Phosphorus	Report Annual Average	-	-
Fecal Coliform (5/1 to 9/30)	200/100 ml as a geometric mean		
Fecal Coliform (10/1 to 4/30)	2,000/100 ml as a geometric mean		

Easton Area Joint Sewer Authority

The Easton Area Joint Sewer Authority (EAJSA) operates a sewage treatment plant which serves the City of Easton, the Borough of West Easton, the Township of Forks, the Township of Palmer, the Borough of Tatamy, the Borough of Wilson, the Township of Williams, the Township of Lower Nazareth, the Township of Bethlehem, and the Borough of Glendon.

The WWTP currently operates under NPDES Permit No. PA-0027235 with a rated hydraulic capacity of 10.0 MGD and an organic design capacity of 20,000 lb BOD_5 per day. Effluent criteria for the WWTP are shown in **Table III.A.1.3**.

Table III.A.1.3 EAJSA NPDES Permit Requirements

PARAMETER	MONTHLY AVERAGE	MAXIMUM WEEKLY AVERAGE	INSTANTANEOUS MAXIMUM
Flow	10.0 MGD		
PH	6.0 to 9.0 standard units at all times		
Dissolved Oxygen	Report Instantaneous Max and Average Monthly		
$CBOD_5$	25 mg/l	40 mg/L	50 mg/l
Total Suspended Solids (TSS)	30 mg/l	45 mg/L	60 mg/l
Total Residual Chlorine	0.5 mg/L		1.6 mg/L
Ammonia-Nitrogen	20 mg/l	-	40 mg/l
Total Kjeldahl Nitrogen	Report Annual Average	-	-
Nitrite-Nitrate as N	Report Annual Average	-	-
Total Nitrogen	Report Annual Average	-	-
Total Phosphorus	Report Annual Average	-	-
Total Dissolved Solids (TDS)	Report Annual Average		
Fecal Coliform (5/1 to 9/30)	200/100 ml as a geometric mean		
Fecal Coliform (10/1 to 4/30)	2,000/100 ml as a geometric mean		

2. *A narrative and schematic diagram of the facility's basic treatment processes including the facility's National Pollutant Discharge Elimination System (NPDES) permitted capacity, and the Clean Streams Law permit number.*

Wind Gap Municipal Authority WWTP

The existing facilities include the headworks with a fine screen, two (2) tank SBRs, and chlorine disinfection. The facility includes sludge handling facilities in the form of a two (2) sludge holding tanks and a centrifuge. The WWTP currently operates under NPDES Permit No. PA-0052167 with a rated hydraulic capacity of 1.0 MGD.

Pen Argyl Municipal Authority WWTP

The existing facilities consist of influent pumping, a fine screen and vortex-type grit chamber, five (5) SBRs, two (2) post-equalization tanks and cascade aeration ultra-violet light (UV) disinfection system. The facility includes sludge handling facilities in the form of a primary aerobic digester, two (2) secondary aerobic digesters and eight (8) reed beds. The WWTP currently operates under NPDES Permit No. PA-0037052 with a rated hydraulic capacity of 0.95 MGD and an organic design capacity of 1,596 lb BOD_5 per day.

Easton Area Joint Sewer Authority WWTP

The existing facility consists of grit removal and screening, primary clarification, secondary biological treatment through an oxidation ditch process, secondary clarification, disinfection using sodium hypochlorite, and dechlorination using sodium bisulfite. Sludge is handled through either two stage anaerobic digestion or three unit aerobic digestion. Primary sludge is pumped directly to the digesters. Secondary (or waste activated) sludge is thickened prior to digestion. All digested sludge is dewatered by centrifuges and then land applied or trucked to a landfill. The WWTP currently operates under NPDES Permit No. PA-0027235 with a rated hydraulic capacity of 10.0 MGD and an organic design capacity of 20,000 lb BOD_5 per day.

3. *A description of problems with existing facilities (collection, conveyance and/or treatment), including existing or projected overload under 25 Pa. Code Chapter 94 (relating to municipal wasteload management) or violations of the NPDES permit, Clean Streams Law permit, or other permit, rule or regulation of DEP.*

   To this date, there are no known problems in the existing collection and conveyance system and/or the wastewater treatment plants. Based on Discahrge Monitoring Reports, the Wind Gap Municipal Authority operates well below the rated hydraulic capacity of 1.0 MGD, with flows averaging 0.625 MGD over the last five years. The Pen Argyl Municipal Authority also operates well below their rated hydraulic capacity of 0.95 MGD, with flows averaging 0.600 MGD over the last five years.

4. *Details of scheduled or in-progress upgrading or expansion of treatment facilities and the anticipated completion date of the improvements. Discuss any remaining reserve capacity and the policy concerning the allocation of reserve capacity. Also discuss the compatibility of the rate of growth to existing and proposed wastewater treatment facilities.*

   There are no improvements currently in place or planned for either of the WWTPs. There is adequate capacity for the properties within each existing designated sanitary sewer service area.

5. *A detailed description of the municipality's operation and maintenance (O & M) requirements for small flow treatment facility systems, including the status of past and present compliance with these requirements and any other requirements relating to sewage management programs (SMPs).*

   A small flow treatment facility is an individual or community sewerage system designed to adequately treat sewage flows not greater than 2,000 gpd. There are no small flow treatment facilities; therefore, there are no operation and maintenance requirements.

6. *Disposal areas, if other than stream discharge, and any applicable groundwater limitations.*

   Disposal field locations for all individual on-lot systems are located within the lot boundaries in which they are served. There are no known groundwater limitations.

B. Sewage Disposal Needs Identification

Using DEP's publication titled Act 537 Sewage Disposal Needs Identification (3800-BK-DEP1949), identify, map and describe areas that utilize individual and community onlot sewage disposal and, unpermitted collection and disposal systems ("wildcat" sewers, borehole disposal, etc.) and retaining tank systems in the planning area including:

A fundamental part of this Plan is the identification and documentation of the sewage disposal needs in the planning area. Adequate documentation of these sewage disposal needs is considered fundamental for all following work involving sewage disposal alternatives and solutions. In addition, adequate needs documentation is required when competing for "needs" prioritized funding, such as PENNVEST.

The two general needs categories relating to sewage disposal that were considered were "Public Health Needs" and "Water Pollution Needs".

Public Health Needs - Public health needs are considered to be health hazards and water pollution problems that involve discharging untreated or inadequately treated sewage to the surface of the ground or to the waters of the Commonwealth (including groundwater). Within this Plan, these needs were primarily investigated with respect to on-lot disposal systems (OLDs). However, several other situations such as wildcat sewers, borehole disposals, holding tanks, public complaints, and sanitary related illness were also investigated.

Water Pollution Needs - Water pollution needs are violations of either the NPDES discharge criteria or the Clean Streams Law. In sewage facilities planning, any suspected water pollution, whether originating from existing WWTPs or malfunctioning OLDs, migrating into surface waters must be confirmed by appropriate sampling of the discharges or the receiving waters.

1. *The types of onlot systems in use.*

   There are approximately 2,000 properties present in Plainfield Township that utilize some form of on-lot wastewater disposal system. The types of on-lot systems present include conventional septic tanks with in-ground beds or trenches, elevated sand mounds, leech fields, seepage pits, or cesspools. The systems are located throughout the entire Township at various locations outside of the Public Sewer Service Areas.

2. *A sanitary survey complete with description, map and tabulation of documented and potential public health, pollution, and operational problems (including malfunctioning systems) with the systems, including violations of local ordinances, the Act, the Clean Stream Law or regulations promulgated thereunder.*

   The "Sewage Needs Assessment" was performed in a manner that is consistent with "Act 537 Sewage Disposal Needs Identification" in 2019. The field assessments were conducted by OTT Consulting, Inc (OTT). The sewage system surveys compiled historic and current information about the existing systems within the study area.

   OTT visited and conducted a sewage surveys for a total of 349 properties within the study area. The type of on-lot disposal system, the age, maintenance practices, soils, and well isolation distances were all factors thoroughly investigated to determine malfunction rates. Inventoried systems were broken down into four (4) different categories as identified by PaDEP: Confirmed Malfunction, Suspected Malfunction, Potential Malfunction, and No Malfunction.

   > Confirmed Malfunction - "Those malfunctions documented by dye testing, laboratory test results, observation by a certified Sewage Enforcement Officer (SEO) or a professional with experience in on-lot disposal systems, "Best Technical Guidance" repair permits, and seasonally wet absorption areas. Also included are piped discharges from single structure with direct evidence of sewage (i.e., direct observation of soap suds, food residue, solids, odors, etc.), reported system backups, malfunctions with photographic documentation or other similar evidence."

Suspected Malfunction - “Those systems exhibit some malfunction characteristic such as abnormally green grass in the vicinity of an absorption area, piped discharged from one (or more than one) dwelling without direct evidence of sewage (i.e., no observation of soap, suds, food residue, solids, odors, etc.), absorption areas located in known unsuitable soils (observed wetland, rock outcroppings, etc.), cesspools (in high density development) and pit (not vault) privies.”

Potential Malfunction - “Those systems that appear to be operating satisfactorily but were constructed prior to system permitting requirements (i.e., pre-regulatory systems), systems located in areas extremely unlikely to received permitting by current standards, systems constructed in areas have soils mapped as unsuitable or with sever limitation for OLDS and system located on exceptional steep slopes greater than 25 percent. For the purpose of needs identification, OLDS permitting under Act 537 become effective on May 15, 1972. Includes as potential malfunctions are permits issued for OLDS repairs that meet Chapter 73 standards. While this needs category does not represent “stand along” existing needs, the information may be utilized in a needs analysis to located areas affected by poorly defined adverse circumstances”.

No Malfunction - “Those systems that appear to be operating satisfactorily, were constructed since the implementation of system permitting requirements, and appear to have been constructed in accordance with the permitting requirements in effect at the time of construction.”

Based on the surveys conducted, the following table summarizes the results.

Table III.B.1 Needs Survey Results

CLASSIFICATION	RESULTS	PERCENTAGE
No Malfunction	226	65%
Potential	83	24%
Suspected	40	11%
Confirmed	0	0%
Total	**10**	**100%**

The information listed on the survey forms, in conjunction with professional judgment, indicates that zero of the properties surveyed of the on-lot wastewater disposal systems are confirmed malfunctions. However, a portion of the Township along Sullivan's Trail indicated some issues with the on-lot systems in the past and also had quite a few needs surveys that indicated Suspected or Potential Malfunctions. This area is located in the Southwest portion of the Township. This area is also just North of Stockertown Borough where Plainfield Township can connect into their system to the Stockertown/ Forks Township Interceptor. This alternative will be further discussed in **Section V** and **Section VI**.

While the malfunction rate is low throughout the Township, these conditions do warrant that the Township continue to closely monitor the on-lot wastewater disposal systems and implement the procedures within their ordinance to minimize failures.

The Sewage Disposal Needs Analysis, and all supporting documentation, completed by OTT, is located in **Appendix B** of this Plan.

3. *A comparison of the types of onlot sewage systems installed in an area with the types of systems which are appropriate for the area according to soil, geologic conditions, topographic limitations sewage flows, and 25 Pa. Code Chapter 73 (relating to standards for sewage disposal facilities).*

   As described in **Section II** of this Plan, there are many limitations for the suitability of on-lot disposal systems in regards to soils, geologic formations, and topography. In accordance with the requirements outlined in 25 PA Code

Chapter 73, Standards for Sewage Disposal Facilities and as shown on the soil mapping in **Appendix A**, many regions are unsuitable for many of the on-lot disposal systems currently in use.

4. *An individual water supply survey to identify possible contamination by malfunctioning onlot sewage disposal systems consistent with DEP's Act 537 Sewage Disposal Needs Identification publication.*

   Per PADEP, individual water supply surveys were required to be conducted to identify possible contamination by malfunctioning on-lot disposal systems. In addition, during the door-to-door surveys, the SEO documented any water sampling performed by the home owner and if any contamination was found.

   OTT collected water samples for a total of 190 properties within the study area. The water samples were then transported to a certified lab to conduct the sampling analysis, which included Nitrate - Nitrogen (Nitrate-N) and microorganisms, including Total Coliform, Fecal Coliform, and E. Coli. Based on the surveys conducted, the following table summarizes the results.

Table III.B.2 Water Sample Survey Results

PARAMETER	RESULTS	
	ABSENT	PRESENT
Nitrate-N	189	1*
Total Coliform	90	100
Fecal Coliform	177	13
E. Coli	179	11

* Total number of samples with a value greater than 10 mg/L – Based on the levels that Pennsylvania's regulated public water systems cannot exceed.

Nitrate-N is absent in approximately 99% of the samples. Total coliform is present in approximately 52% of the samples, and fecal coliforms and E. coli, species of total coliform bacteria that is specific to fecal material from humans and other warm-blooded animals, is present in approximately 6.8% of the water supplies analyzed. After the results of the survey were analyzed, the property owners were advised that if a contaminant was found to exceed health standards in the sample, the water supply system needs to be re-tested to confirm the contaminant's presence and concentrations.

Based on the results presented from the water supply survey, there is a small portion of the properties that may be impacted by improper operation/maintenance of their on-lot disposal system or the on-lot disposal system may be failing. These areas will be addressed as part of Plainfield Township's operation and maintenance requirements for their Sewage Management Plan. This will be discussed further in **Section V.F**.

5. *Detailed description of O & M requirements of the municipality for individual and small volume community onlot systems, including the status of past and present compliance with these requirements and any other requirements relating to SMPs.*

   Plainfield Township has operation and maintenance requirements established as part of their individual ordinances for their Sewage Management Plan. The purpose of this ordinance is to provide for the regulation, inspection, maintenance and rehabilitation of on-lot sewage disposal systems to further permit intervention in situations which may constitute a public nuisance or hazard to public health and to establish penalties and appeal procedures necessary for the proper administration of a sewage management program. Refer to **Section V.**F for more information on their Sewage Management Programs.

C. Wastewater Sludge and Septage

1. *Location of sources of wastewater sludge or septage (Septic tanks, holding tanks, wastewater treatment facilities).*

   Wastewater sludge and septage is produced at the Wind Gap WWTP, Pen Argyl WWTP, and also at the individual on-lot disposal systems located throughout the Planning Area.

2. *Quantities of the types of sludges or septage generated.*

   Only municipal sludge is generated within the Planning Area.

   With respect to on-lot disposal systems, septic tanks are pumped out on a periodic basis depending on the number of persons per dwelling and type of establishment. There are approximately 2,000 properties within the planning

area that utilize OLDS. The total septage from these properties can be estimated by assuming each one has a 1,000-gallon septic tank and that the tanks are pumped out on average every three years. The total annual septage is estimated at 675,000 gallons.

3. *Present disposal methods, locations, capacities and transportation methods.*

The removal of generated sludge and/or septage in all cases is currently the individual owner's responsibility and is usually performed by a commercial contractor licensed to transport and provide this service.

IV.Future Growth and Land Development

A. Municipal and County Planning Documents

1. *All land use plans and zoning maps that identify residential, commercial, industrial, agricultural, recreational and open space areas.*

   Plainfield Township has both zoning district designations and regulations and subdivision and land development plans. According to the land use plans and the Zoning Ordinance, the Township is divided into 13 zoning districts, which include:

   1. FF - Farm and Forest
   2. SR - Suburban Residential
   3. PR - Planned Residential
   4. VR - Village Residential
   5. VC - Village Center
   6. HI - Highway Interchange
   7. GC - General/Commercial
   8. CI - Commercial/Industrial
   9. I-BP - Industrial/Business Park
   10. GI - General Industrial
   11. SW - Solid Waste Processing and Disposal
   12. BMC – Blue Mountain Conservation
   13. VC – Village Center

   Drawing No. IV.A-1 delineates these Zoning Districts for the entire Study Area. Refer to **Appendix C**.

2. *Zoning or subdivision regulations that establish lot sizes predicated on sewage disposal methods.*

   According to the Zoning Ordinance, the Township is divided into 13 zoning districts, with each district having its own building requirements for new or existing properties. The Zoning Ordinance lists the requirements with respect to lot sizes, building coverage, impervious coverage, setbacks, and building heights. Each Primary Use within the district is also subdivided into Uses “With Both Centralized Sewer and Water” or “With On-Lot Sewer and/or On-Lot Water.”

The local zoning and SALDO does not conflict with the existing and proposed sewage planning.

3. *All limitations and plans related to floodplain and stormwater management and special protection (25 Pa. Code Chapter 93) areas.*

   The zoning and subdivision and land development ordinances for Plainfield Township require all property owners to follow the Township's Stormwater Management Ordinance (Chapter 22) to control the adverse impacts associated with increased stormwater. The ordinances provide protection for a 100-year flood.

   The Stormwater Management Ordinance does not significantly impact development within the planning area.

B. Planning Based on Growth

1. *Areas with existing development or plotted subdivisions. Include the name, location, description, total number of equivalent dwelling units (EDUs) in development, total number of EDUs currently developed and total number of EDUs remaining to be developed (include time schedule for EDUs remaining to be developed).*

   Plainfield Township has a number of areas of development due to the large amount of acreage available from previous farms. Areas of dense population within the Township resides in the zoning districts Village Residential/ Village Center, which is located in the Southwest portion of the Township, as shown on **Drawing No. IV.A-1** in **Appendix C**.

2. *Land use designations established under the Pennsylvania Municipalities Planning Code (35 P.S. 10101-11202), including residential, commercial and industrial areas.*

   The Pennsylvania Municipalities Planning Code (MPC), Act 247 of 1968, as amended, provides municipalities the basic authority for the adoption and enforcement of local planning and development through the use of ordinances.

The MPC gives the local governing body the power to create and appoint a planning commission, adopt a comprehensive plan, prepare an official map to plan for acquisition of land for public purposes, regulate subdivisions and land developments, adopt zoning ordinances to control the location, type, and density of land uses, and allow flexible residential development.

As described in **Section IV.A**, Municipal and County Planning Documents, Plainfield Township has zoning and subdivision and land development ordinances established for their municipality. The Township is separated into districts (**Drawing IV.A-1**) which include residential, commercial, industrial, agricultural, and conservation areas.

The land uses for each district are consistent with existing sewage facility planning. The Township has established building requirements for every property within a district. For new and existing development, where public sanitary sewer is available, the property shall connect to the sanitary sewer system, dependent upon available capacity at the wastewater treatment plant. In areas where public sewer is not available, onsite sewer is permitted.

3. *Future growth areas with population and EDU projections for these areas using historical, current and future population figures and projections of the municipality. Discuss and evaluate discrepancies between local, county, state and federal projections as they relate to sewage facilities.*

Historical Population

Plainfield Township has a number of areas of potential development due to the large amount of acreage available from previous farms. The Township has experienced rapid growth in the 2000-2010 decade based on U.S. Department of Commerce, Bureau of Census (U.S. Census) data.

As shown on **Table IV.B.1**, historic population trends within the Township has increased over the past twenty years.

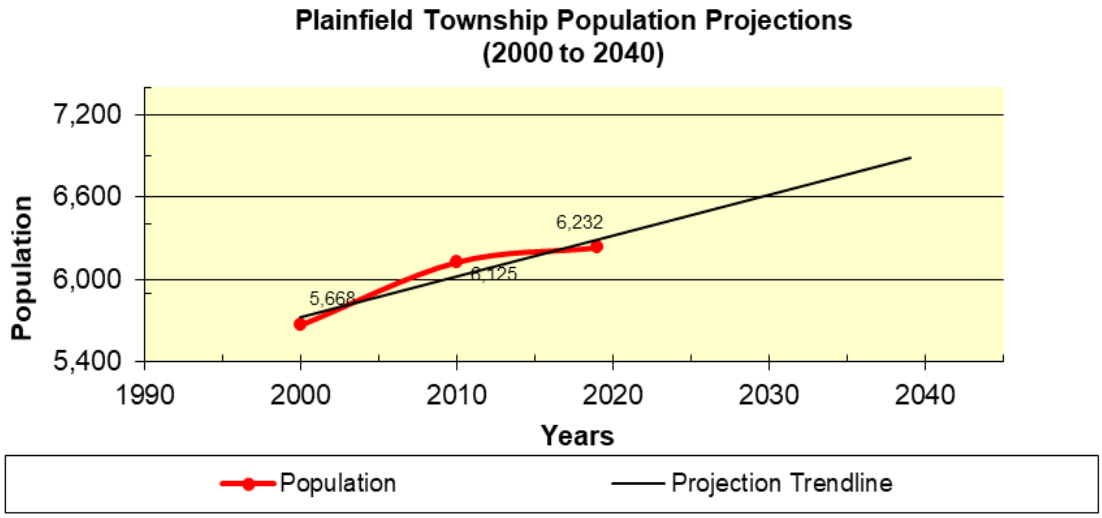
Table IV.B.1 – Census Data

	2000[1]	2010[1]	2019[2]	PERCENT CHANGE 2000-2010	PERCENT CHANGE 2010-2019
Plainfield Township	5,668	6,125	6,232	+8.06	+1.74

1. Decennial Census Datasets
2. Population Estimate as of July 1, 2019

Future Growth for Plainfield Township

Population forecasts over the next 20-years are based on the historical estimates and an extension of recent population trends. The following graph shows the expected population of the Township.



Based on historical data, it is anticipated that the population of the Township will continue to increase on a Township wide basis over this Plan's planning horizon. However, as indicated before, the historical and projected census data presents population statistics only.

Planning Discrepancies

There are no planning discrepancies known. The population trends are consistent with all documents identified in **Section I.** Plainfield Township has shown tremendous growth and will continue to grow as development occurs.

4. *Zoning, and/or subdivision regulations; local, county or regional comprehensive plans; and existing plans of any other agency relating to the development, use and protection of land and water resources with special attention to:*

    --public ground/surface water supplies

    --recreational water use areas

    --groundwater recharge areas

    --industrial water use

    --wetlands

    In order to further protect land and water resources and implement the policies and goals, regulatory provisions such as zoning, subdivision and land development ordinances are in place as well as non-regulatory initiatives. These ordinances specifically address public ground/surface water supplies, groundwater recharge areas, and wetlands directly, and any proposed development is reviewed by local planning commissions, and when applicable, the Department of Environment Protection (DEP), the Delaware River Basin Commission, Northampton County Conservation District, and the United States Army Corp of Engineers.

    In the 2004 Pen Argyl – Plainfield – Wind Gap Regional Comprehensive Plan, it was anticipated that majority of the housing development will occur within Plainfield Township. As anticipated, the Township has shown tremendous growth and will continue to grow as development occurs. Regulatory provisions will continue to be implemented to protect land and water resources.

5. *Sewage planning necessary to provide adequate wastewater treatment for 5 and 10-year future planning periods based on projected growth of existing and proposed wastewater collection and treatment facilities.*

   There is adequate wastewater treatment for 5 and 10-year future planning periods based on the projected growth of existing wastewater collection and treatment facilities. Any new growth within the Wind Gap Municipal Authority and the Pen Argyl Municipal Authority service areas will continue to connect to this system. Any growth outside of a public collection system will install and operate and maintain an individual onlot sewage disposal system.

V. Alternatives to Provide New or Improved Wastewater Disposal Facilities

The purpose of this Plan is to evaluate alternatives for providing short and long term wastewater management for Plainfield Township. The following subsections outline several alternatives for wastewater collection, treatment, and disposal needs of the Planning Area. The alternatives considered are briefly described below and all supporting documentation regarding the alternatives are included in **Appendix D**.

A. Conventional Collection, Conveyance, Treatment and Discharge Alternatives Identification

1. *The potential for regional wastewater treatment.*

   Regional wastewater management is an economic and viable alternative for sewage collection, treatment and disposal. Plainfield Township already utilizes regionalization in the North side of the Township by conveying wastewater to the Wind Gap Municipal Authority and the Pen Argyl Municipal Authority. However, potential alternatives are available to further regionalize this area by conveying wastewater from the South side of the Township into the Stockertown / Forks Township Sanitary Sewer System, which is ultimately treated at the Easton Area Joint Sewer Authority's (EAJSA) WWTP.

   As discussed in **Section III**, a portion of the Township along Sullivan's Trail indicated some issues with the on-lot systems in the past and also had quite a few needs surveys that indicated Suspected or Potential Malfunctions. This area is located on the Southwest side of Plainfield Township, North of Stockertown Borough. In addition to this area, a portion of Bangor Road, between Sullivan Trail and Belfast Road, has existing industrial customers and vacant areas for future development. Each of these areas are zoned Suburban Residential, Village Residential, Village Center, General Commercial, and Industrial/Business Park. Based on the topography in these areas, majority of the properties can connect to the Stockertown Borough system via a gravity sewer main. A few properties north of the Church Road intersection would need to connect via a low pressure system (refer to **Drawing V.A-1**).

In October 2018, PADEP approved an Act 537 Plan for the Borough of Stockertown to decommission the existing WWTP and connect into the Forks Township conveyance system. Stockertown Borough has installed an interceptor to convey both Stockertown's wastewater and Fork Township's wastewater to EAJSA's WWTP. This interceptor is a 12-inch main with a constructed slope of 0.003. Based on this data and use of Manning's Equation, this interceptor has a capacity of 1,261,000 GPD. The Forks Township Uhlers Crossing Interceptor currently serves 426 Forks Township EDUs. At a flow of 250 GPD/EDU, the estimated existing flow into this interceptor from Forks is 106,500 GPD. Stockertown Borough is estimated to contribute up to 86,500 GPD to this line, for a total flow of 193,000 GPD for both municipalities.

In evaluating the areas along Sullivan Trail and Bangor Road, Plainfield Township would serve approximately 508 EDUs, or 127,000 GPD. Based on the current flows, there is more than adequate capacity in this interceptor to handle the flows from Township's proposed sewer service area. However, a more detailed analysis would be required to evaluate the existing sanitary sewer system within Stockertown Borough. Plainfield Township would connect to the North side of the Borough's collection system and convey wastewater through the Borough to the Stockertown/ Forks Interceptor. There are known portions of this system that are six (6) inch diameter mains. Plainfield Township would be required to upgrade portions of Stockertown's system in order to handle the additional wastewater flow from the Township.

A variety of alternatives were analyzed to provide sanitary sewer to the Sullivan Trail and Bangor Road areas, refer to **Appendix D**.

2. *The potential for extension of existing municipal or non-municipal sewage facilities to areas in need of new or improved sewage facilities.*

   According to the Township Zoning Ordinance, the existing and new growth and development located within the designated sewer service areas (depicted on **Drawing II-A**) are and will be connected to the centralized sewer collection and treatment system. However, those existing and new growth and development

areas located outside the public sewer service area in the Township are required to have on-lot sewage disposal systems.

3. *The potential for the continued use of existing municipal or non-municipal sewage facilities through one or more of the following for the wastewater treatment facilities:*

   a. *Repair.*

   b. *Upgrading.*

   c. *Reduction of hydraulic or organic loading to existing facilities.*

   d. *Improved O & M.*

   e. *Other applicable actions that will resolve or abate the identified problems.*

   As discussed previously, the existing and new growth and development located within the designated sewer service area (depicted on **Drawing II-A**) are and will be connected to the centralized sewer collection and treatment system. However, those existing and new growth and development areas located outside the public sewer service area in the Township are required to have on-lot sewage disposal systems.

4. *Repair or replacement of existing collection and conveyance system components.*

   There is no need identified to repair or replace the existing collection and conveyance system components.

5. *The need for construction of new community sewage systems including sewer systems and/or treatment facilities.*

   As discussed in the previous sections, the existing and new growth / development areas located outside the designated sewer service area in the Township are required by the Township's Zoning Ordinance to have on-lot or community sewage disposal systems. There is currently no need for construction

of new community sewage collection and/or treatment facilities based upon the wastewater management issues facing the Study Area.

6. *Use of innovative/alternative methods of collection/conveyance to serve needs areas using existing wastewater treatment facilities.*

   Since the Township has an existing centralized collection and conveyance system, there is no need for innovative/alternative collection and conveyance methods to accomplish this task. Therefore, this alternative will not be discussed in detail hereafter.

B. Individual Sewage Disposal / Residential Spray Irrigation Systems

Approximately 2,000 EDUs utilize On-lot Disposal Systems (OLDs) for wastewater disposal within the study area. Individual Sewage Disposal/Residential Spray Irrigation Systems are applicable only to the areas outside of designated Sewer Service Areas and is considered a viable, long-term wastewater disposal alternative.

1. *Soil and slope suitability and*

2. *Preliminary hydrogeologic evaluation.*

   As described in **Section II.C**, soil limitations for on-lot systems was analyzed for different types of on-lot systems. Suitability is based on factors that include depth to a water table, depth to bedrock, content of rock fragments, flooding, slope, and saturated hydraulic conductivity (Ksat). Limitations for the suitability of on-lot systems is presented in **Appendix A**.

3. *The establishment of a SMP.*

   There is a continued need of management plans for On-lot Disposal Systems. Refer to **Section V.F** Sewage Management Programs below for more information.

4. *The repair, replacement or upgrading of existing malfunctioning systems in areas suitable for onlot disposal considering:*

   a. *Existing technology and sizing requirements of 25 Pa. Code Chapter 73.*

Current malfunctioning systems should be replaced or repaired in accordance with the rules and regulations of PADEP and Title 25, Chapter 73. The size and type of system must be evaluated based on the type of establishment and also the physical site investigation based on the type of soils, slopes, and lot size. All future and existing OLDs must be installed and properly maintained by the requirements of the sewage management plan implemented by the Township, refer to **Section V.F**.

b. Use of expanded absorption areas or alternating absorption areas.

The use of expanded absorption areas or alternating absorption areas will be considered based on the type of establishment, the size of the required absorption field, size of the lot, and minimum isolation distance from the private well. As stated above, all future and existing OLDs must be installed and properly maintained by the requirements of the sewage management plan implemented by the Township, refer to **Section V.F**.

c. Use of water conservation devices.

Any resident that utilize OLDs within the Township will be advised of the importance of good water conservation practices. As stated in Title 25, Chapter 73, there is a large potential value of water conservation, recycle or reuse systems as a means of prolonging the life of the sewage system, as well as ensuring the availability of adequate water supplies in the future. Water conservation devices will be address in the sewage management plan implemented by the Township, refer to **Section V.F**.

C. Small Flow Sewage Treatment

The use of small flow sewage treatment facilities or package treatment facilities to serve individual homes or clusters of homes with consideration of:

1. *Treatment and discharge requirements.*

2. *Soil suitability.*

3. *Preliminary hydrogeologic evaluation.*

4. *Municipal, Local Agency or other controls over O & M requirements through a SMP.*

There are currently no small flow treatment systems located in the Township and there is no need due to the total municipal wastewater design flow expected. Therefore, this alternative will not be discussed in detail hereafter.

D. Community Land Disposal Alternatives

The use of community land disposal alternatives including:

1. *oil and site suitability.*

2. *Preliminary hydrogeologic evaluation.*

3. *Municipality, Local Agency or other controls over O & M requirements through a SMP.*

4. *The rehabilitation or replacement of existing malfunctioning community land disposal systems.*

Community Land Disposal Alternatives are not applicable for the same reasons discussed in **Section V.C**. In addition, as shown in **Section II**, there are also soil limitations for many of the different types of on-lot systems, which will provide a non-suitable site for land disposal. Therefore, this alternative will not be discussed in detail hereafter.

E. Use of Retaining Tanks

1. *Commercial, residential and industrial use.*

   The use of retaining tanks is not a long-term solution for failing on-lot systems. Use of retaining tanks should be limited to short-term durations and emergency situations until the issues with the malfunctioning on-lot system is resolved.

2 *Designated conveyance facilities (pumper trucks).*

If a retainage tank is permitted to be in use due to emergency or short term use, the retainage tank shall be pumped and transported to the designated treatment facilities by licensed haulers.

3. *Designated treatment facilities or disposal site.*

   Waste from the emergency or short term use retainage tanks shall be transported to any local WWTP.

4. *Implementation of a retaining tank ordinance by the municipality.*

   The Township currently has a Holding Tank Ordinance (Ordinance 235, dated 4/8/1992). The purpose of this document is:

   > *"to provide for the installation, maintenance, and removal of holding tanks; and to provide a means of assuring that proper security is provided to enable the Township of Plainfield to properly remove such tanks should the owner thereof default on his responsibilities and to establish penalties for violations of this Part."*

5. *Financial guarantees when retaining tanks are used as an interim sewage disposal measure.*

   As stated within the Holding Tank Ordinance:

   > *"No person shall operate a holding tank system and no building, zoning or occupancy permit shall be issued for the occupancy of any structure if said structure will be served by a holding tank system until said person has posted security as required under this Part"*

F. Sewage Management Programs

SMPs to assure the future O & M of existing and proposed sewage facilities through:

1. *Municipal ownership or control over the O&M of individual onlot sewage disposal systems, small flow treatment facilities, or other traditionally non-municipal treatment facilities.*

2. *Required inspection of sewage disposal systems on a schedule established by the municipality.*

3. *Required maintenance of sewage disposal systems including septic and aerobic treatment tanks and other system components on a schedule established by the municipality.*

4. *Repair, replacement or upgrading of malfunctioning onlot sewage systems.*

    a. *Aggressive pro-active enforcement of ordinances that require O & M and prohibit malfunctioning systems. .*

    b. *Public education programs to encourage proper O & M and repair of sewage disposal systems.*

5. *Establishment of joint municipal SMPs.*

6. *Requirements for bonding, escrow accounts, management agencies or associations to assure O & M for non-municipal facilities.*

The focus of this Plan is to address the wastewater management problems of the Township, which utilizes individual onlot sewage disposals systems and collection and conveyance approaches to meet their wastewater needs. Management options that consider the continued use of OLDS are only valid in those areas that (1) are not already sewered by public wastewater collection systems, (2) cannot be feasibly connected to the centralized collection systems and (3) meet the requirements as outlined in PA Code 25, Chapters 71 through 73 governing the use of OLDS. It is recommended that the existing EDUs that meet these criteria continue to utilize OLDS via subsurface or sand mound disposal where soils permit.

Sewage Management Plan

As indicated in **Section I**, the Township has developed the Little Bushkill Creek 2018 Watershed Management Plan and the Pen Argyl – Plainfield – Wind Gap Regional Comprehensive Plan, which each evaluate and address corrective actions to improve water quality throughout the Township. Both planning documents indicate that the

Township should implement a sewage management program or ordinance to better ensure the operation of individual on-lot disposal systems.

Sewage application and installation procedures for Plainfield Township have been developed and are addressed through and Ordinance titled “Onlot Sewage Management Program” located in **Appendix E**. The purpose of this ordinance is to provide for the regulation, inspection, maintenance, and rehabilitation of on-lot sewage disposal systems to further permit intervention in situations which may constitute a public nuisance or hazard to public health and to establish penalties and appeal procedures necessary for the proper administration of a sewage management program.

While the Sewage Management Program addresses all OLDs within the Township, this ordinance also helps the Township to focus on addressing OLDs that are malfunctioning, or potentially malfunctioning, which are known causes of surface and groundwater contamination.

G. Non-Structural Comprehensive Planning Alternatives

1. *Modification of existing comprehensive plans involving:*

    a. *Land use designations.*

    b. *Densities*

    c. *Municipal ordinances and regulations.*

    d. *Improved enforcement.*

    e. *Protection of drinking water sources.*

    The use of Non-Structural Comprehensive Planning Alternatives to meet the existing and future sewage disposal needs of the Township is not considered a viable solution due to limited issues outside the sewer service area as noted within the Needs Analysis. However, in cases of new development, increased levels of protection for new drinking water sources may be useful.

2. *Consideration of a local comprehensive plan to assist in producing sound economic and consistent land development.*

The Pen Argyl – Plainfield – Wind Gap Regional Comprehensive Plan outline land use planning goals that outline land use designations, densities, municipal ordinances and regulations, improved enforcement, and protection of drinking water sources.

3. *Alternatives for creating or changing municipal subdivision regulations to assure long-term use of on-site sewage disposal that consider lot sizes and protection of replacement areas.*

   Plainfield Township has zoning district designations and regulations and subdivision and land development plans, which state their own building requirements for new or existing properties. Each of the ordinances state requirements with respect to lot sizes and the establishment of either private or on-lot sewage systems. Therefore, this is not considered a viable solution due to existing plans that are already in place.

4. *Evaluation of existing local agency programs and the need for technical or administrative training.*

   Plainfield Township has all the necessary experience and resources available to effectively implement a Sewage Management Program, as noted in **Section V.F**.

H. No-Action Alternative

1. *Water quality/public health.*

   The No-Action approach is usually considered before proceeding to evaluate new alternatives. However, the No-Action approach in this case will not be considered a viable solution due to the short- and long-term water quality and public health issues that would be prevalent if nothing was done to address the sewage disposal needs in the Planning Area.

2. *Growth potential (residential, commercial, industrial).*

   As discussed in **Section IV**, it is anticipated that the population of the Township will continue to increase on a Township wide basis over this Plan's planning horizon. However, growth can be limited in areas where short- and long-term

wastewater management is not established. Therefore, the No-Action approach in this case will not be considered a viable solution.

3. *Community economic conditions.*

   As stated above, growth can be limited in areas where short- and long-term wastewater management is not established and monitored. This limitation has can have an adverse impact on the study area by limiting potential capital investment in the community and also the potential for increased employment and job creation. Therefore, the No-Action approach in this case will not be considered a viable solution.

4. *Recreational opportunities.*

   Short- and long-term water quality issues would be prevalent if nothing was done to address wastewater management. These water quality issues would impact and limit recreational use of streams and waterways within the study area. Consequently the No-Action approach will not be considered as a viable solution.

5. *Drinking water sources.*

   Short- and long-term water quality and public health issues would be possible if nothing was done to address the wastewater management issues which could result in contamination of wells and possible spread of disease. Consequently the No-Action approach will not be considered as a viable solution.

6. *Other environmental concerns.*

   No other environmental concerns have been identified.

VI. Evaluation of Alternatives

A. Consistency with Previous Planning

Pennsylvania's Act 537 regulations require technically feasible alternatives described in **Section V** of this Plan to be evaluated for consistency with existing local and regional planning efforts. For the most part, these efforts have been discussed in **Section V**. However, the following is a listing of the applicable documents and the consistency evaluation of the identified alternatives for sewage collection, treatment, and disposal.

1. *Applicable plans developed and approved under Sections 4 and 5 of the Clean Streams Law or Section 208 of the Clean Water Act (33 U.S.C.A. 1288).*

   The alternatives discussed in **Section V** of this Plan are technically feasible to address the pollution problems of the Township with emphasis on preserving water quality and preventing stream degradation. Each alternative provides for the means and methods of properly collecting, treating, and disposing of wastewater with respect to current regulations and standards. The selected alternatives considered in this Plan are consistent with and will meet the requirements of the Clean Streams Law and Clean Water Act.

2. *Municipal wasteload management Corrective Action Plans or Annual Reports developed under 25 Pa. Code Chapter 94. The municipality's recent Wasteload Management (25 Pa. Code Chapter 94) Reports should be examined to determine if the proposed alternative is consistent with the recommendations and findings of the report.*

   The alternatives discussed in **Section V** of this Plan include the installation of a sanitary sewer collection system along Sullivan Trail and Bangor Road and a Sewage Management Program. Both of these alternatives are consistent with the requirements of PA Chapter 94 Regulations. The Easton Area Joint Sanitary Authority's WWTP and the Stockertown/Forks Interceptor has capacity available for the Township.

3. *Plans developed under Title II of the Clean Water Act (33 U.S.C.A. 1281 1299) or Titles II and VI of the Water Quality Act of 1987 (33 U.S.C.A 1251-1376).*

The alternatives considered in this Plan are consistent with and will meet the requirements of the Clean Water Act and Water Quality Act.

4. *Comprehensive plans developed under the Pennsylvania Municipalities Planning Code. The municipality's comprehensive plan must be examined to assure that the proposed wastewater disposal alternative is consistent with land use and all other requirements stated in the comprehensive plan.*

   The Regional Comprehensive Plan, developed for Pen Argyl Borough, Plainfield Township, and Wind Gap Borough, was reviewed and was determined to be consistent with the alternatives regarding land use and all other requirements.

5. *Antidegradation requirements as contained in 25 Pa. Code Chapters 93, 95 and 102 (relating to water quality standards, wastewater treatment requirements and erosion control) and the Clean Water Act.*

   Plainfield Township contains the Bushkill Creek, Martins Creek and Mud Run watersheds, which are all tributaries to the Delaware River. PA Code, Title 25, Chapter 93 classifies these as High Quality – Cold Water Fishery (HQ-CWF) or Cold Water Fishery, Migratory Fishes (CWF, MF).

   As indicated in **Section II**, portions of the Bushkill Creek Watershed and Martins Creek Watershed are considered impaired by PADEP due to siltation and pathogens. The alternatives discussed in **Section V** of this Plan are technically feasible to address the pollution problems of the Township with emphasis on preserving water quality and preventing stream degradation.

6. *State Water Plans developed under the Water Resources Planning Act (42 U.S.C.A. 1962-1962 d-18*

   The Commonwealth is currently implementing the Water Resources Planning Act (ACT 220 of 2002), which calls for the 2009 State Water Plan to be updated. This current update will include development of recommendations for revision to regional plans as well as amend and update the State Water Plan. The new update will include enhanced web-based applications and tools to deliver improved access to water resources information, data and statistics for educational, and water planning purposes. The alternatives discussed in **Section**

V of this Plan are technically feasible to address the existing and future water resource demands of the Township.

7. *Pennsylvania Prime Agricultural Land Policy contained in Title 4 of the Pennsylvania Code, Chapter 7, Subchapter W. Provide narrative on local municipal policy and an overlay map on prime agricultural soils.*

   As discussed in **Section II** of this Plan, Prime Agricultural Land exists within the Township as shown on **Drawing No. II-C**. Minor disturbance to this land is common to all alternatives described in **Section V.** The proposed interconnection alternative will have minor disturbance to the Agricultural Land, however all disturbed area will be restored to its original condition and grade.

8. *County Stormwater Management Plans approved by DEP under the Storm Water Management Act. Conflicts created by the implementation of the proposed wastewater alternative and the existing recommendations for the management of stormwater in the county Stormwater Management Plan must be evaluated and mitigated. If no plan exists, no conflict exists.*

   An Act 167 Stormwater Management Plan for the Bushkill Creek Watershed in Northampton County was prepared in 1992. The Township adopted the ordinance requirements which were generated as part of this plan. Any development and resulting stormwater runoff which occurs as a result of implementation of this Act 537 Plan Revision will be consistent with the approved Act 167 Stormwater Management Plan.

9. *Wetland Protection. Using wetland mapping developed under Checklist Section II.G, identify and discuss mitigative measures including the need to obtain permits for any encroachments on wetlands from the construction or operation of any proposed wastewater facilities.*

   Wetlands are identified and discussed in **Section II** of this Plan. It is the intent of this Plan that all of the conceptual alternatives described in **Section V** avoid regulated wetlands where possible. If necessary, Chapter 105 Dam Safety and Waterway Management permits will be obtained from the proper regulatory

agencies. Impacted wetlands will be addressed to meet the U.S. Army Corps of Engineers and PADEP's wetland mitigation requirements.

10. *Protection of rare, endangered or threatened plant and animal species as identified by the Pennsylvania Natural Diversity Inventory (PNDI). Provide DEP with a copy of the completed PNDI Manual Project Submission Form. Also provide a copy of the response letters from the 4 jurisdictional agencies regarding the findings of the PNDI search.*

    It is the intent of this Plan that all of the conceptual alternatives described in **Section V** protect all rare, endangered, or threatened plant and animal species. As described later in detail, a Sewage Management Plan is the Selected Alternative and a Pennsylvania Natural Diversity Inventory (PNDI) search is not required.

11. *Historical and archaeological resource protection under P.C.S. Title 37, Section 507 relating to cooperation by public officials with the Pennsylvania Historical and Museum Commission (PHMC). Provide DEP with a completed copy of a Cultural Resource Notice and a return receipt for its submission to PHMC. Provide a copy of the response letter or review stamp from the Bureau of Historic Preservation (BHP) indicating the project will have no effect on, or that there may be potential impacts on, known archaeological and historical sites and any avoidance and mitigation measures required.*

    It is the intent of this Plan that all of the conceptual alternatives described in **Section V** protect all historic and archaeologic resources. As described later in detail, a Sewage Management Plan is the Selected Alternative and a Cultural Resource Notice, by the Pennsylvania Historical and Museum Commission (PHMC), is not required.

B. Resolution of Inconsistencies

There are no identified inconsistencies between the alternatives considered in this Plan and the items described in **Section VI.A** above; therefore, no resolution is required.

C. Applicable Water Quality Standards

As discussed in Section III, the Easton Area Joint Sanitary Authority has existing NPDES permits which establish effluent limitations that meet applicable water quality standards. This WWTP has capacity to accept wastewater from Plainfield Township.

D. Detailed Cost Estimates and Present Worth Analysis

Construction, project and user rate comparisons for the alternatives is presented in detail within **Appendix D** of this Plan. A summary of the lowest estimated project costs are shown in **Table VI.D-1**.

Table VI. D-1 Alternatives Cost Comparison

ALTERNATIVE	CONSTRUCTION COSTS	PROJECT COSTS	USER RATE*
Sullivan Trail and Surrounding Area	$6,741,969	$8,090.363	$108.73
Sullivan Trail, Bangor Rd, and Surrounding Areas	$10,157,121	$12,188,545	$110.88

*Based on 20 Year Finance Term from PennVEST at Interest Rate 1.0%

As shown in the Table and as presented in **Appendix D**, alternatives for the sanitary sewer collection and conveyance were evaluated and the best economical alternative includes providing sanitary sewer service to Sullivan Trail, Bangor Road, and Surrounding Areas. As shown on the mapping in **Appendix D**, this alternative provides sanitary sewer service to the Industrial portion of the Township, which may provide potential growth in the Township.

The impacted user rate to this area would be approximately $111 per month per EDU. Financing is based on a PennVEST loan at 1% interest for 20 years. However, this includes the construction, operation, and maintenance of the portion of wastewater facilities in Plainfield Township only. Additional fees will need to be applied to the users to investigate and upgrade certain portions of Stockertown's collection system, conveyance fees through Stockertown/Forks Interceptor, and treatment fees at the Easton Area Joint Sanitary Authority. Based on the median income within the Township, the affordability rate is approximately $88 per month and the user rates

impacted by this alternative are much higher. Therefore, based on the User Rate of $111 per month, plus all the conveyance and treatment fees, this alternative is not financially feasible and will not be implemented.

The Sewage Management Plan does not impact and/or establish user rates. Plainfield Township has experienced management and administrative staff that are capable of operating and maintaining the Sewage Management Plan. Individual costs for the property owners include all installation, operation, and maintenance costs required to utilize individual on-lot disposal systems. A Sewage Management Plan is the Selected Alternative for this Plan.

E. Funding Methods

There is no capital financing plan required to implement the Selected Alternative.

F. Immediate or Phased Implementation of Alternative

Analyze the need for immediate or phased implementation of each alternative proposed in Section V of this checklist including:

1. *A description of any activities necessary to abate critical public health hazards pending completion of sewage facilities or implementation of SMPs.*

   There are no activities necessary to abate critical public health hazards with implementing the selected alternative of this Plan.

2. *A description of the advantages, if any, in phasing construction of the facilities or implementation of a SMP justifying time schedules for each phase.*

   There is no immediate or phased implementation of the selected alternative.

G. Administrative Organizations and Legal Authority

Plainfield Township has the responsibility and legal authority to implement the selected alternative.

VII. Institutional Evaluation

A. Existing Authorities

The only community sewerage systems in Plainfield Township are those owned and operated by either the Wind Gap or Pen Argyl Municipal Authorities. Plainfield Township has Inter-Municipal Agreements in place with each Authority to collect and treatment wastewater within each designated sewer service area.

B. Institutional Alternatives

Relative to management of on-lot systems, the Township has a Sewage Enforcement Officer (SEO) to regulate these activities and enforce the provisions of the Township's On-Lot Management rules and regulations.

The Township will support the cost of administering the Sewage Management Plan through fees for services and the taxing structure of the municipality. It is planned that the Township will continue to maintain, support and implement the Sewage Management Plan for on lot systems.

C. Administrative and Legal Activities

There is no need for the incorporation of new authorities or agencies to implement the plan as described.

D. Proposed Institutional Alternative

The Township will continue to employ Sewage Enforcement Officers to enforce the provisions of on lot management rules and regulations.

VIII. Implementation Schedule and Justification for Selected Technical and Institutional Alternatives

A. Identified Alternative

The identified alternatives were presented and compared in **Section VI**, and the selected alternative is a Sewage Management Plan. This Alternative is also recommended in the Little Bushkill Creek 2018 Watershed Management Plan and the Pen Argyl – Plainfield – Wind Gap Regional Comprehensive Plan, to improve water quality throughout the Township. Based on the evaluation and analyses presented throughout this Plan, this alternative is most viable and cost effective for existing and future wastewater disposal needs.

A Sewage Management Plan will be implemented for continued use of on-lot disposal systems that are in the areas that (1) are not already sewered by public wastewater collection systems, (2) cannot be feasibly connected to the centralized collection systems and (3) meet the requirements as outlined in PA Code 25, Chapters 71 through 73 governing the use of on-lot disposals systems. All other areas located within existing Public Sewer Service Areas will continue to connect to the centralized collection system.

The Sewage Management Plan also helps the Township effectively prevent and abate water pollution and hazards to the public health caused by improper treatment and disposal of sewage. While the Sewage Management Program addresses all onlot disposal systems within the Township, this ordinance also helps the Township to focus on addressing systems that are malfunctioning, or potentially malfunctioning, which are known causes of surface and groundwater contamination.

The Selected Alternative does not require financing; therefore, the Selected Alternative does not impact any user rate within the Township. Plainfield Township also has experienced management and administrative staff that are capable of operating and maintaining the Sewage Management Plan.

In addition, PADEP encourages the use of its Water Quality Anti-Degradation Implementation Guidance document in evaluating the environmental soundness of alternative wastewater management options. The use of the Sanitary Committee's

Sewage Enforcement Officers adequately addresses the desired environmental wastewater treatment and disposal for areas with adequate soils. The Selected Alternative complies with current regulations governing wastewater treatment and disposal.

B. Capital Financing Plan

Capital financing plans are not required to implement the Selected Alternative.

C. Implementation Schedule

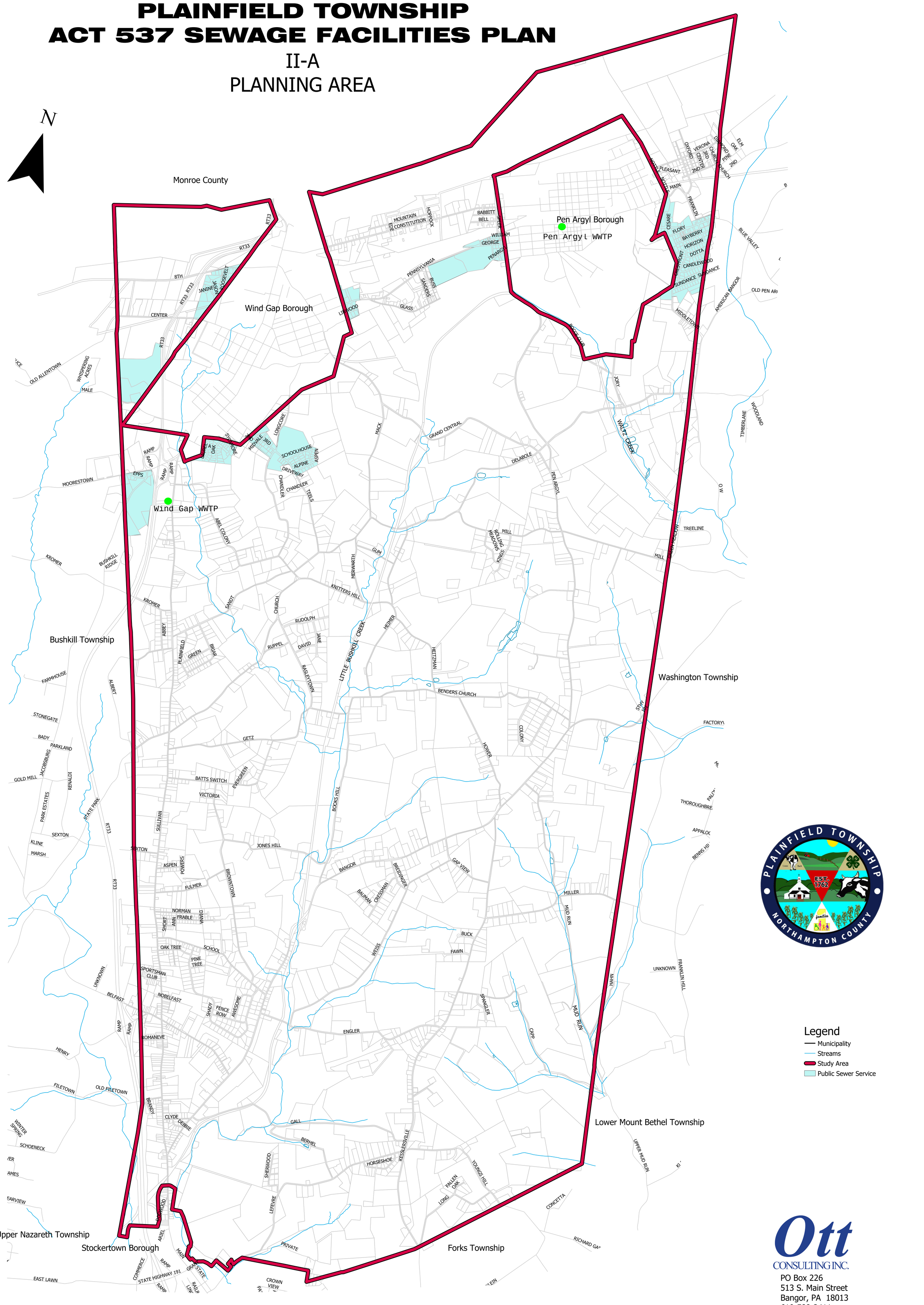
Upon approval of this Act 537 Plan, the Sewage Management Plan can be implemented immediately.

IX. Environmental Report (ER)

An Environmental Report is not required for the Selected Alternative.

PLAINFIELD TOWNSHIP
ACT 537 SEWAGE FACILITIES PLAN

II-A
PLANNING AREA



Legend

- Municipality
- Streams
- Study Area
- Public Sewer Service

0 600 1,200 Feet

Ott CONSULTING INC.
PO Box 226
513 S. Main Street
Bangor, PA 18013
610-588-2411

December 24, 2019

PLAINFIELD TOWNSHIP
ACT 537 SEWAGE FACILITIES PLAN

II-B
PHYSICAL CHARACTERISTICS
STREAMS AND WATERSHEDS

N

Monroe County

Pen Argyl Borough

Wind Gap Borough

Bushkill Township

Washington Township

Lower Mount Bethel Township

Upper Nazareth Township

Stockertown Borough

Forks Township

MARTINS CREEK WATERSHED

BUSHKILL CREEK WATERSHED

MUD RUN WATERSHED

Legend
- Municipality
- Streams
- Contours
- Study Area
- Watersheds

0 600 1,200 Feet

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513 S. Main Street
Bangor, PA 18013
610-588-2411

December 24, 2019

PLAINFIELD TOWNSHIP
ACT 537 SEWAGE FACILITIES PLAN

II-C
SOILS

N

Monroe County

Wind Gap Borough

Pen Argyl Borough

Bushkill Township

Washington Township

Lower Mount Bethel Township

Upper Nazareth Township

Stockertown Borough

Forks Township

Legend

- Municipality
- Streams
- County Soils
- Prime Agricultural Soils
- Study Area

0 600 1,200 Feet

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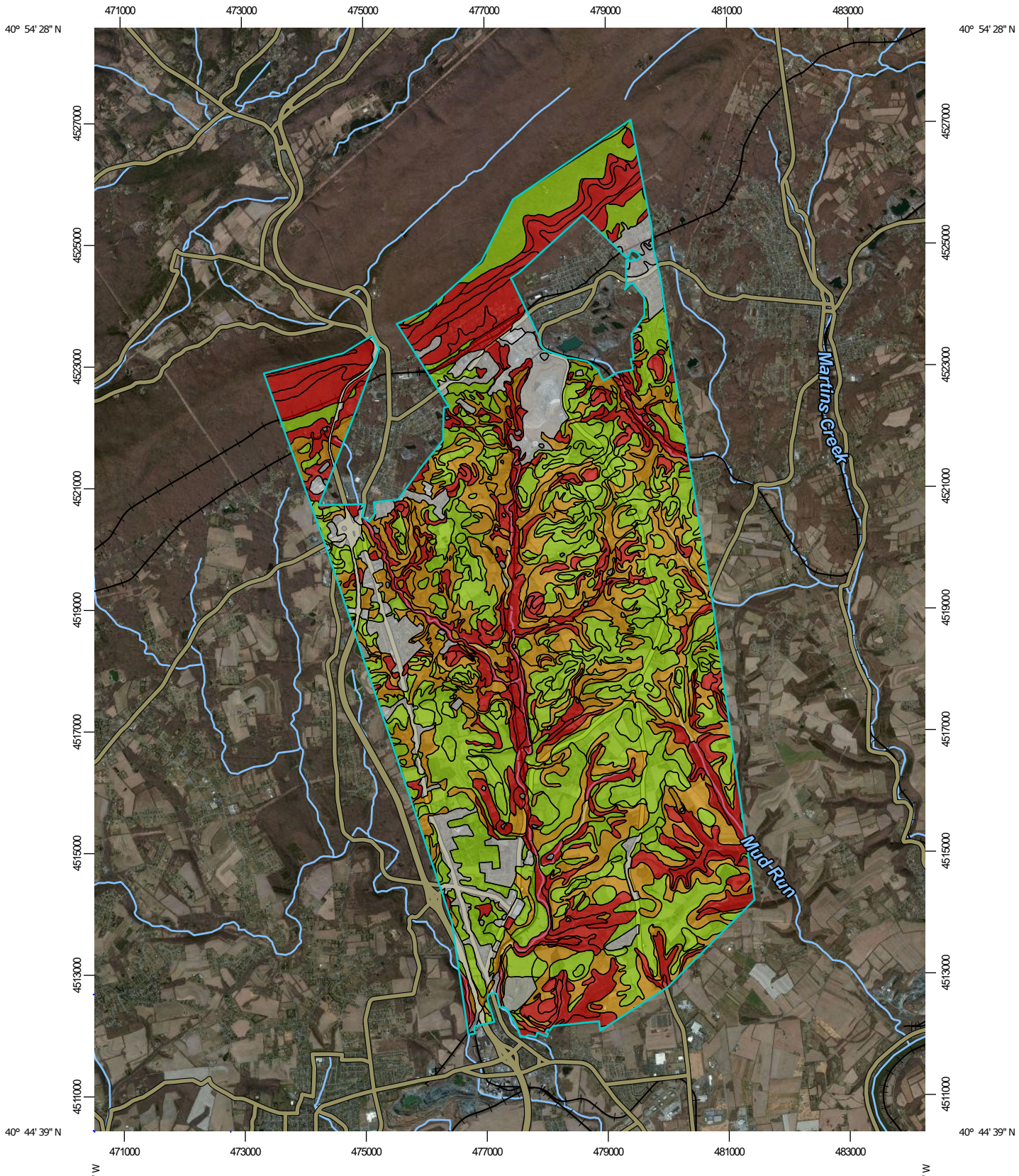
December 24, 2019



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N

Meters
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Feet
0 4000 8000 16000 24000

Map projection: Web Mercator Corner coordinates: WGS84 Edge tics: UTM Zone 18N WGS84

MAP LEGEND

Area of Interest (AOI)
- Area of Interest (AOI)

Soils

Soil Rating Polygons
- Very limited
- Moderately limited
- Slightly limited
- Not limited
- Not rated or not available

Soil Rating Lines
- Very limited
- Moderately limited
- Slightly limited
- Not limited
- Not rated or not available

Soil Rating Points
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- Moderately limited
- Slightly limited
- Not limited
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Water Features
- Streams and Canals

Transportation
- Rails
- Interstate Highways
- US Routes
- Major Roads
- Local Roads

Background
- Aerial Photography

MAP INFORMATION

The soil surveys that comprise your AOI were mapped at scales ranging from 1:12,000 to 1:20,000.

Please rely on the bar scale on each map sheet for map measurements.

Source of Map: Natural Resources Conservation Service
Web Soil Survey URL:
Coordinate System: Web Mercator (EPSG:3857)

Maps from the Web Soil Survey are based on the Web Mercator projection, which preserves direction and shape but distorts distance and area. A projection that preserves area, such as the Albers equal-area conic projection, should be used if more accurate calculations of distance or area are required.

This product is generated from the USDA-NRCS certified data as of the version date(s) listed below.

Soil Survey Area: Monroe County, Pennsylvania
Survey Area Data: Version 15, Jun 5, 2020

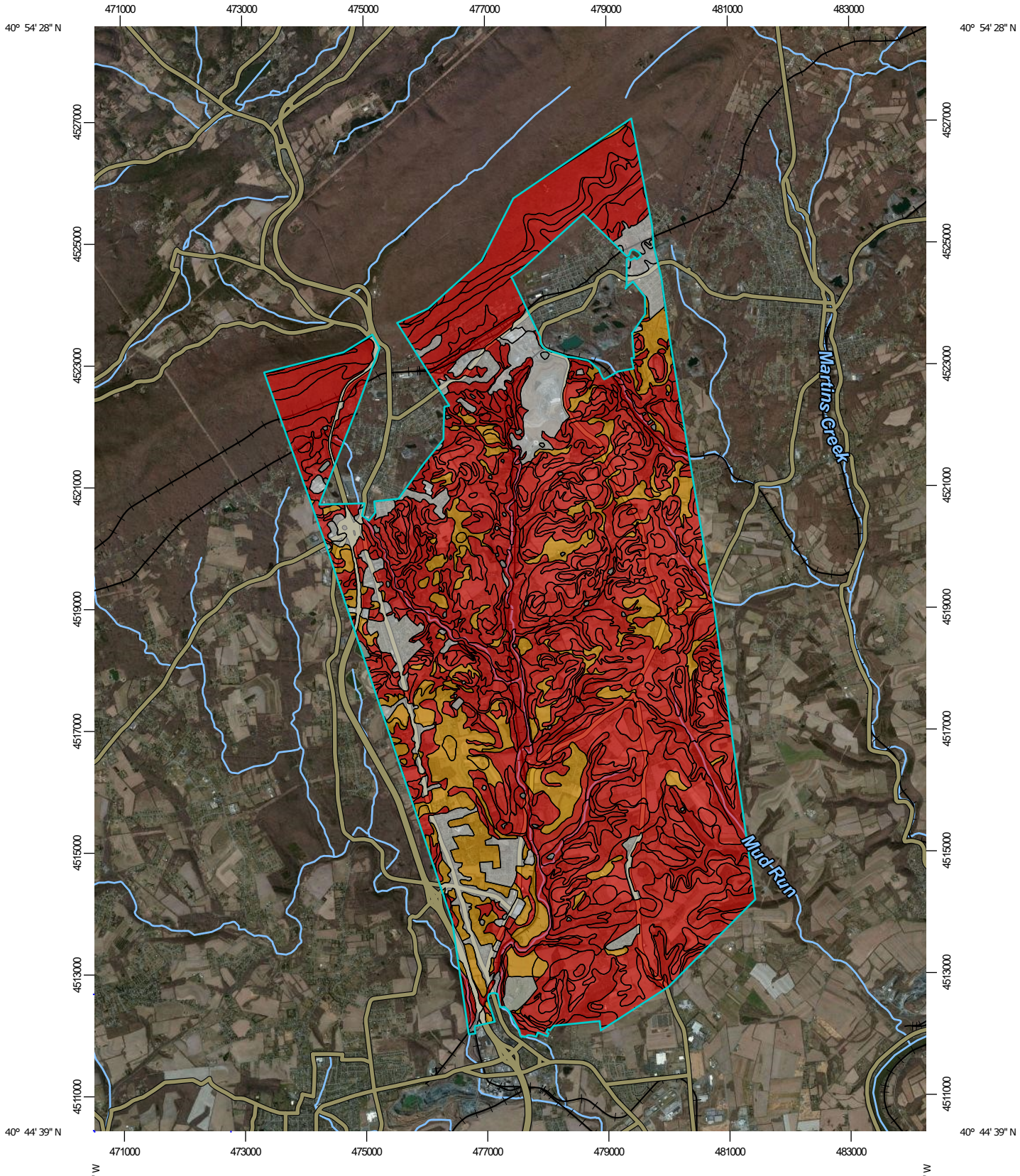
Soil Survey Area: Northampton County, Pennsylvania
Survey Area Data: Version 13, Jun 5, 2020

Your area of interest (AOI) includes more than one soil survey area. These survey areas may have been mapped at different scales, with a different land use in mind, at different times, or at different levels of detail. This may result in map unit symbols, soil properties, and interpretations that do not completely agree across soil survey area boundaries.

Soil map units are labeled (as space allows) for map scales 1:50,000 or larger.

Date(s) aerial images were photographed: Mar 19, 2011—Jul 1, 2011

The orthophoto or other base map on which the soil lines were compiled and digitized probably differs from the background imagery displayed on these maps. As a result, some minor shifting of map unit boundaries may be evident.



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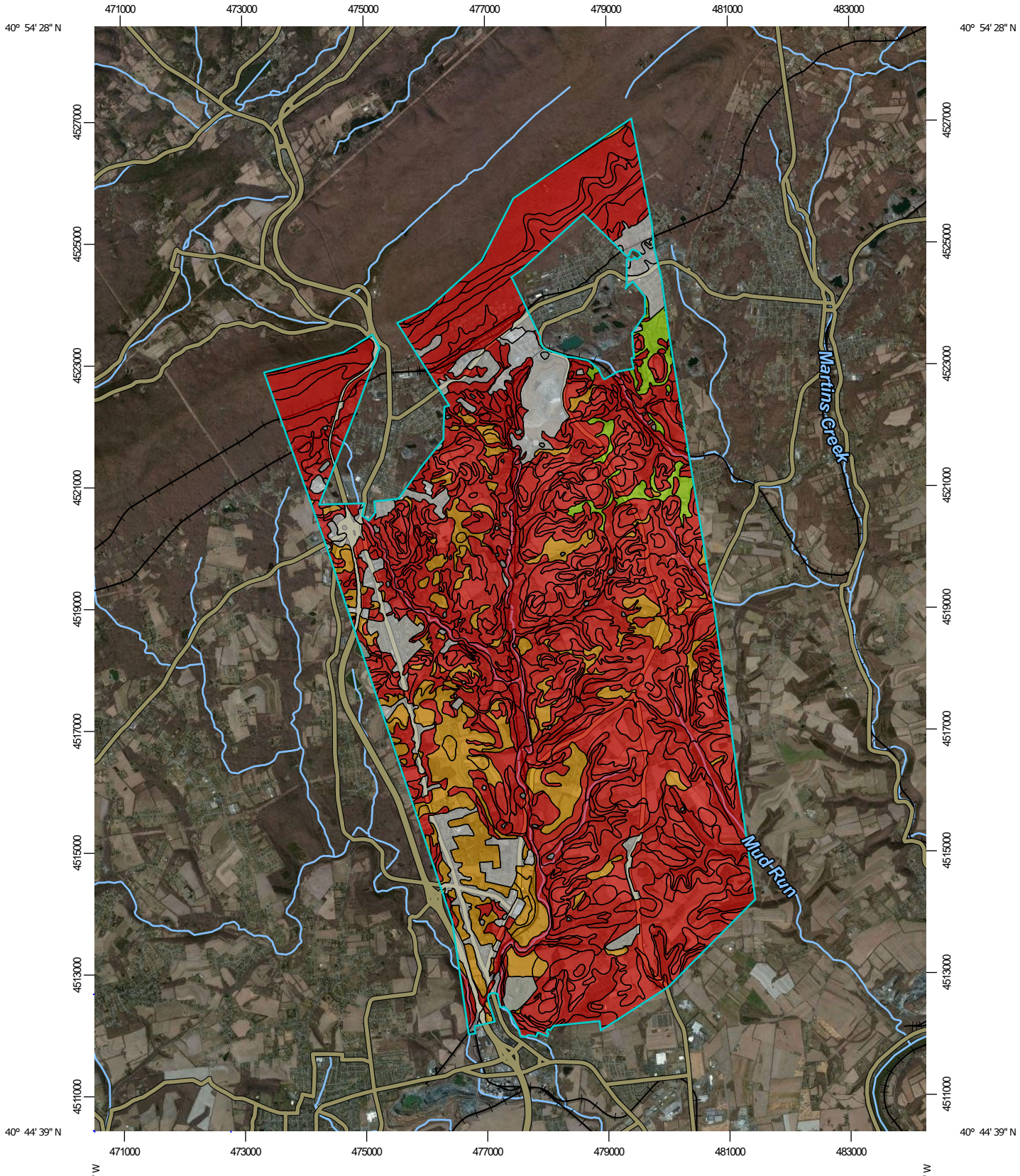

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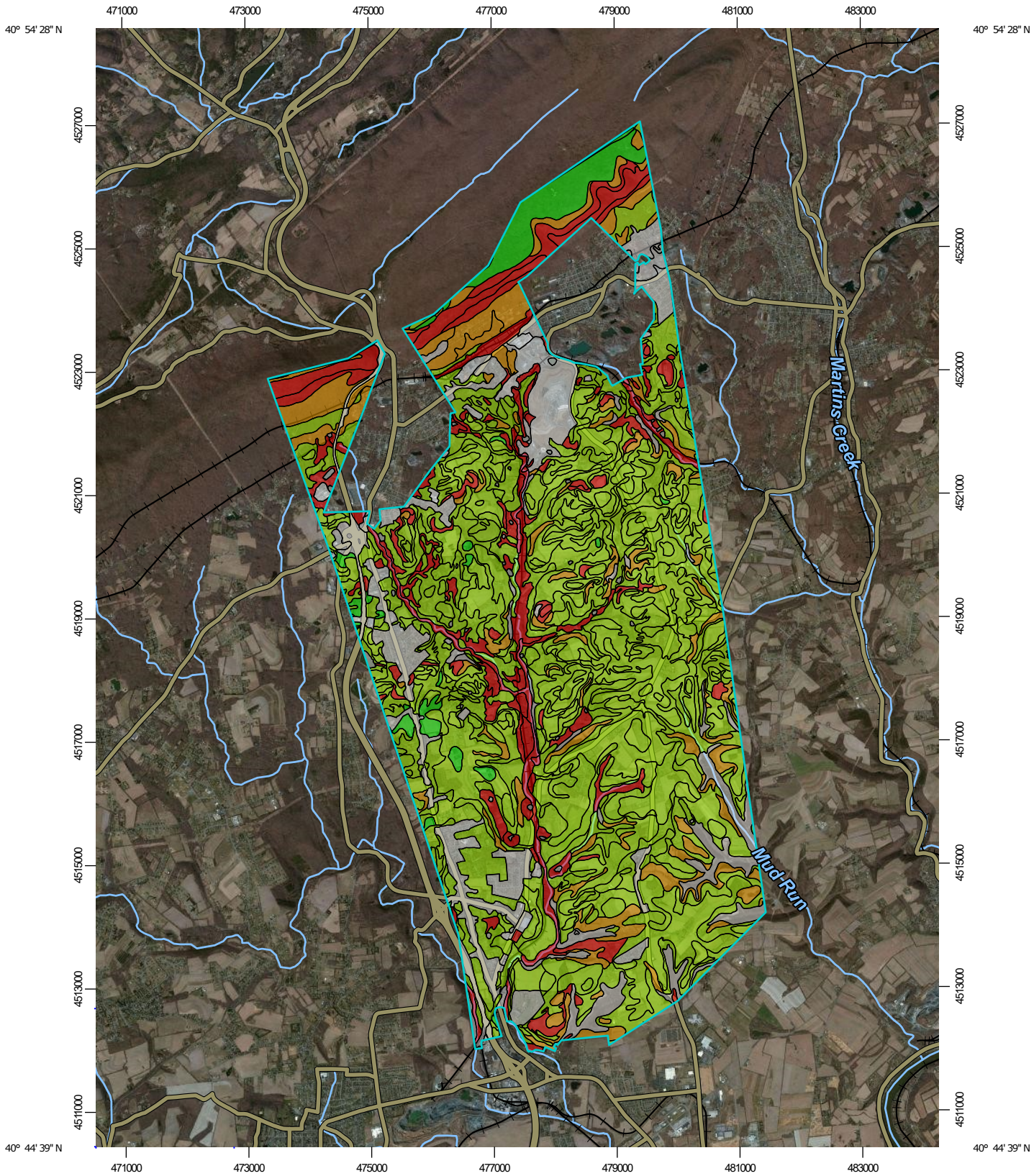
Septic System Spray Irrigation (PA)—Monroe County, Pennsylvania, and Northampton County, Pennsylvania
(Plainfield)



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Web Soil Survey URL:
Coordinate System: Web Mercator (EPSG:3857)

Maps from the Web Soil Survey are based on the Web Mercator projection, which preserves direction and shape but distorts distance and area. A projection that preserves area, such as the Albers equal-area conic projection, should be used if more accurate calculations of distance or area are required.

This product is generated from the USDA-NRCS certified data as of the version date(s) listed below.

Soil Survey Area: Monroe County, Pennsylvania
Survey Area Data: Version 15, Jun 5, 2020

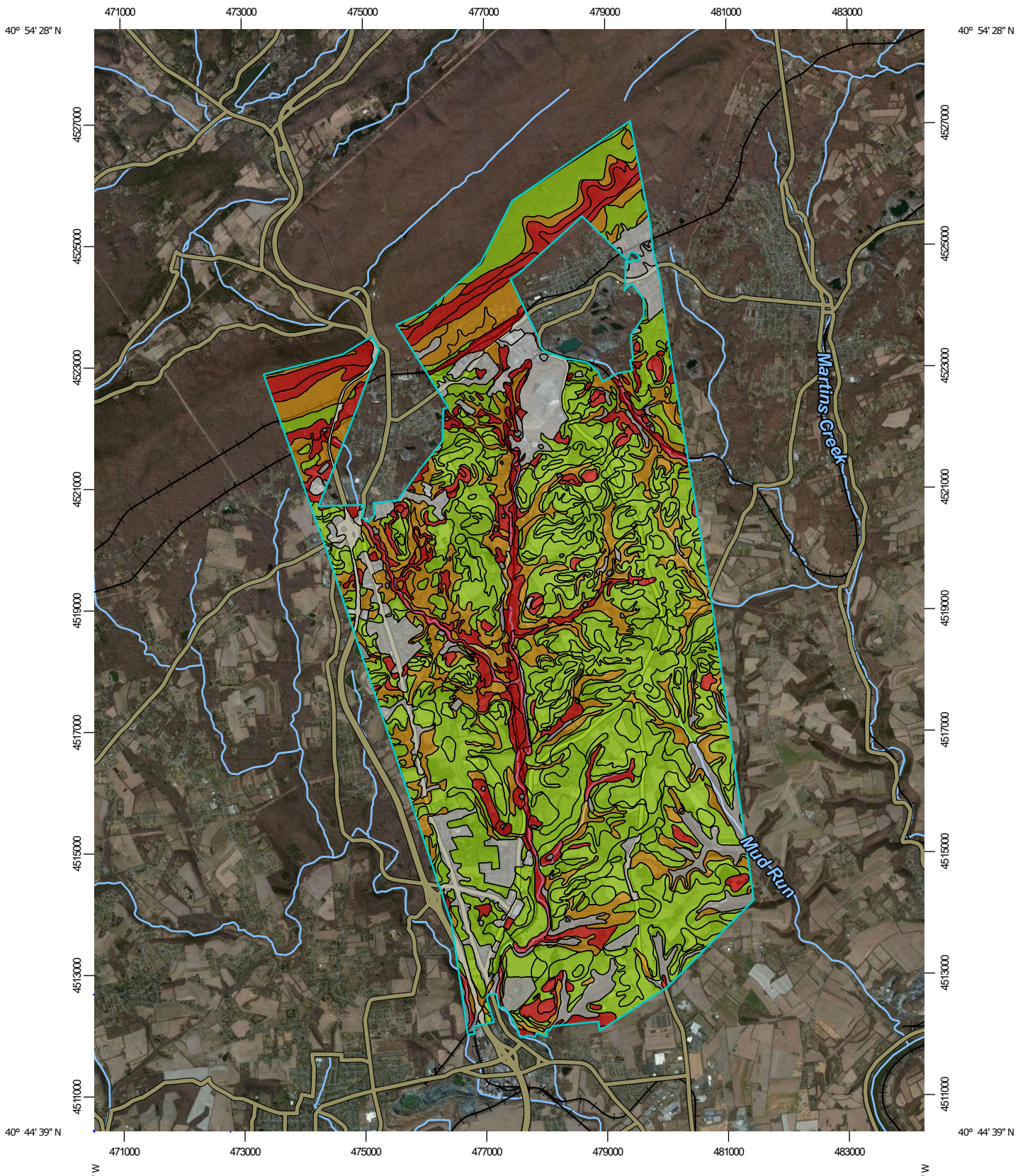
Soil Survey Area: Northampton County, Pennsylvania
Survey Area Data: Version 13, Jun 5, 2020

Your area of interest (AOI) includes more than one soil survey area. These survey areas may have been mapped at different scales, with a different land use in mind, at different times, or at different levels of detail. This may result in map unit symbols, soil properties, and interpretations that do not completely agree across soil survey area boundaries.

Soil map units are labeled (as space allows) for map scales 1:50,000 or larger.

Date(s) aerial images were photographed: Mar 19, 2011—Jul 1, 2011

The orthophoto or other base map on which the soil lines were compiled and digitized probably differs from the background imagery displayed on these maps. As a result, some minor shifting of map unit boundaries may be evident.



Map Scale: 1:88,400 if printed on A portrait (8.5" x 11") sheet.

N

Meters
0 1000 2000 4000 6000

Feet
0 4000 8000 16000 24000

Map projection: Web Mercator Corner coordinates: WGS84 Edge tics: UTM Zone 18N WGS84

MAP LEGEND

Area of Interest (AOI)
- Area of Interest (AOI)

Soils

Soil Rating Polygons
- Very limited
- Moderately limited
- Slightly limited
- Not limited
- Not rated or not available

Soil Rating Lines
- Very limited
- Moderately limited
- Slightly limited
- Not limited
- Not rated or not available

Soil Rating Points
- Very limited
- Moderately limited
- Slightly limited
- Not limited
- Not rated or not available

Water Features
- Streams and Canals

Transportation
- Rails
- Interstate Highways
- US Routes
- Major Roads
- Local Roads

Background
- Aerial Photography

MAP INFORMATION

The soil surveys that comprise your AOI were mapped at scales ranging from 1:12,000 to 1:20,000.

Please rely on the bar scale on each map sheet for map measurements.

Source of Map: Natural Resources Conservation Service
Web Soil Survey URL:
Coordinate System: Web Mercator (EPSG:3857)

Maps from the Web Soil Survey are based on the Web Mercator projection, which preserves direction and shape but distorts distance and area. A projection that preserves area, such as the Albers equal-area conic projection, should be used if more accurate calculations of distance or area are required.

This product is generated from the USDA-NRCS certified data as of the version date(s) listed below.

Soil Survey Area: Monroe County, Pennsylvania
Survey Area Data: Version 15, Jun 5, 2020

Soil Survey Area: Northampton County, Pennsylvania
Survey Area Data: Version 13, Jun 5, 2020

Your area of interest (AOI) includes more than one soil survey area. These survey areas may have been mapped at different scales, with a different land use in mind, at different times, or at different levels of detail. This may result in map unit symbols, soil properties, and interpretations that do not completely agree across soil survey area boundaries.

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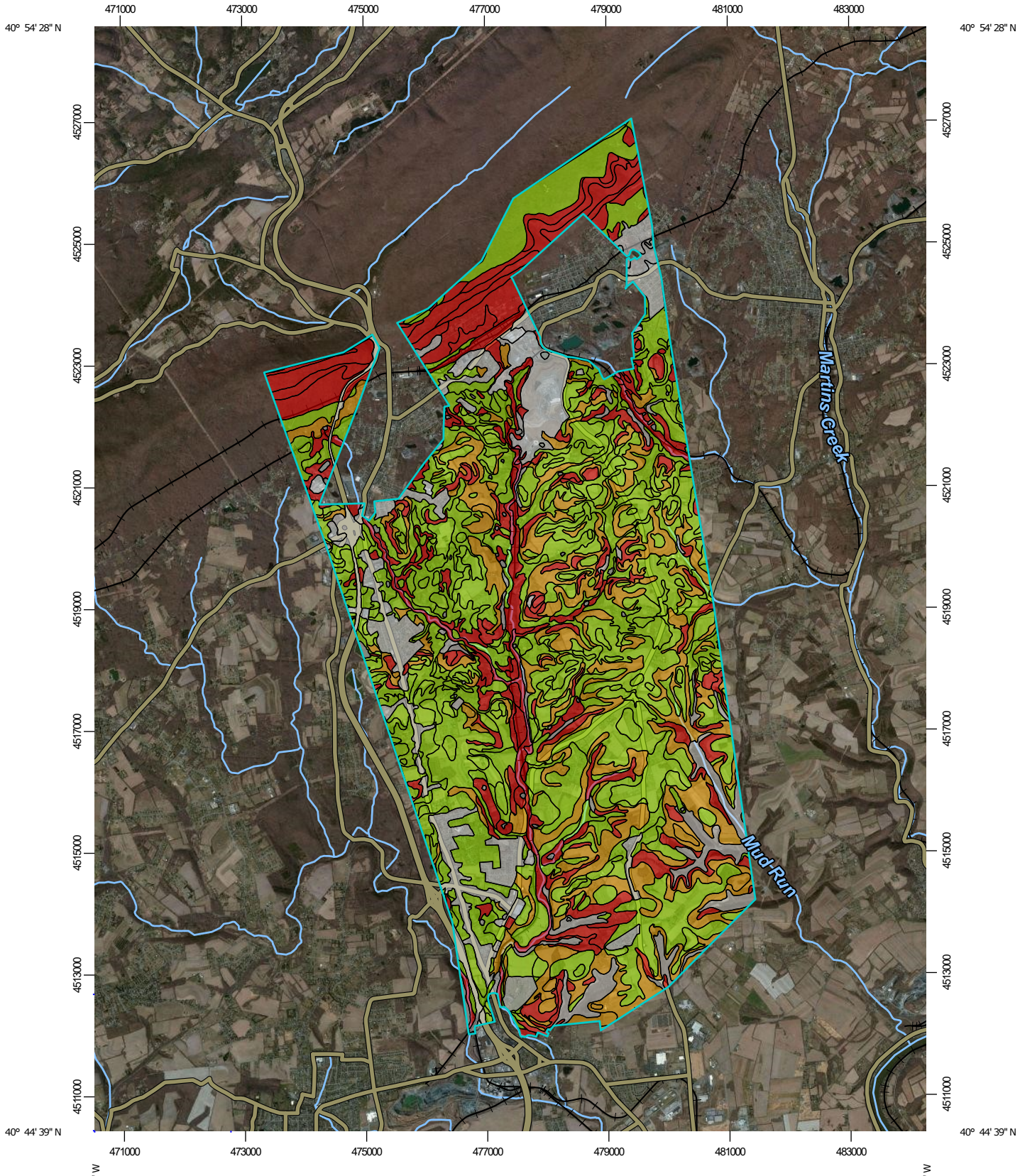

Map Scale: 1:88,400 if printed on A portrait (8.5" x 11") sheet.

N

Meters
0 1000 2000 4000 6000

Feet
0 4000 8000 16000 24000

Map projection: Web Mercator Corner coordinates: WGS84 Edge tics: UTM Zone 18N WGS84

MAP LEGEND

Area of Interest (AOI)
- Area of Interest (AOI)

Soils

Soil Rating Polygons
- Very limited
- Moderately limited
- Slightly limited
- Not limited
- Not rated or not available

Soil Rating Lines
- Very limited
- Moderately limited
- Slightly limited
- Not limited
- Not rated or not available

Soil Rating Points
- Very limited
- Moderately limited
- Slightly limited
- Not limited
- Not rated or not available

Water Features
- Streams and Canals

Transportation
- Rails
- Interstate Highways
- US Routes
- Major Roads
- Local Roads

Background
- Aerial Photography

MAP INFORMATION

The soil surveys that comprise your AOI were mapped at scales ranging from 1:12,000 to 1:20,000.

Please rely on the bar scale on each map sheet for map measurements.

Source of Map: Natural Resources Conservation Service
Web Soil Survey URL:
Coordinate System: Web Mercator (EPSG:3857)

Maps from the Web Soil Survey are based on the Web Mercator projection, which preserves direction and shape but distorts distance and area. A projection that preserves area, such as the Albers equal-area conic projection, should be used if more accurate calculations of distance or area are required.

This product is generated from the USDA-NRCS certified data as of the version date(s) listed below.

Soil Survey Area: Monroe County, Pennsylvania
Survey Area Data: Version 15, Jun 5, 2020

Soil Survey Area: Northampton County, Pennsylvania
Survey Area Data: Version 13, Jun 5, 2020

Your area of interest (AOI) includes more than one soil survey area. These survey areas may have been mapped at different scales, with a different land use in mind, at different times, or at different levels of detail. This may result in map unit symbols, soil properties, and interpretations that do not completely agree across soil survey area boundaries.

Soil map units are labeled (as space allows) for map scales 1:50,000 or larger.

Date(s) aerial images were photographed: Mar 19, 2011—Jul 1, 2011

The orthophoto or other base map on which the soil lines were compiled and digitized probably differs from the background imagery displayed on these maps. As a result, some minor shifting of map unit boundaries may be evident.

PLAINFIELD TOWNSHIP
ACT 537 SEWAGE FACILITIES PLAN

II-D
GEOLOGIC FEATURES

N

Monroe County

Pen Argyl Borough

Wind Gap Borough

Bushkill Township

Washington Township

Lower Mount Bethel Township

Upper Nazareth Township

Stockertown Borough

Forks Township

Sst

Ssl

SOswm

Omp

Omr

Omb

Oj

MAP SYMBOL	GEOLOGIC UNIT	AGE	DOMINANT LITHOLOGY	SECONDMOST LITHOLOGY	OTHER LITHOLOGY
Sst	Tammany Member	Ordovician	Quartzose Conglomeratic Sandstone	Argillite	
Ssl	Lizard Creek Member	Ordovician	Quartzose Sandstone	Siltstone	Shale
Soswm	Minsi Member	Ordovician	Quartzose Conglomeratic Sandstone	Argillite	
Omp	Pen Argyl Member	Ordovician	Slate		
Omr	Ramseyburg Member	Ordovician	Graywacke Slate	Shale	
Omb	Bushkill Member	Ordovician	Shale	Siltstone	Dolostone
Oj	Jacksonburg Limestone	Ordovician	Limestone Conglomerate	Dolomite	

Legend
- Municipality
- Streams
- Geologic Features
- Study Area

Ott CONSULTING INC.
PO Box 226
513 S. Main Street
Bangor, PA 18013
610-588-2411

0 600 1,200 Feet

December 24, 2019

PLAINFIELD TOWNSHIP
ACT 537 SEWAGE FACILITIES PLAN

II-E
TOPOGRAPHY AND SLOPE

N

Monroe County

Wind Gap Borough

Pen Argyl Borough

Bushkill Township

Washington Township

Lower Mount Bethel Township

Upper Nazareth Township

Stockertown Borough

Forks Township

Legend
- Municipality
- Streams
- Contours
- Steep Slopes 15-25%
- Steep Slopes 25-60%
- Study Area

0 600 1,200 Feet

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Bangor, PA 18013
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December 24, 2019

PLAINFIELD TOWNSHIP
ACT 537 SEWAGE FACILITIES PLAN

II-F
POTABLE WATER SUPPLIES

N

Monroe County

Pen Argyl Borough

Wind Gap Borough

Bushkill Township

Washington Township

Lower Mount Bethel Township

Upper Nazareth Township

Stockertown Borough

Forks Township

PLAINFIELD TOWNSHIP
NORTHAMPTON COUNTY
EST. 1762

Legend

- Municipality
- Streams
- Contours
- Study Area
- Public Water Service

0 600 1,200
Feet

Ott
CONSULTING INC.
PO Box 226
513 S. Main Street
Bangor, PA 18013
610-588-2411

December 24, 2019

PLAINFIELD TOWNSHIP
ACT 537 SEWAGE FACILITIES PLAN

II-G
WETLANDS AND HYDRIC SOILS

N

Monroe County

Pen Argyl Borough

Wind Gap Borough

Bushkill Township

Washington Township

Lower Mount Bethel Township

Upper Nazareth Township

Stockertown Borough

Forks Township

PLAINFIELD TOWNSHIP NORTHAMPTON COUNTY EST. 1762

Legend
- Municipality
- Streams
- Wetlands
- Contours
- Hydric Soils Minor
- Hydric Soils Major
- Study Area

0 600 1,200 Feet

Ott CONSULTING INC.
PO Box 226
513 S. Main Street
Bangor, PA 18013
610-588-2411

December 24, 2019

PLAINFIELD TOWNSHIP
ON-LOT SEWAGE DISPOSAL SYSTEM MALFUNCTIONS

N

- Septic Problems since Sept 2015
- Septic Problems prior to Sept 2015
- Suspected Malfunction - Act 537 Survey
- Potential Malfunction - Act 537 Survey
- No Malfunction - Act 537 Survey

0 3,000 6,000 9,000 Feet

February 10, 2020

VERONA
ELM
BANGOR
OXFORD
3RD
PINE
2ND
GUS
MAIN
FRANKLIN
FLORY
HORIZON
DOTTY
CANDLEWOOD
SUNDANCE
MIDDLETOWN
BLUE VALLEY
LEHIGH
HAZEN
WEBSTER
PENNSYLVANIA
GARIBALDI
SIOUX
LIBERTY
FALCONE
GROSS
FRONT
CHESTNUT
SLATE BELT
EISENHOWER
DANTE
9TH
7TH
2ND
8TH
1ST
KENNEDY
13TH
11TH
A
MARKET
BROADWAY
OLD PEN ARGYL
PARK
WALNUT
AMERICAN BANGOR
DELABOLE
WOODLAND
WINDING
RED OAK
MOLASSES
TREELINE
MILL
ACKERMANVILLE
WASHINGTON
FRANKLIN HILL
PALOMINO
BENNS HILL
BELL
GEORGE
CONSTITUTION
BUSS
GLASS
RT33
JASON
CENTER
GRAND CENTRAL
MACK
LONGCORE
3RD
ALPINE
SYCAMORE
LAUREL
OAK
CHANDLER
TEELS
RAMP
EPPS
GUM
MERWARTH
KNITTERS HILL
ABEL COLONY
HEIMER
PEN ARGYL
BENDERS CHURCH
COLONY
RUDOLPH
JANE
RASLEYTOWN
RUPPEL
KINGS
BRUCE
OLD ALLENTOWN
MALE
MOUNTAIN
KICHLINE
MOORESTOWN
KELLINGTON
KELLER
KROMER
ABBEY
SANDT
BRIAR
GREEN
CHURCH
GETZ
BOOKS HILL
ZIMMER
REESE
CASTONE
JACOBSBURG
ALBERT
STONEGATE
BADY
BARON
SONNY MILLER
COUNTRY CHASE
GOLD MILL
RENALDI
PARK ESTATES
BATTS SWITCH
VICTORIA
SEXTON
ASPEN
POWERS
FULMER
SEXTON
KLINE
MARSH
STATE PARK
LUCAS
BLACKSTONE
BELFAST
MEYER
VIRGINIA
PRABLE
SCHOOL
PINE TREE
SPORTSMAN CLUB
NOBELFAST
FENCE ROW
SHADY
UNKNOWN
RAMP
BUSHKILL CENTER
MUSCHLITZ
DONATO
JACOB
LAHR
GOVE
BROOKSIDE
BOWERS
BARLIEB
HENRY
ALUTA MILL
NOLF
ROBERTS
KAHLERS FARM
BICKERT
ROSE INN
FEHR
HALL
EAGLE
ROBIN
COLVER
CLOVER
SCHOENECK
SAINT JAMES
CLEARVIEW
GOWER
HIGH
JILL
YOUNG
CHERRY HILL
OLD FILETOWN
FILETOWN
MOUNT VIEW
BRANDY
SULLIVAN
JONES HILL
BREIDINGER
CRESSMAN
WEISS
BUCK
FAWN
MILLER
MUD RUN
HAHN
GAP VIEW
SPANGLER
CAPP
ENGLER
SHERWOOD
BERHEL
LEFEVRE
GALL
FALLEN OAK
PRIVATE
KESSLERSVILLE
KLEIN
AYERS
UHLER
CROWN VIEW
RESTON
DOGWOOD
ARIEL
MAIN

PARCEL_ID	GIS_ACREAG	LOCATION	SYSTEM AGE	SYSTEM REPAIR	PUMP	TYPE4	SEPTIC TANK	GREEN	WETNESS	ODORS	WATER
E8 1 9P	0.69	925 W MOUNTAIN AVE	40	<Null>	3	INGROUND	YES	NO	NO	NO	NO
E8 1 4E	2.23	885 CONSTITUTION AVE	15	<Null>	4	SAND MOUND	YES	NO	NO	NO	NO
F8 4 2	1.69	881 GRAND CENTRAL RD	33	NEW SYSTEM	2	INGROUND	YES	NO	NO	NO	NO
F8 24 5A-9	1.67	724 RUDOLPH RD	13	<Null>	<Null>	SAND MOUND	YES	NO	NO	YES	NO
F8 20 6A	3.26	628 ABEL COLONY RD	35	TANK	3	INGROUND	YES	NO	NO	NO	NO
F8 18 2-7	1.59	1701 ROLLING MEADOWS DR	6	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
F8 18 2-25	1.69	1766 ROLLING MEADOWS DR	10	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
F8 15 1C	2.2	6547 MERWARTH RD	40	<Null>	5	INGROUND	YES	NO	NO	NO	NO
G8 18 3A	2.52	931 BAUMAN RD	32	<Null>	5	INGROUND	YES	NO	NO	NO	NO
G8 13 8B	2.95	1133 BANGOR RD	34	<Null>	3	TRENCH	YES	NO	NO	NO	NO
G9 2 2B	1.05	1391 BANGOR RD	30	<Null>	2	INGROUND	YES	NO	NO	NO	NO
G9 16 1J	1.49	5870 SPANGLER RD	20	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
G9 12 5A	13.44	5945 MUD RUN RD	47	<Null>	3	INGROUND	YES	NO	NO	NO	NO
G8 9 6D-3	1.88	1145 EVERGREEN CT	20	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
H8 10 7	1.62	655 BANGOR RD	20	<Null>	4	INGROUND	YES	NO	NO	NO	NO
H9 10 6A	2.17	520 LEFEVRE RD	48	<Null>	5	INGROUND	YES	NO	NO	NO	NO
H9 10 2Q	1	540 HORSESHOE DR	46	<Null>	5	INGROUND	YES	NO	NO	NO	NO
H9 10 2K	0.48	582 HORSESHOE DR	47	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
H9 10 2J	1.1	566 HORSESHOE DR	51	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
H9 1 3A	0.91	983 ENGLER RD	30	<Null>	2	SAND MOUND	YES	NO	NO	NO	NO
H8NE1 6 9	0.5	819 BANGOR RD	43	<Null>	5	INGROUND	YES	NO	NO	NO	NO
H8 7 1A	6.88	839 ENGLER RD	35	<Null>	10	INGROUND	YES	NO	NO	NO	NO
G8 13 5B	1.5	6299 HOWER RD	45	<Null>	3	INGROUND	YES	NO	NO	NO	NO
E9 9 3C	6.79	1887 JORY RD	50	<Null>	3	CESSPOOL	YES	NO	NO	NO	NO
E9 10 4	0.7	1184 MIDDLETOWN RD	35	<Null>	5	SAND MOUND	YES	NO	NO	NO	NO
E9 1 18B	1.14	1183 MIDDLETOWN RD	53	<Null>	3	CESSPOOL	NO	NO	NO	NO	NO
F8 24 5A-15	1.5	1221 JANE LN	13	<Null>	4	INGROUND	YES	NO	NO	NO	NO
F8 24 5A-12	1.56	1235 JANE LN	12	<Null>	<Null>	SAND MOUND	YES	NO	NO	NO	NO
F8 20 9	4	657 SANDT RD	50	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
F8 18 6	6.6	951 BENDERS CHURCH RD	UNKNOWN	<Null>	4	CESSPOOL	NO	NO	NO	NO	NO
F8 18 2-3	2.59	1761 ROLLING MEADOWS DR	11	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
G9 12 9	17	1063 CAPP RD	43	<Null>	5	INGROUND	YES	NO	NO	NO	NO
G9 12 12A	2.02	1008 MILLER RD	35	<Null>	3	INGROUND	YES	NO	NO	NO	NO
G8 9 7	2.16	593 BATTS SWITCH RD	35	<Null>	5	INGROUND	YES	NO	NO	NO	NO
G8 4 5C	2.2	575 GETZ RD	5	NEW SYSTEM	<Null>	INGROUND	YES	NO	NO	NO	NO
G8 2 1D	8.18	486 ALBERT RD	33	<Null>	4	TRENCH	YES	NO	NO	NO	NO
H8 19 6N	0.89	5654 SHERWOOD DR	48	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
H8 19 6D	0.82	5639 SHERWOOD DR	47	<Null>	3	INGROUND	YES	YES	NO	NO	NO
H8 19 6	0.9	5623 SHERWOOD DR	40	<Null>	2	INGROUND	YES	NO	NO	NO	NO
H8 12 8C	2.75	882 ENGLER RD	16	<Null>	3	INGROUND	YES	NO	NO	NO	NO
H9 4 14A	0.52	5746 KESSLERSVILLE RD	45	<Null>	3	INGROUND	YES	NO	NO	NO	NO
H9 2 1E	0.56	5835 KESSLERSVILLE RD	44	<Null>	2	INGROUND	YES	NO	NO	NO	NO
H9 10 9	10.43	556 HORSESHOE DR	18	<Null>	<Null>	SAND MOUND	YES	NO	NO	NO	NO
H9 10 2M	0.49	570 HORSESHOE DR	47	<Null>	3	INGROUND	YES	NO	NO	NO	NO
H9 1 1A	1	929 ENGLER RD	50	<Null>	5	INGROUND	YES	NO	NO	NO	NO
G8 11 17	1.5	704 BATTS SWITCH RD	33	<Null>	3	CESSPOOL	NO	NO	NO	NO	NO

PARCEL_ID	OVERFLOW	BACKUP	WELL DISTANCE	Nitrate-N	E. Coli	Fecal Coliform	Total Colifrom	SLOPE	GRADE	COMMENTS
E8 1 9P	NO	NO	60'					5-12%	D	<Null>
E8 1 4E	NO	NO	150'	ND	ND	ND	ND	6-12%	D	<Null>
F8 4 2	NO	NO	100'	0.8	ND	ND	8	4-6%	D	<Null>
F8 24 5A-9	NO	NO	125'	2.1	ND	ND	29	4-10%	D	ODOR AT TANK
F8 20 6A	NO	NO	110'	1.3	ND	ND	ND	3-7%	D	<Null>
F8 18 2-7	NO	NO	100'+	4.7	ND	ND	ND	2-7%	D	<Null>
F8 18 2-25	NO	NO	250'	3.6	ND	ND	ND	2-7%	D	<Null>
F8 15 1C	NO	NO	20'	0.46	ND	ND	ND	4-10%	D	<Null>
G8 18 3A	NO	NO	200'	1.2	ND	ND	2	4-7%	D	<Null>
G8 13 8B	NO	NO	100'+	void	void	void	void	2-10%	D	water sample was void due to chlorine contamination
G9 2 2B	NO	NO	100'	4.5	ND	ND	21	2-10%	D	<Null>
G9 16 1J	NO	NO	150'	6.6	ND	ND	4	4-7%	D	<Null>
G9 12 5A	NO	NO	150'	2.5	ND	ND	3	4-9%	C	<Null>
G8 9 6D-3	NO	NO	110'	2.6	ND	ND	ND	5-9%	D	<Null>
H8 10 7	NO	NO	100'					2-5%	D	<Null>
H9 10 6A	NO	NO	90'	ND	ND	ND	ND	4-10%	C	<Null>
H9 10 2Q	NO	NO	125'	ND	ND	ND	ND	2-6%	D	<Null>
H9 10 2K	NO	NO	100'+	4.7	ND	ND	ND	2-6%	C	<Null>
H9 10 2J	NO	NO	100'+	ND	ND	ND	ND	2-6%	C	<Null>
H9 1 3A	NO	NO	160'	0.96	ND	ND	5	6-10%	D	<Null>
H8NE1 6 9	NO	NO	115'	4	ND	ND	ND	2-5%	D	water sample ID 819 Belfast Rd
H8 7 1A	NO	NO	135'					6-10%	D	<Null>
G8 13 5B	NO	NO	100'					5-9%	D	<Null>
E9 9 3C	NO	NO	50'	ND	ND	ND	ND	3-7%	B	<Null>
E9 10 4	NO	NO	120'	2.2	ND	ND	ND	3-6%	D	<Null>
E9 1 18B	NO	NO	80'					3-6%	B	<Null>
F8 24 5A-15	NO	NO	100'+	4	ND	ND	2	4-10%	D	<Null>
F8 24 5A-12	NO	NO	100'+	3.5	ND	ND	109	4-10%	D	<Null>
F8 20 9	NO	NO	100'+	3.9	ND	1	31	3-7%	C	<Null>
F8 18 6	NO	NO	60'	3	ND	ND	165	4-6%	B	SEPARATE CESSPOOL FOR GREYWATER
F8 18 2-3	NO	NO	260'	1.4	ND	ND	2	2-7%	D	<Null>
G9 12 9	NO	NO	100'					4-9%	D	<Null>
G9 12 12A	NO	NO	125'	ND	ND	ND	2	4-9%	D	<Null>
G8 9 7	NO	NO	115'	8.4	ND	ND	15	4-10%	D	<Null>
G8 4 5C	NO	NO	85'	0.38	ND	ND	ND	4-8%	D	<Null>
G8 2 1D	NO	NO	250'	5	ND	ND	ND	4-6%	D	<Null>
H8 19 6N	NO	NO	150'	2.7	ND	ND	ND	4-9%	C	<Null>
H8 19 6D	NO	NO	150'	1.6	ND	ND	ND	4-9%	C	SEASONAL GREEN GRASS
H8 19 6	NO	NO	160'	1.7	ND	ND	24	4-9%	D	<Null>
H8 12 8C	NO	NO	135'	0.32	ND	ND	3	6-10%	D	<Null>
H9 4 14A	NO	NO	80'					4-9%	D	<Null>
H9 2 1E	NO	NO	100'+	2.1	ND	ND	ND	4-9%	D	<Null>
H9 10 9	NO	NO	100'+					2-6%	D	<Null>
H9 10 2M	NO	NO	250'+	1.5	ND	ND	ND	2-6%	C	<Null>
H9 1 1A	NO	NO	60'	6.6	36	70	>200.5	6-10%	C	water sample ID 933 Engler RD
G8 11 17	NO	NO	60'	0.32	ND	ND	ND	4-10%	B	CESSPOOL WITH DRAINFIELD/LATERALS

PARCEL_ID	GIS_ACREAG	LOCATION	SYSTEM AGE	SYSTEM REPAIR	PUMP	TYPE4	SEPTIC TANK	GREEN	WETNESS	ODORS	WATER
G8 9 5A	4.82	681 BATTS SWITCH RD	33	<Null>	3	INGROUND	YES	NO	NO	NO	NO
G8 11 16	0.33	674 BATTS SWITCH RD	30	<Null>	2	INGROUND	YES	NO	NO	NO	NO
G8 11 14A	13	614 BATTS SWITCH RD	40	<Null>	3	INGROUND	YES	NO	NO	NO	NO
G8 13 16B-1	9.84	1200 BOOKS HILL RD	27	PUMP	6	SAND MOUND	2-1200 GALLON	NO	NO	NO	NO
G8 13 16B-1	2.17	1200 BOOKS HILL RD	27	PUMP	6	SAND MOUND	2-1200 GALLON	NO	NO	NO	NO
E8 1 9U	0.69	933 MOUNTAIN AVE	45	<Null>	3	INGROUND	YES	NO	NO	NO	NO
E9 1 18A	1.3	MIDDLETOWN RD	50	<Null>	10	CESSPOOL	NO	NO	NO	NO	NO
E9 1 18A	1.8	1185 MIDDLETOWN RD	50	<Null>	10	CESSPOOL	NO	NO	NO	NO	NO
E9 1 18	0.93	1175 MIDDLETOWN RD	80	<Null>	<Null>	CESSPOOL	NO	NO	NO	NO	NO
E9 1 21B	1.04	1157 MIDDLETOWN RD	40	<Null>	3	INGROUND	YES	NO	NO	NO	NO
E9 10 5A	0.25	1186 MIDDLETOWN RD	50	<Null>	5	CESSPOOL	NO	NO	NO	NO	NO
E9 20 8F	0.93	2104 DELABOLE RD	13	NEW SYSTEM	5	INGROUND	YES	NO	NO	NO	NO
E9 10 10C	0.79	2069 DELABOLE RD	50	<Null>	2	INGROUND	YES	NO	NO	NO	NO
E9 10 10B-1	1.57	2057 DELABOLE RD	49	<Null>	3	INGROUND	YES	NO	NO	NO	NO
E9 20 3	5.15	2004 DELABOLE RD	30	<Null>	5	INGROUND	YES	NO	NO	NO	NO
E9 20 1	1.8	1992 DELABOLE RD	49	LINE	3	INGROUND	YES	NO	NO	NO	NO
E7 5 1	1.8	572 W CENTER ST	50	<Null>	3	INGROUND	YES	NO	NO	NO	NO
E7 8 1	9.42	575 CENTER ST	50	<Null>	<Null>	CESSPOOL	NO	NO	NO	NO	NO
E8 21 3A-1	4.64	1793 MACK RD	46	<Null>	7	INGROUND	YES	NO	NO	NO	NO
F8 8 9	0.69	1850 DELABOLE RD	9	NEW SYSTEM	5	INGROUND	YES	NO	NO	NO	NO
F8 8 8A	0.54	1846 DELABOLE RD	50	<Null>	5	INGROUND	YES	NO	NO	NO	NO
F8 8 2D	4.05	1799 PEN ARGYL RD	12	<Null>	4	SAND MOUND	YES	NO	NO	NO	NO
F9 1 7B	10.1	1097 MILL RD	12	<Null>	7	SAND MOUND	YES	NO	NO	NO	NO
F9 7 1	1.75	1226 MILL RD	23	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
F8 8 4	0.25	1055 MILL RD	UNKNOWN	LINE	19	CESSPOOL	<Null>	NO	NO	NO	NO
F8 7 9A	6.7	1645 DELABOLE RD	24	PUMP	3	SAND MOUND	YES	NO	NO	NO	NO
F8 18 2-18	1.69	1698 KINGS CT	8	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
F9 7 22A	1.49	1696 PEN ARGYL RD	36	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
F8 18 2	1.63	1776 ROLLING MEADOWS DR	10	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
F8 18 2-17	1.68	1684 KINGS CT	10	<Null>	<Null>	SAND MOUND	YES	NO	NO	NO	NO
F8 18 2-21	1.5	1673 KINGS CT	10	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
F8 18 2-24	1.87	1746 ROLLING MEADOWS DR	11	<Null>	5	SAND MOUND	YES	NO	NO	NO	NO
F8 18 2-15	2.08	1664 KINGS CT	10	<Null>	<Null>	SAND MOUND	YES	NO	NO	NO	NO
F8 18 2-22	1.99	1659 KINGS CT	9	<Null>	4	SAND MOUND	YES	NO	NO	NO	NO
F8 11 10C	12.82	549 ABEL COLONY RD	38	<Null>	5	INGROUND	YES	NO	NO	NO	NO
F8 18 2-5	1.83	1723 ROLLING MEADOWS DR	10	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
F8 18 2-23	1.78	1645 KINGS CT	10	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
F8 18 2-12	1.68	1632 KINGS CT	10	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
F8 11 10C-1	3.48	557 ABEL COLONY RD	27	<Null>	6	SAND MOUND	YES	NO	NO	NO	NO
F8 2 6C	4.7	1500 TEELS RD	42	<Null>	5	INGROUND	YES	NO	NO	NO	NO
F8 18 9	12.88	1478 HEIMER RD	7	TANK	2	INGROUND	YES	NO	NO	NO	NO
F8 2 6B-1	2	1472 TEELS RD	40	<Null>	0	INGROUND	YES	NO	NO	NO	NO
F8 11 5	0.42	1489 CHURCH RD	80	<Null>	1	INGROUND	YES	NO	NO	NO	NO
F8 20 5	1.27	592 ABEL COLONY RD	52	<Null>	5	INGROUND	YES	NO	NO	NO	NO
F8 20 6B	1.91	596 ABEL COLONY RD	47	<Null>	4	INGROUND	YES	NO	NO	NO	NO
F8 20 6B-1	1.99	602 ABEL COLONY RD	50	TANK	5	INGROUND	YES	NO	NO	NO	NO

PARCEL_ID	OVERFLOW	BACKUP	WELL DISTANCE	Nitrate-N	E. Coli	Fecal Coliform	Total Colifrom	SLOPE	GRADE	COMMENTS
G8 9 5A	NO	NO	100'+	ND	ND	ND	ND	4-10%	D	<Null>
G8 11 16	NO	NO	100'+					4-10%	D	<Null>
G8 11 14A	NO	NO	100'+	6.2	ND	ND	53	4-10%	D	<Null>
G8 13 16B-1	NO	NO	300'+	2	ND	ND	6	6-12%	D	<Null>
G8 13 16B-1	NO	NO	300'+					6-12%	D	<Null>
E8 1 9U	NO	NO	100'					5-12%	D	<Null>
E9 1 18A	NO	NO	300'	2.4	ND	1	ND	3-6%	B	<Null>
E9 1 18A	NO	NO	300'	1.2	ND	ND	ND	3-6%	B	<Null>
E9 1 18	NO	NO	125'					3-6%	B	<Null>
E9 1 21B	NO	NO	250'	1.3	ND	ND	ND	3-6%	D	water sample ID 1157 Bangor Rd
E9 10 5A	NO	NO	UNKNOWN	3.8	ND	ND	15	3-6%	B	water sample ID 1190 Middletown Rd
E9 20 8F	NO	NO	69'	ND	ND	ND	ND	3-7%	D	water sample ID 2109 Delabole rd
E9 10 10C	NO	NO	100'	0.9	ND	ND	ND	3-7%	C	<Null>
E9 10 10B-1	NO	NO	300'	2	ND	ND	ND	3-7%	C	<Null>
E9 20 3	NO	NO	100'					3-7%	D	<Null>
E9 20 1	NO	NO	60'	ND	ND	ND	ND	3-7%	C	<Null>
E7 5 1	NO	NO	100'	ND	ND	ND	ND	6-10%	C	WELL IN BASEMENT
E7 8 1	NO	NO	100'+					6-10%	B	<Null>
E8 21 3A-1	NO	NO	60'	3	ND	ND	10	3-7%	D	<Null>
F8 8 9	NO	NO	123'	6.7	3	2	74	3-7%	D	<Null>
F8 8 8A	NO	NO	75'	1.8	ND	ND	25	3-7%	C	<Null>
F8 8 2D	NO	NO	150'	2.5	ND	ND	2	3-7%	D	<Null>
F9 1 7B	NO	NO	60'	10.2	4	ND	118	5-8%	D	<Null>
F9 7 1	NO	NO	240'	3.1	4	10	9	5-8%	D	<Null>
F8 8 4	NO	NO	75'	7	2	ND	27	5-8%	B	<Null>
F8 7 9A	NO	NO	175'	1.5	ND	ND	1	3-6%	D	<Null>
F8 18 2-18	NO	NO	100'+	ND	ND	ND	ND	2-7%	D	<Null>
F9 7 22A	NO	NO	100'	7.2	ND	ND	ND	2-7%	D	<Null>
F8 18 2	NO	NO	100'+					2-7%	D	<Null>
F8 18 2-17	NO	NO	100'+	1.2	ND	ND	ND	2-7%	D	<Null>
F8 18 2-21	NO	NO	100'+	5.8	ND	ND	36	2-7%	D	<Null>
F8 18 2-24	NO	NO	150'	4.5	ND	ND	10	2-7%	D	<Null>
F8 18 2-15	NO	NO	100'+	3.3	ND	ND	ND	2-7%	D	1ST WELL TOO CLOSE TO NEIGHBORS SEPTIC
F8 18 2-22	NO	NO	100'+	4.9	ND	ND	2	2-7%	D	<Null>
F8 11 10C	NO	NO	120'					3-7%	D	<Null>
F8 18 2-5	NO	NO	120'	5.4	ND	ND	9	2-7%	D	<Null>
F8 18 2-23	NO	NO	100'+	4.6	ND	ND	ND	2-7%	D	<Null>
F8 18 2-12	NO	NO	100'+					3-6%	D	<Null>
F8 11 10C-1	NO	NO	500'					3-7%	D	<Null>
F8 2 6C	NO	NO	100'+	ND	ND	ND	ND	3-6%	D	<Null>
F8 18 9	NO	NO	110'	2	ND	ND	ND	3-6%	D	<Null>
F8 2 6B-1	NO	NO	100'+					3-6%	D	<Null>
F8 11 5	NO	NO	100'+	1.5	ND	ND	ND	4-9%	C	LAUNDRY HAS SEPARATE SEEPAGE PIT
F8 20 5	NO	NO	48'	1	ND	ND	8	3-7%	C	SEASONAL GREEN GRASS/WETNESS
F8 20 6B	NO	NO	100'+					3-7%	C	2 SEPTIC TANKS
F8 20 6B-1	NO	NO	100'+					3-7%	C	<Null>

PARCEL_ID	GIS_ACREAG	LOCATION	SYSTEM AGE	SYSTEM REPAIR	PUMP	TYPE4	SEPTIC TANK	GREEN	WETNESS	ODORS	WATER
F8 11 10A	4.01	633 ABEL COLONY RD	51	LINE	5	INGROUND	YES	NO	NO	NO	NO
F8 20 6	4.54	614 ABEL COLONY RD	40	<Null>	5	INGROUND	YES	NO	NO	NO	NO
F8 11 7	1.82	1455 CHURCH RD	47	<Null>	2	SEEPAGE PIT	YES	NO	NO	NO	NO
F8 18 10D	0.46	1458 HEIMER RD	UNKNOWN	LINE	2	INGROUND	YES	NO	NO	NO	NO
F8 11 7A	1.49	723 ABEL COLONY RD	30	TANK	2	INGROUND	YES	NO	NO	NO	NO
F8 11 8	1.52	703 C ABEL COLONY RD	UNKNOWN	LINE	3	CESSPOOL	YES	NO	NO	NO	NO
F8 20 9B-2	4	718 ABEL COLONY RD	26	PUMP	6	SAND MOUND	YES	NO	NO	NO	NO
F8 21 2	7.74	662 SANDT RD	43	<Null>	22	INGROUND	YES	NO	NO	NO	NO
F8 24 5A-26	1.85	765 RUDOLPH RD	13	<Null>	4	SAND MOUND	YES	NO	NO	NO	NO
F8 21 1	12.66	602 SANDT RD	70	<Null>	<Null>	CESSPOOL	NO	NO	NO	NO	NO
F8 24 5A-28	1.53	745 RUDOLPH RD	11	<Null>	5	SAND MOUND	YES	NO	NO	NO	NO
F8 24 5A-24	1.58	754 RUDOLPH RD	13	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
F8 24 5A-10	1.67	1261 JANE LN	13	<Null>	2	SAND MOUND	YES	NO	NO	NO	NO
F8 24 5A-22	2.21	1250 JANE LN	12	PUMP	2	SAND MOUND	YES	NO	NO	NO	NO
F8 24 5A-11	1.53	1245 JANE LN	13	<Null>	1	SAND MOUND	YES	NO	NO	NO	NO
F9 15 1-1	1.65	1395 COLONY LN	4	<Null>	<Null>	SAND MOUND	YES	NO	NO	NO	NO
F9 15 1-30	1.54	1390 COLONY LN	6	<Null>	2	SAND MOUND	YES	NO	NO	NO	NO
F8 21 9A	0.96	592 SANDT RD	50	<Null>	<Null>	CESSPOOL	NO	NO	NO	NO	NO
F8 26 3	9.89	907 BENDERS CHURCH RD	49	<Null>	5	INGROUND	YES	NO	NO	NO	NO
F8 24 5A-1	1.51	607 RASLEYTOWN RD	20	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
F9 15 1-3	1.5	1379 COLONY LN	4	<Null>	<Null>	SAND MOUND	YES	NO	NO	NO	NO
F8 24 5A-18	1.85	1210 JANE LN	11	<Null>	1	SAND MOUND	YES	NO	NO	NO	NO
F8 24 5A-2	1.54	619 RASLEYTOWN RD	20	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
F9 15 1-4	1.61	1375 COLONY LN	4	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
F9 15 1-26	1.51	1370 COLONY LN	3	<Null>	<Null>	SAND MOUND	YES	NO	NO	NO	NO
F8 23 1A	2	664 RUPPEL RD	33	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
F8 24 5A-17	5.8	1200 JANE LN	13	<Null>	<Null>	SAND MOUND	YES	NO	NO	NO	NO
G8 13 3A	10.01	876 BENDERS CHURCH RD	12	<Null>	1	SAND MOUND	YES	NO	NO	NO	NO
F9 15 1-13	1.6	1337 COLONY LN	3	<Null>	<Null>	SAND MOUND	YES	NO	NO	NO	NO
F9 15 1-8	3.4	1355 COLONY LN	2	<Null>	<Null>	SAND MOUND	YES	NO	NO	NO	NO
G8 13 1A	1.38	828 BENDERS CHURCH RD	19	NEW SYSTEM	<Null>	INGROUND	YES	NO	NO	NO	NO
G8 13 18	2.4	804 BENDERS CHURCH RD	13	NEW SYSTEM	2	SAND MOUND	YES	NO	NO	NO	NO
G9 2 2	2.71	1385 BANGOR RD	50	<Null>	2	INGROUND	YES	NO	NO	NO	NO
G8 3 19	6.8	1219 CHURCH RD	11	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
G9 1 1B	1.49	6293 HOWER RD	17	<Null>	5	SAND MOUND	YES	NO	NO	NO	NO
G9 1 1C	1.49	6281 HOWER RD	24	<Null>	2	SAND MOUND	YES	NO	NO	NO	NO
G9 1 1D	1.49	6273 HOWER RD	24	<Null>	6	SAND MOUND	1000 GALLON	NO	NO	NO	NO
G8 13 16A	1.51	1248 BOOKS HILL RD	40	PUMP	3	INGROUND	YES	NO	NO	NO	NO
G8 3 3A	3.11	1145 CHURCH RD	48	<Null>	2	INGROUND	YES	NO	NO	NO	NO
G8 3 4	1.79	1101 CHURCH RD	13	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
G9 7 3C	1.29	1183 MILLER RD	51	<Null>	3	INGROUND	1000 GALLON	NO	NO	NO	NO
G8 9 6D-7	1.81	1130 EVERGREEN CT	20	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
G8 9 6D-5	1.47	1133 EVERGREEN CT	40	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
G9 4 1B	1.5	1184 BANGOR RD	22	PIPE	5	INGROUND	YES	NO	NO	NO	NO
G8 9 8C	1.53	589 BATTS SWITCH RD	16	<Null>	2	SAND MOUND	YES	YES	NO	NO	NO
G8 2 15A	0.66	1045 STATE PARK RD	60	<Null>	1	INGROUND	YES	NO	NO	NO	NO

PARCEL_ID	OVERFLOW	BACKUP	WELL DISTANCE	Nitrate-N	E. Coli	Fecal Coliform	Total Colifrom	SLOPE	GRADE	COMMENTS
F8 11 10A	NO	NO	65'					3-7%	C	GREY WATER TANK IN REAR YARD
F8 20 6	NO	NO	100'+	0.24	ND	ND	ND	3-7%	D	<Null>
F8 11 7	NO	NO	100'+	4.5	ND	ND	1	4-9%	C	<Null>
F8 18 10D	NO	NO	65'					5-8%	C	<Null>
F8 11 7A	NO	NO	200'	0.42	ND	ND	ND	4-6%	D	<Null>
F8 11 8	NO	NO	100'	ND	ND	ND	ND	4-6%	B	LAUNDRY TO SEEPAGE PIT
F8 20 9B-2	NO	NO	80'	3.4	ND	ND	ND	4-6%	D	<Null>
F8 21 2	NO	NO	130'					4-6%	D	<Null>
F8 24 5A-26	NO	NO	100'+	0.42	ND	ND	ND	4-10%	D	<Null>
F8 21 1	NO	NO	100'+	0.76	ND	ND	1	3-7%	B	<Null>
F8 24 5A-28	NO	NO	125'	9.7	ND	ND	ND	4-10%	D	<Null>
F8 24 5A-24	NO	NO	200'	3.5	ND	ND	8	4-10%	D	<Null>
F8 24 5A-10	NO	NO	200'	2.2	ND	ND	9	4-10%	D	<Null>
F8 24 5A-22	NO	NO	125'	4.3	ND	ND	ND	4-10%	D	<Null>
F8 24 5A-11	NO	NO	200'	2.1	ND	ND	ND	4-10%	D	<Null>
F9 15 1-1	NO	NO	100'+	6	ND	ND	ND	4-12%	D	<Null>
F9 15 1-30	NO	NO	100'+	ND	ND	ND	ND	4-12%	D	<Null>
F8 21 9A	NO	NO	60'	ND	ND	ND	25	3-7%	B	<Null>
F8 26 3	NO	NO	225'	5.5	ND	ND	ND	4-6%	C	WELL IN HOUSE
F8 24 5A-1	NO	NO	100'+	2.6	ND	ND	5	5-9%	C	TANKS HAVE CRACKED LIDS water sample ID 607 David Drive
F9 15 1-3	NO	NO	100'+	0.56	ND	ND	ND	4-12%	D	<Null>
F8 24 5A-18	NO	NO	100'+	4.2	ND	ND	ND	4-10%	D	<Null>
F8 24 5A-2	NO	NO	100'+	4.9	ND	1	70	5-9%	D	<Null>
F9 15 1-4	NO	NO	125'	1.6	ND	ND	ND	4-12%	D	<Null>
F9 15 1-26	NO	NO	100'+	ND	ND	ND	1	4-12%	D	<Null>
F8 23 1A	NO	NO	220'					2-6%	D	<Null>
F8 24 5A-17	NO	NO	100'+	3.8	ND	ND	ND	4-10%	D	<Null>
G8 13 3A	NO	NO	150'	1.5	ND	2	130	4-6%	D	<Null>
F9 15 1-13	NO	NO	120'	0.46	ND	ND	ND	4-12%	D	<Null>
F9 15 1-8	NO	NO	100'+	2.5	ND	ND	ND	4-12%	D	<Null>
G8 13 1A	NO	NO	60'					4-6%	D	RV HOOKUP - NOT IN USE
G8 13 18	NO	NO	125'	4.1	ND	ND	4	4-6%	D	<Null>
G9 2 2	NO	NO	100'	6.3	ND	ND	1	2-10%	C	<Null>
G8 3 19	NO	NO	100'+	2.6	ND	ND	ND	4-9%	D	water sample ID 1219 Union Rd
G9 1 1B	NO	NO	100'	7.8	ND	ND	1	5-9%	D	<Null>
G9 1 1C	NO	NO	100'	9.1	ND	ND	3	5-9%	D	<Null>
G9 1 1D	NO	NO	100'	8.4	ND	ND	ND	5-9%	D	<Null>
G8 13 16A	NO	NO	95'	ND	ND	ND	ND	6-12%	D	<Null>
G8 3 3A	NO	NO	100'+					4-9%	C	<Null>
G8 3 4	NO	NO	300'	4.1	ND	ND	201	4-9%	C	MINOR SETTLING ON MOUND
G9 7 3C	NO	NO	125'	2.3	ND	ND	ND	4-9%	C	<Null>
G8 9 6D-7	NO	NO	167'	6.7	ND	ND	21	5-9%	D	<Null>
G8 9 6D-5	NO	NO	110'	8.5	ND	ND	ND	5-9%	D	<Null>
G9 4 1B	NO	NO	150'	5.1	ND	ND	ND	2-10%	D	water sample ID 1184 Banlear Rd
G8 9 8C	NO	NO	100'	4.6	ND	ND	118	4-10%	D	<Null>
G8 2 15A	NO	NO	56'					5-10%	C	<Null>

PARCEL_ID	GIS_ACREAG	LOCATION	SYSTEM AGE	SYSTEM REPAIR	PUMP	TYPE4	SEPTIC TANK	GREEN	WETNESS	ODORS	WATER
G9 4 1A	1.03	1180 BANGOR RD	50	<Null>	2	INGROUND	YES	NO	NO	NO	NO
G8 11 13A	1.5	586 BATTS SWITCH RD	14	<Null>	2	INGROUND	YES	NO	NO	NO	NO
G8 13 7A	2.38	1141 BANGOR RD	26	<Null>	1	SAND MOUND	YES	NO	NO	NO	NO
G8 10 3C	1	576 BATTS SWITCH RD	18	<Null>	4	SAND MOUND	YES	NO	NO	NO	NO
G9 11 4A	1.93	926 GAP VIEW RD	12	<Null>	2	SAND MOUND	YES	NO	NO	NO	NO
G8 10 3B	1	564 BATTS SWITCH RD	18	<Null>	5	SAND MOUND	YES	YES	NO	NO	NO
G8 13 8A	2.27	1123 BANGOR RD	UNKNOWN	<Null>	3	INGROUND	YES	NO	NO	NO	NO
G8 10 1	0.54	518 BATTS SWITCH RD	70	<Null>	2	CESSPOOL	NO	NO	NO	NO	NO
G8 10 3F	1	559 VICTORIA CT	20	LINE	5	SAND MOUND	YES	NO	NO	NO	NO
G8 11 13D	1.5	1112 BROWNTOWN RD	20	<Null>	4	INGROUND	YES	NO	NO	NO	NO
G8 10 3H	1	580 VICTORIA CT	20	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
G8 18 3A-3	1.57	909 BREIDINGER RD	40	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
G9 6 6B-2	1.74	1027 MILLER RD	15	<Null>	<Null>	SAND MOUND	YES	NO	NO	NO	NO
G8 18 3A-6	1.75	927 BREIDINGER RD	40	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
G8 18 1	18.8	1070 BANGOR RD	4	<Null>	5	SAND MOUND	YES	NO	NO	NO	NO
G9 13 3	48	MUD RUN RD	50	<Null>	3	INGROUND	YES	NO	NO	NO	NO
G8 18 3A-12	1.93	1057 CRESSMAN RD	39	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
G8 18 9	2.88	1045 CRESSMAN RD	25	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
G8 18 10	2.11	1042 CRESSMAN RD	35	<Null>	3	INGROUND	YES	NO	NO	NO	NO
G8 18 3A-23	1.62	1035 CRESSMAN RD	33	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
G8 18 3A-15	1.49	923 BAUMAN RD	35	<Null>	1	INGROUND	YES	NO	NO	NO	NO
G8 18 3A-19	1.51	1034 CRESSMAN RD	35	<Null>	5	INGROUND	YES	NO	NO	NO	NO
G8 18 3A-21	1.91	932 BAUMAN RD	35	<Null>	3	INGROUND	YES	NO	NO	NO	NO
G9 12 11C	1.5	5984 KESSLERSVILLE RD	15	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
G9 11 7G	2.29	985 FAWN LN	17	<Null>	6	SAND MOUND	YES	NO	NO	NO	NO
G9 11 7H	1.51	990 FAWN LN	14	<Null>	2	SAND MOUND	YES	NO	NO	NO	NO
G8 14 1C	1.12	470 SEXTON RD	22	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
G8 14 1B	1.26	460 SEXTON RD	22	<Null>	3	INGROUND	YES	NO	NO	NO	NO
G9 11 7L	1.95	972 FAWN LN	12	PUMP	3	SAND MOUND	YES	NO	NO	NO	NO
G8 17 3	0.56	945 BANGOR RD	60	<Null>	3	INGROUND	YES	NO	NO	NO	NO
G8 10 8C	0.73	529 FULMER RD	45	<Null>	2	INGROUND	YES	NO	NO	NO	NO
G8 15 1	0.6	518 FULMER RD	40	<Null>	5	INGROUND	YES	NO	NO	NO	NO
G9 16 1B	2.14	5894 KESSLERSVILLE RD	30	<Null>	3	INGROUND	YES	NO	NO	NO	NO
G9 11 9A	0.66	5901 KESSLERSVILLE RD	61	<Null>	2	INGROUND	YES	NO	NO	NO	NO
H9 4 1A	2.16	5872 KESSLERSVILLE RD	48	<Null>	2	INGROUND	YES	NO	NO	NO	NO
H9 1 3B	1.21	5853 KESSLERSVILLE RD	21	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO
H8 3 1C	4.75	647 SCHOOL RD	40	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
H9 2 1D	0.72	974 ENGLER RD	40	<Null>	3	INGROUND	YES	NO	NO	NO	NO
H9 4 3	12.2	5828 KESSLERSVILLE RD	3	<Null>	2	INGROUND	YES	NO	NO	NO	NO
H9 2 2	0.37	5823 KESSLERSVILLE RD	70	<Null>	<Null>	CESSPOOL	YES	NO	NO	NO	NO
H8NE1 1 7	0.26	833 BANGOR RD	60	<Null>	3	INGROUND	YES	NO	NO	NO	NO
H8NE1 2 5	0.23	822 BANGOR RD	50	<Null>	3	INGROUND	YES	NO	NO	NO	NO
H8NE1 2 4	0.48	816 BANGOR RD	60	<Null>	2	TRENCH	YES	NO	NO	NO	NO
H8NE1 6 7	0.55	807 BANGOR RD	45	<Null>	2	INGROUND	YES	NO	NO	NO	NO
H8 12 6A	4.07	790 ENGLER RD	36	TANK	3	TRENCH	YES	NO	NO	NO	NO
H8 12 5A	0.35	760 ENGLER RD	40	TANK/LINE	3	INGROUND	YES	NO	NO	NO	NO

PARCEL_ID	OVERFLOW	BACKUP	WELL DISTANCE	Nitrate-N	E. Coli	Fecal Coliform	Total Colifrom	SLOPE	GRADE	COMMENTS
G9 4 1A	NO	NO	UNKNOWN	0.26	ND	ND	1	2-10%	C	UNABLE TO LOCATE WELL
G8 11 13A	NO	NO	120'	6.9	ND	ND	ND	4-10%	D	<Null>
G8 13 7A	NO	NO	125'	ND	ND	ND	1	2-10%	D	<Null>
G8 10 3C	NO	NO	150'	7.3	ND	ND	3	4-10%	D	<Null>
G9 11 4A	NO	NO	125'	ND	ND	ND	ND	4-9%	D	<Null>
G8 10 3B	NO	NO	175'	1	ND	ND	1	4-10%	C	SEASONAL GREEN GRASS water sample ID 546 Batts Switch RD
G8 13 8A	NO	NO	100'+	1.5	ND	ND	ND	2-10%	C	<Null>
G8 10 1	NO	NO	80'	ND	ND	ND	ND	4-10%	B	<Null>
G8 10 3F	NO	NO	120'	0.54	ND	ND	38	2-4%	D	<Null>
G8 11 13D	NO	NO	300'	3.6	ND	ND	>200.5	2-5%	D	<Null>
G8 10 3H	NO	NO	100'+	3.8	ND	ND	ND	2-4%	D	<Null>
G8 18 3A-3	NO	NO	100'+	0.84	ND	ND	ND	2-5%	D	<Null>
G9 6 6B-2	NO	NO	125'	2.2	ND	ND	4	4-9%	D	<Null>
G8 18 3A-6	NO	NO	100'+	ND	ND	ND	22	2-5%	D	<Null>
G8 18 1	NO	NO	100'+	2.5	ND	ND	1	2-8%	D	<Null>
G9 13 3	NO	NO	150'	7.4	ND	ND	ND	4-9%	C	TWO SYSTEMS, 1 MAINTAINED OTHER NOT PUMPED
G8 18 3A-12	NO	NO	100'+	ND	ND	ND	>200.5	4-6%	D	<Null>
G8 18 9	NO	NO	100'+	ND	ND	ND	1	4-6%	D	<Null>
G8 18 10	NO	NO	200'+	ND	ND	ND	ND	4-6%	D	<Null>
G8 18 3A-23	NO	NO	100'+	1.9	ND	ND	ND	4-6%	D	<Null>
G8 18 3A-15	NO	NO	125'	0.66	ND	ND	ND	4-7%	D	<Null>
G8 18 3A-19	NO	NO	200'+	ND	ND		ND	4-6%	D	<Null>
G8 18 3A-21	NO	NO	100'+	ND	ND	ND	1	4-7%	D	<Null>
G9 12 11C	NO	NO	150'	ND	ND	ND	ND	4-9%	D	<Null>
G9 11 7G	NO	NO	250'	ND	ND	ND	5	2-5%	D	<Null>
G9 11 7H	NO	NO	300'	3.7	ND	ND	ND	2-5%	D	<Null>
G8 14 1C	NO	NO	100'+					4-6%	D	<Null>
G8 14 1B	NO	NO	185'					4-6%	D	<Null>
G9 11 7L	NO	NO	200'	0.78	ND	ND	1	2-5%	D	<Null>
G8 17 3	NO	NO	100'+	2	ND	ND	ND	2-5%	C	<Null>
G8 10 8C	NO	NO	120'	0.62	ND	ND	38	4-8%	D	<Null>
G8 15 1	NO	NO	120'	ND	ND	ND	1	4-8%	D	<Null>
G9 16 1B	NO	NO	350'					4-9%	D	<Null>
G9 11 9A	NO	NO	120'	5.9	2	1	50	4-9%	C	<Null>
H9 4 1A	NO	NO	100'+	3.3	2	2	109	4-9%	C	<Null>
H9 1 3B	NO	NO	200'	4	ND	ND	32	4-9%	D	<Null>
H8 3 1C	NO	NO	100'+					4-8%	D	<Null>
H9 2 1D	NO	NO	80'	4.4	ND	ND	>200.5	6-10%	D	<Null>
H9 4 3	NO	NO	100'+	ND	ND	ND	4	4-9%	D	<Null>
H9 2 2	NO	NO	75'	8.1	ND	ND	ND	4-9%	B	<Null>
H8NE1 1 7	NO	NO	120'					2-5%	B	<Null>
H8NE1 2 5	NO	NO	50'	3.9	ND	ND	4	2-5%	C	<Null>
H8NE1 2 4	NO	NO	55'	ND	ND	ND	ND	2-5%	C	<Null>
H8NE1 6 7	NO	NO	40'	7.7	ND	ND	ND	2-5%	D	ATER SAMPLE id 807 ranger rd.
H8 12 6A	NO	NO	120'	ND	ND	ND	201	6-10%	D	<Null>
H8 12 5A	NO	NO	50'	4.3	9	8	>200.5	6-10%	D	<Null>

PARCEL_ID	GIS_ACREAG	LOCATION	SYSTEM AGE	SYSTEM REPAIR	PUMP	TYPE4	SEPTIC TANK	GREEN	WETNESS	ODORS	WATER
H8 2 23B	0.49	749 BANGOR RD	50	LINE	<Null>	INGROUND	YES	NO	NO	NO	NO
H8 11 8A	1	736 BANGOR RD	60	TANK/LINE	<Null>	INGROUND	YES	NO	NO	NO	NO
H9 11 2F	6.25	678 YOUNGS HILL RD	21	<Null>	5	INGROUND	YES	NO	NO	NO	NO
H9 3 1B	0.73	910 GALL RD	40	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
H9 11 1A	1.22	648 YOUNGS HILL RD	60	<Null>	4	CESSPOOL	NO	NO	NO	NO	NO
H8 10 7A	0.52	683 BANGOR RD	69	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
H9 3 2L	1.8	577 LEFEVRE RD	15	<Null>	2	SAND MOUND	YES	NO	NO	NO	NO
H9 3 2K	1.93	569 LEFEVRE RD	15	<Null>	<Null>	SAND MOUND	YES	NO	NO	NO	NO
H9 4 24A	4.35	769 YOUNGS HILL RD	UNKNOWN	<Null>	20	INGROUND	YES	NO	NO	NO	NO
H9 10 2U	0.98	577 HORSESHOE DR	45	<Null>	3	INGROUND	YES	NO	NO	NO	NO
H9 3 2D	2.06	521 LEFEVRE RD	16	<Null>	2	SAND MOUND	YES	NO	NO	NO	NO
H9 11 3B-4	1.5	963 FALLEN OAK DR	29	PUMP	3	INGROUND	YES	NO	NO	NO	NO
H8 20 1	4.16	5648 BERHEL RD	36	PUMP	5	SAND MOUND	YES	NO	NO	NO	NO
H9 10 2L	0.49	569 HORSESHOE DR	45	<Null>	5	INGROUND	YES	NO	NO	NO	NO
H9 10 2V	0.83	563 HORSESHOE DR	35	<Null>	3	SAND MOUND	YES	YES	NO	NO	NO
H9 10 2H	0.67	557 HORSESHOE DR	40	<Null>	4	INGROUND	YES	NO	NO	NO	NO
H9 11 3B-2	1.5	953 FALLEN OAK DR	38	<Null>	2	INGROUND	YES	NO	NO	NO	NO
H9 11 3B-1	1.5	995 LONG RD	40	<Null>	3	INGROUND	YES	NO	NO	NO	NO
H9 10 4A	1.66	5621 KESSLERSVILLE RD	50	<Null>	3	INGROUND	YES	NO	NO	NO	NO
H9 10 2T	0.65	544 HORSESHOE DR	18	<Null>	<Null>	SAND MOUND	YES	NO	NO	NO	NO
H8SE1 2 1	0.8	539 CLYDE ST	30	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
H8 19 6R	0.8	5672 SHERWOOD DR	47	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
H9 10 8	43	554 HORSESHOE DR	30	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
H9 3 5	1.49	485 LEFEVRE RD	29	<Null>	2	INGROUND	YES	NO	NO	NO	NO
H8 19 6N-1	0.78	5660 SHERWOOD DR	42	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
H8 19 6G	1.07	5657 SHERWOOD DR	47	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
H8 18 4	0.37	578 BANGOR RD	4	<Null>	<Null>	INGROUND	YES	NO	NO	NO	NO
H8 19 6E	0.74	5636 SHERWOOD DR	49	<Null>	3	SEEPAGE PIT	YES	NO	NO	NO	NO
H8 19 6F	0.83	5633 SHERWOOD DR	25	<Null>	2	INGROUND	YES	NO	NO	NO	NO
J8 7 3B	45.99	LEFEVRE RD	60	DRAINFIELD	5	CESSPOOL	NO	NO	NO	NO	NO
H8 19 11A	0.38	5634 A SULLIVAN TRL	10	<Null>	3	SAND MOUND	YES	NO	NO	NO	NO

PARCEL_ID	OVERFLOW	BACKUP	WELL DISTANCE	Nitrate-N	E. Coli	Fecal Coliform	Total Colifrom	SLOPE	GRADE	COMMENTS
H8 2 23B	NO	NO	50'	ND	ND		ND	2-5%	C	<Null>
H8 11 8A	NO	NO	60'					2-5%	C	<Null>
H9 11 2F	NO	NO	400'	ND	ND	ND	2	5-9%	D	water sample ID 6784 Young Hill RD
H9 3 1B	NO	NO	100'	ND	ND	ND	1	6-10%	D	<Null>
H9 11 1A	NO	NO	30'	ND	ND	ND	5	5-9%	B	<Null>
H8 10 7A	NO	NO	40'	ND	ND	ND	1	2-5%	C	<Null>
H9 3 2L	NO	NO	100'					4-10%	D	<Null>
H9 3 2K	NO	NO	100'					4-10%	D	<Null>
H9 4 24A	NO	NO	500'	ND	ND	ND	ND	5-9%	C	<Null>
H9 10 2U	NO	NO	117'	1	ND	ND	2	2-6%	D	<Null>
H9 3 2D	NO	NO	1000'	0.76	ND	ND	14	4-10%	D	<Null>
H9 11 3B-4	NO	NO	138'					4-9%	D	<Null>
H8 20 1	NO	NO	100'+	1.6	ND	ND	ND	6-9%	D	<Null>
H9 10 2L	NO	NO	250'+	0.54	ND	ND	ND	2-6%	D	<Null>
H9 10 2V	NO	NO	100'+	2.5	25	15	>200.5	2-6%	D	<Null>
H9 10 2H	NO	NO	100'+	18	ND	ND	5	2-6%	D	<Null>
H9 11 3B-2	NO	NO	150'	ND	ND	ND	>200.5	4-9%	D	<Null>
H9 11 3B-1	NO	NO	80'	ND	ND	ND	>200.5	5-10%	D	<Null>
H9 10 4A	NO	NO	90'	ND	ND	ND	ND	4-9%	C	<Null>
H9 10 2T	NO	NO	100'+	ND	ND	ND	3	2-6%	D	<Null>
H8SE1 2 1	NO	NO	80'	0.84	ND	ND	ND	2-4%	D	<Null>
H8 19 6R	NO	NO	100'	0.98	ND	ND	4	4-9%	C	<Null>
H9 10 8	NO	NO	200'+	2.4	1	1	>200.5	2-6%	D	<Null>
H9 3 5	NO	NO	200'	1.7	ND	ND	34	4-10%	D	<Null>
H8 19 6N-1	NO	NO	125'	3.5	ND	ND	4	4-9%	D	<Null>
H8 19 6G	NO	NO	100'	2.6	ND	ND	1	4-9%	C	<Null>
H8 18 4	NO	NO	40'	3.1	ND	ND	ND	2-5%	D	<Null>
H8 19 6E	NO	NO	102'	ND	ND	ND	9	4-9%	C	<Null>
H8 19 6F	NO	NO	150'	4	ND	ND	ND	4-9%	D	<Null>
J8 7 3B	NO	NO	100'					4-10%	B	<Null>
H8 19 11A	NO	NO	150	4.6	ND	ND	3	3-7%	D	<Null>

ON-LOT SEWAGE SYSTEM SURVEY

FID#: DGSW4-45

Name: ___ Phone: 610 588 9003

Address: Pen Argyl PA 18360

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 100 ft x 100 ft No. of dwelling units: —
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL) 1.	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL) 1.	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: unknown Was it permitted: (Y) N When: _____
assume put in when house was built in 1920

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: varies Date last pumped: 12/3/17
If it was pumped, was it inspected for cracks or broken baffles: Y (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
Owner currently rents house out

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: DASWM-4-5

Name: ____ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

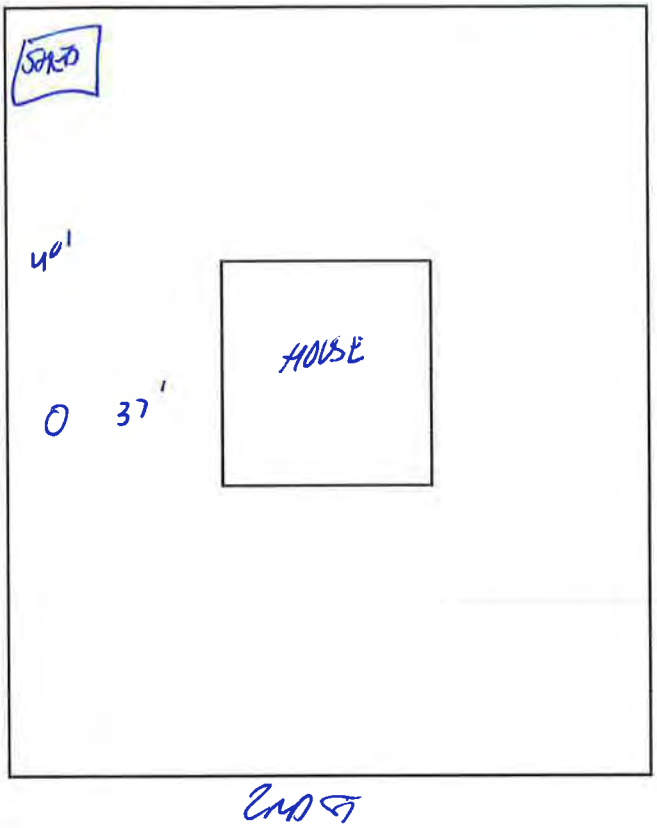
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/21/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: L-8NE-32-3

Name: ____ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

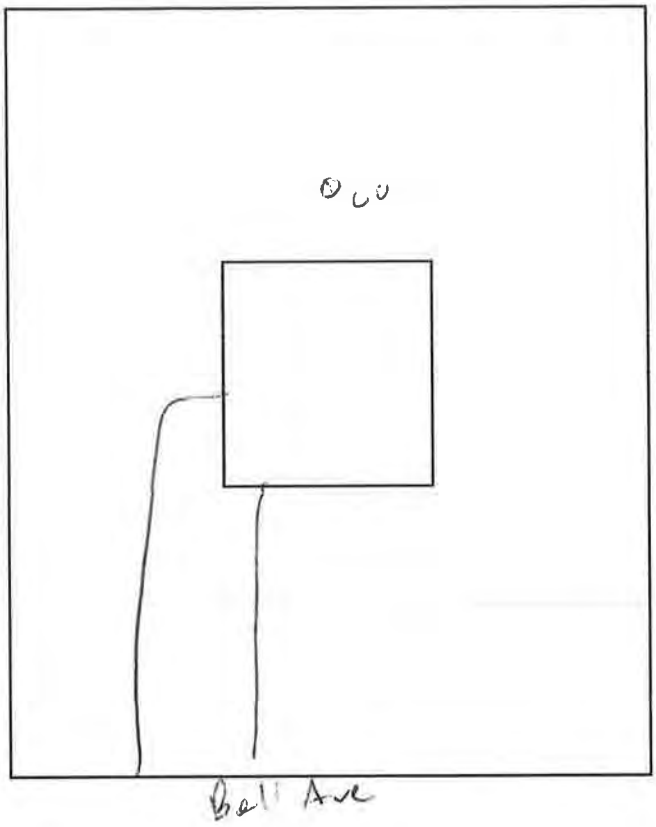
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: E8-6.4A

Name: _____ Phone: 610-863-7274

Address: PEN ARGYL, PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 0.4134 ACRE No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 43 YRS. Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2 Date last pumped: 10 YRS AGO
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

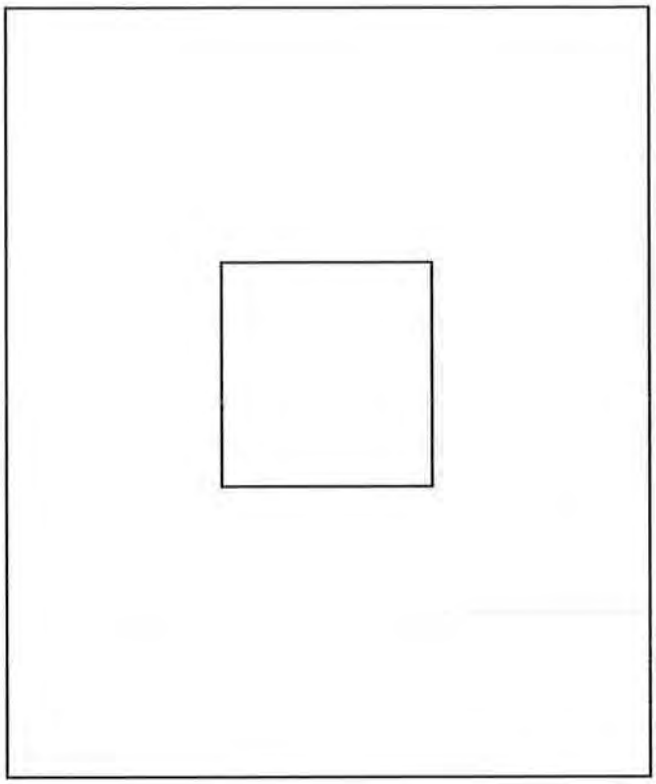
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: E 8 SE 1-2-8

Name: _____ Phone: 610-863-7732

Address: _____

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1/4 acre No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	(SEEPAGE PIT)	PIPE TO STEAM	

OTHER _____

How old is your system: DONT KNOW Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
(SLUGGISH DRAINS)	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? Seasonal

Have you ever had your system pumped out: (Y) N How often: _____ Date last pumped: 2017
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: E85E1-32

Name: J _____ Phone: 610-297-5638

Address _____

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 100' X 100' No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: Unknown Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER N/A
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: 8 YRS AGO
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

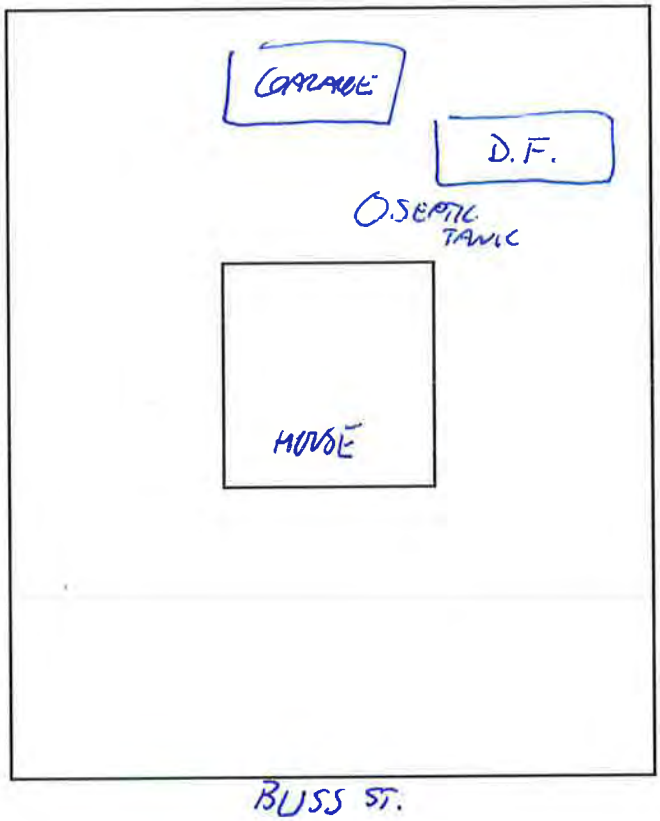
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
I Lived Here for 40 yrs Never HAD A ProBlem

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/17/19 WEATHER: 50 RAIN



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: DgSm-4-3

Name: _____ Phone: 610-863-6303

Address PEN ARGYL PA 18072 (WEST BANGOR)

(Own) or Rent No. of Residents: TWO (2)

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: -N/A- ft. Cased: Y / N
How far is the well or spring from the drain field: -N/A- ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER -N/A-
Was the water ever tested: Y / N When? UNKNOWN IF EVER TESTED
Any contamination: Y / N What (TC, FC, N, etc.) -N/A-

How large is your lot: 150' X 100' No. of dwelling units: ONE (1)
One or more sewage systems? THREE SEPARATE CESSPOOLS COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER (SEE COMMENTS BELOW)

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER (SEE COMMENTS BELOW)

How old is your system: UNKNOWN Was it permitted: Y / N When: UNKNOWN

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER -NONE OF THE ABOVE-
If you noticed any of the above, is it seasonal or year-round? -N/A-

Have you ever had your system pumped out: (Y) N How often: -N/A- Date last pumped: SUMMER OF 2018 (LAUNDRY ONLY)
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: UNKNOWN

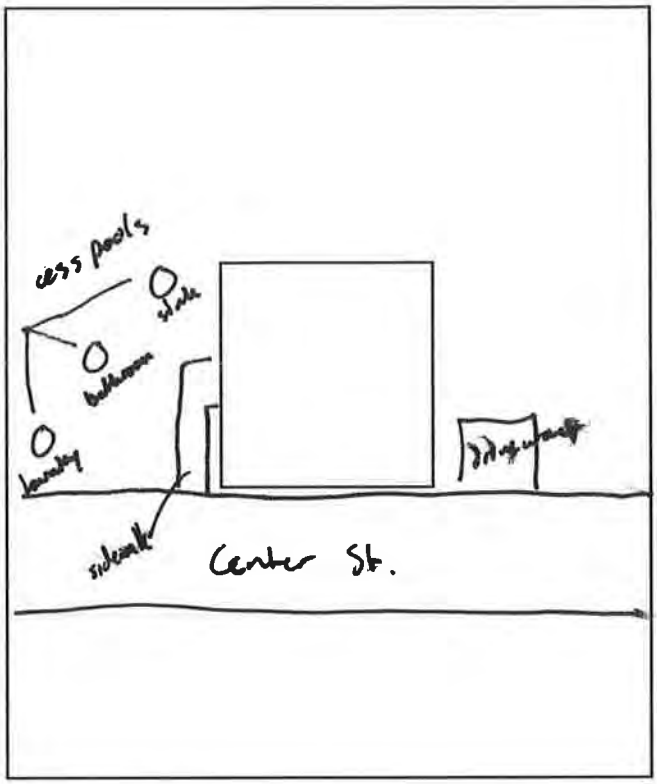
Has the system ever been repaired: Y (N) When: -N/A- By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
THREE SEPARATE CESSPOOLS: ONE FOR BATHROOM ONLY; ONE FOR LAUNDRY ONLY; ONE FOR KITCHEN SINK ONLY.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-23-2019 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:
- 3 separate hot tubs

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: DgSw4-4-2

Name: _____ _____ Phone: 215-720-8605

Address: _____

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 100' x 150' No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 20 yes Was it permitted: (Y) / N When: '98

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 4 Date last pumped: 2012
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Tanks

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: E7-5-1

Name: _____ Phone: 610-570-4402

Address: _____, Wind Gap PA 18091

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: 100 ft. Is the well UP or (DOWN) HILL?

Well is uphill from Septic

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) N When? 5 years ?

Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 7/8 ACRES No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	(PIPE TO DITCH)	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 50 years Was it permitted: (Y) N When: UN KNOWN

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? NO

Have you ever had your system pumped out: (Y) N How often: 3 years Date last pumped: 2016

If it was pumped, was it inspected for cracks or broken baffles: (Y) N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

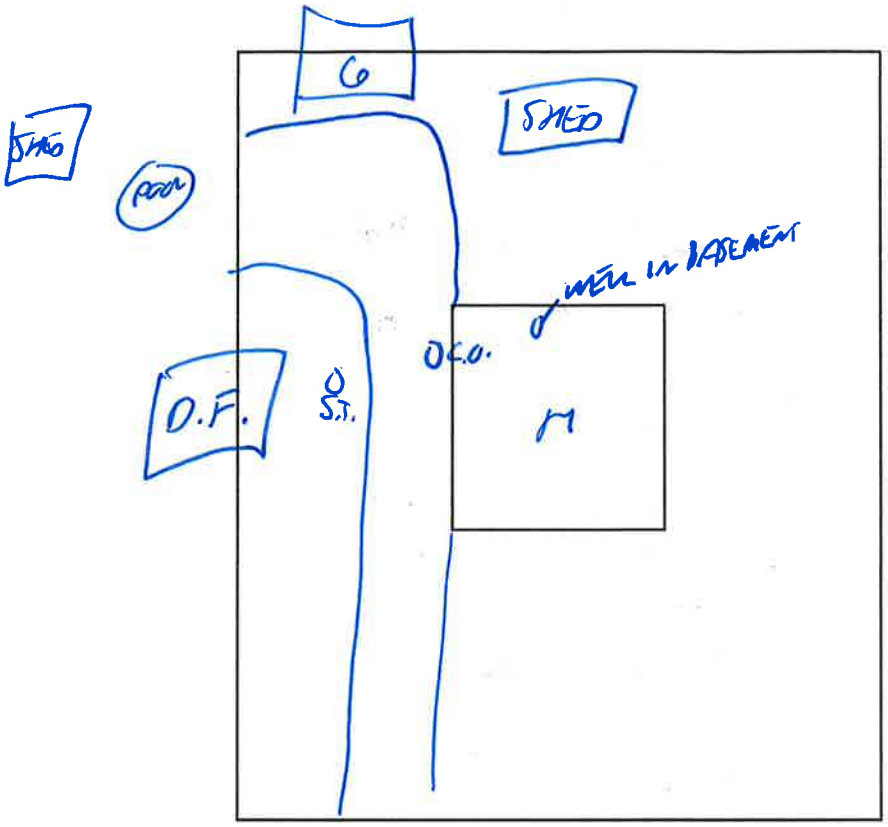
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: We moved into house 40 yrs ago well and septic were here when we moved in

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 50° SUNNY



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: E7-8-1

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 110 ft. Cased: Y / N
How far is the well or spring from the drain field: 100'+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 8 AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDEYARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 50+ Was it permitted: Y / N When: —

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____

_____

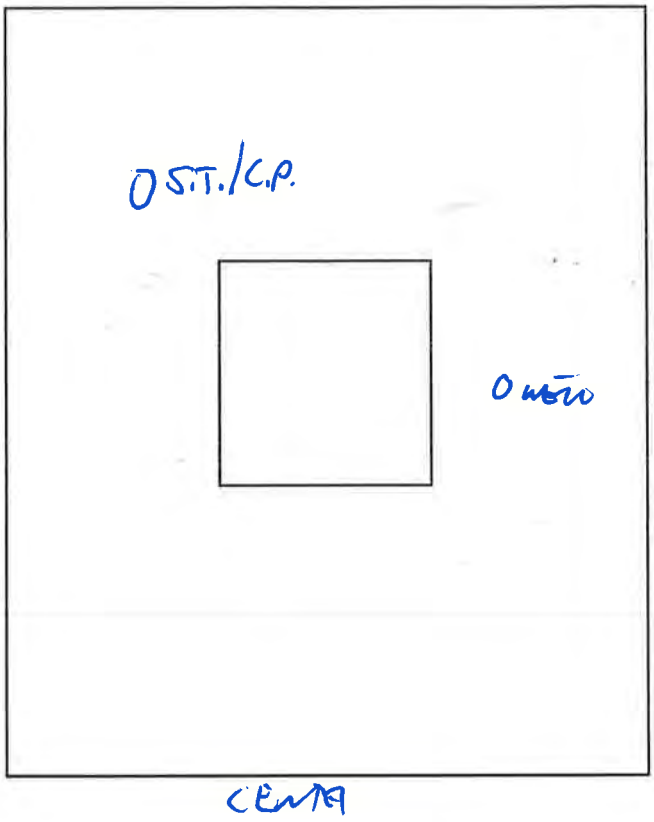
_____

_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 250 Gallon

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: E7-4-14A-1A

Name: _____ Phone: 610-554-0516

Address: [redacted] WIND GAP, PA. 18091

Own/or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 250 + ft. Cased: Y / N
How far is the well or spring from the drain field: 150 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 1993 + 2019
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 3 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 27 yrs. Was it permitted: Y / N When: 1992

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? SEASONAL

Have you ever had your system pumped out: Y / N How often: Every 2 yr Date last pumped: 2017
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

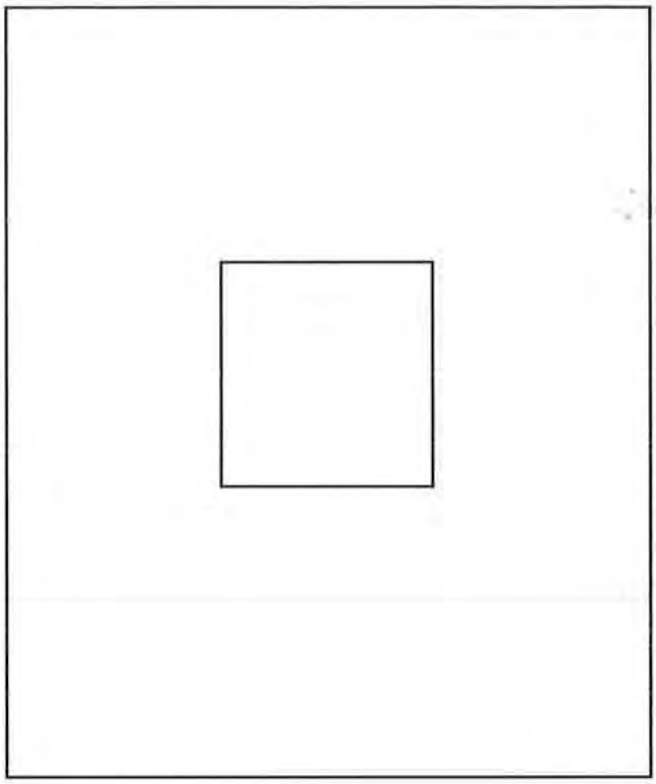
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
Pump was Replaced

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: D9Sw1-116-2

Name: ____ Phone: 484-635-8533

Address: Pen Argyl Pa. 18072

(Own) or Rent No. of Residents: 3

Single Cape Cod

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: ____

If you have a well, is it: DUG or DRILLED How Deep: ____ ft. Cased: Y / N

How far is the well or spring from the drain field: ____ ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER Rid-X

Was the water ever tested: Y / (N) When? ____

Any contamination: Y / (N) What (TC, FC, N, etc.) ____

How large is your lot: Just Under ¼ Acre No. of dwelling units: ____

One or more sewage systems? one COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ____

How old is your system: I Replaced Was it permitted: (Y) / N When: November 2003

* I Replaced my Septic line From House to Tank with new Schedule 40 pipe to Tank in November 2003.

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER ____

If you noticed any of the above, is it seasonal or year-round? ____

Have you ever had your system pumped out: (Y) / N How often: Every 3 yrs. Date last pumped: July 2018

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ____

Has the system ever been repaired: (Y) / N When: November 2003 By permit? (Y) / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

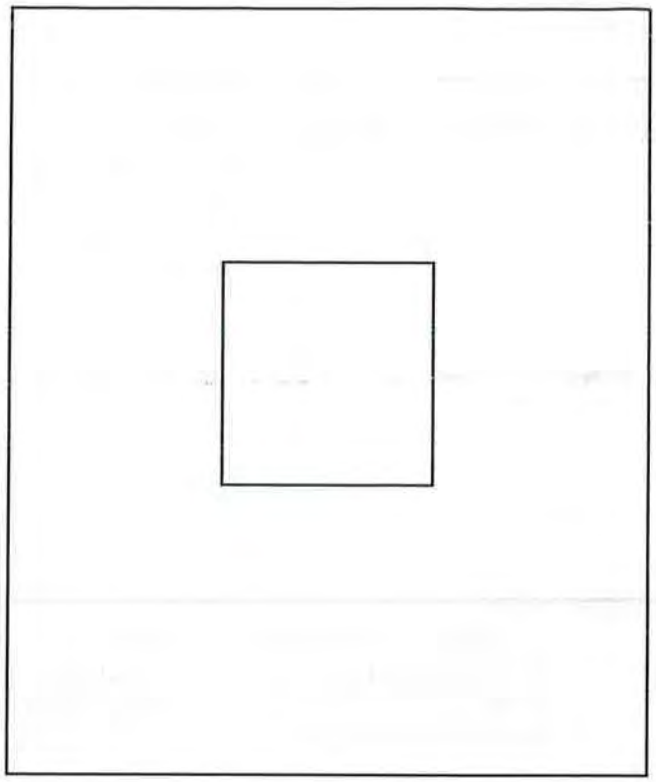
General Comments:

* Also my Tank was Inspected when I bought home in July 1991. Replaced whole Septic Line in Nov. 2003. I don't have any back ups or Over Flow. I treat my Tank with Rid X and Small box of baking soda. I Have Borger Septic out of Saylorsburg to pump out. Also, Albert Lawson from Pen Argyl A number of years.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 25-1-45

Name: ___ Phone: _____

Address: _

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 285 ft. Cased: Y / N
How far is the well or spring from the drain field: 150 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot: 2.2 AC No. of dwelling units: 1
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system: 2004 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often: 4 Date last pumped: 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

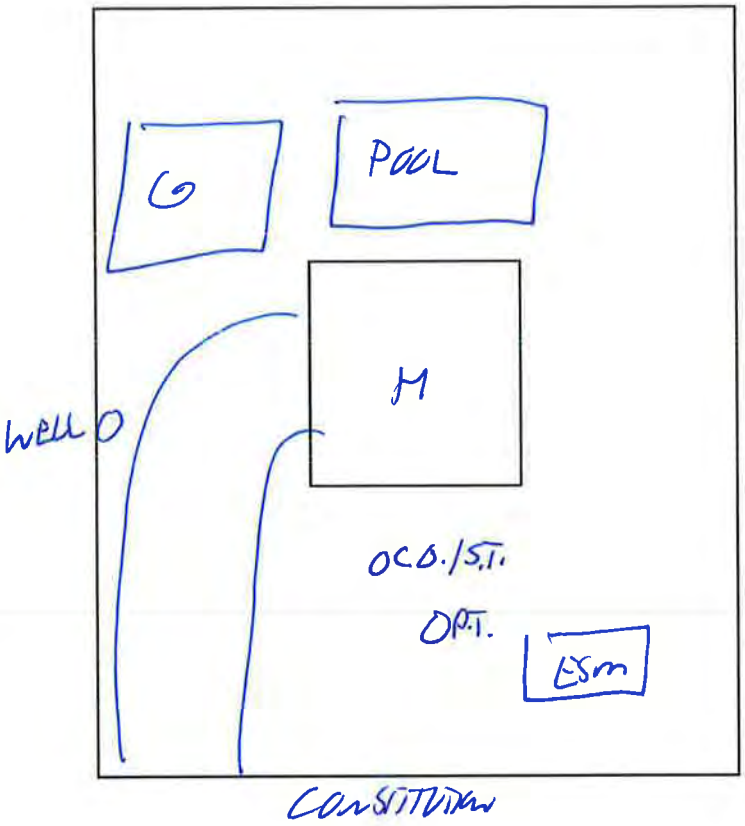
Has the system ever been repaired: Y / N When: — By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: —

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/30/19 WEATHER: 50° cloudy



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: E8-1-5

Name: _____ Phone: 610-863-2860

Address: - Penargyl PA 18072

(Own) or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .21 acres No. of dwelling units: 1
One or more sewage systems? One COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: unknown Was it permitted: Y / N When: ? unknown

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None

If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out: (Y) / N How often: ~~5 to 6 years~~ Date last pumped: 2014 approx
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

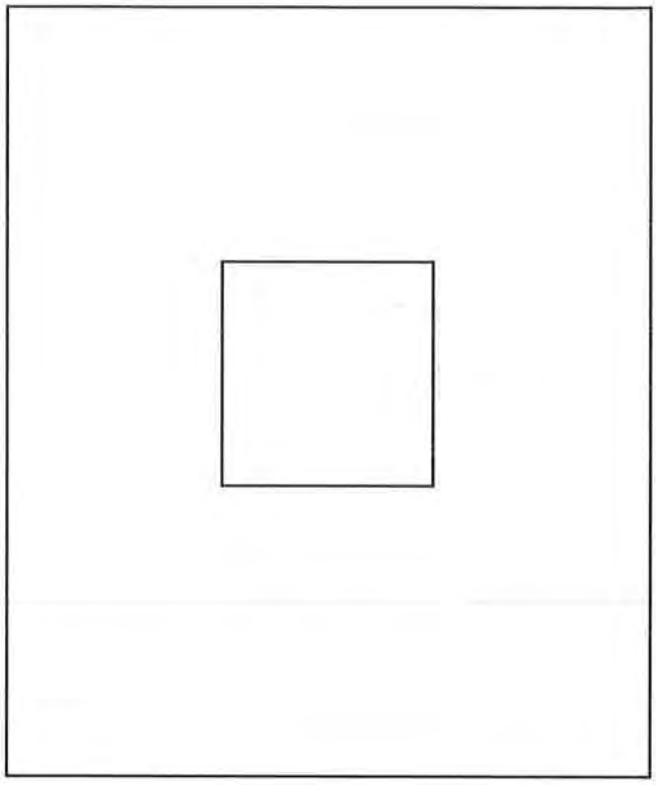
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / (N)
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

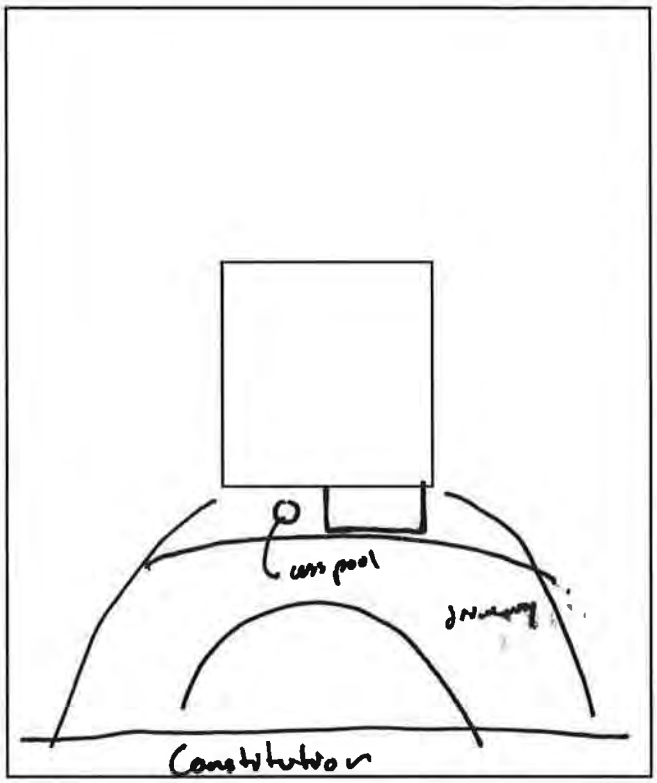
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-23-2019 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:
- public water
- cess pool

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: ___ → application sent to township _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: E8-1-SA

Name: _____ Phone: 610-863-1781

Addres _____ PEN ARGYL PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? UNKNOWN - PAWC
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? 1 ~~COMM. / RENTAL~~ / (RESIDENTIAL?)
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1966? House Built E35 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	(SYSTEM OVERFLOW)	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 5/6 Mos Date last pumped: 8-26-19
If it was pumped, was it inspected for cracks or broken baffles: Y (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
We have our System Pumped Every 5 Mos
3000 gallons

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: C8-4-8A

Name: _____ Phone: 610-863-4013

Address: PEN Argyl PA. 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / (N) When? _____

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.19 ACRES No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 26 Was it permitted: (Y) / N When: 1992 ?

NO RECORDS

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 yrs Date last pumped: 2018

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: PRI. TANK / PUMP TANK

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

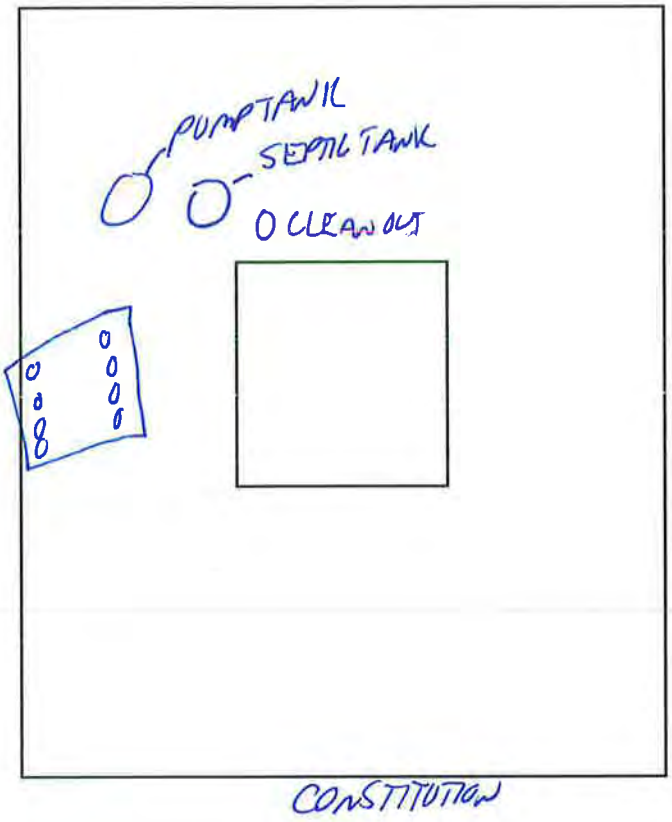
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/15/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 3 YEARS REGULAR
CLEAN OUTS EXPOSED

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: ES-196

Name: _____ Phone: 484 629 9408

Address: _____

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? N/A
Any contamination: Y / N What (TC, FC, N, etc.) _____
N/A

How large is your lot: 100x200 No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT / BACK / SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 54 y/o Was it permitted: Y / N When: Not needed

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER N/A

If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out? Y / N How often: 2 years Date last pumped: 8/2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: N/A

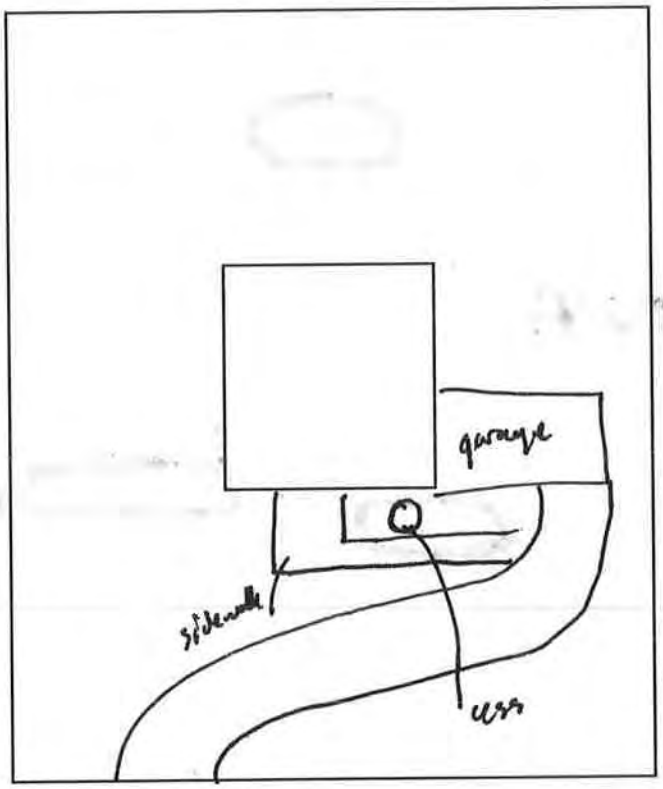
Has the system ever been repaired: Y / N When: N/A By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
Robert Edwards is residing in Moravian Hall Sq Nazareth, I, Rebecca Oberndt is POA. Grandaughter & spouse reside w + Maintain home. Any questions please call Rebecca Oberndt (610) 657-3730 or (610) 776-3501 (during weekday)

** OVER** Rebecca Oberndt

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-23-2019 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:
- ass pool

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: C8-1-9F

Name: _____ _____ Phone: _____

Address: _____ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1AC No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

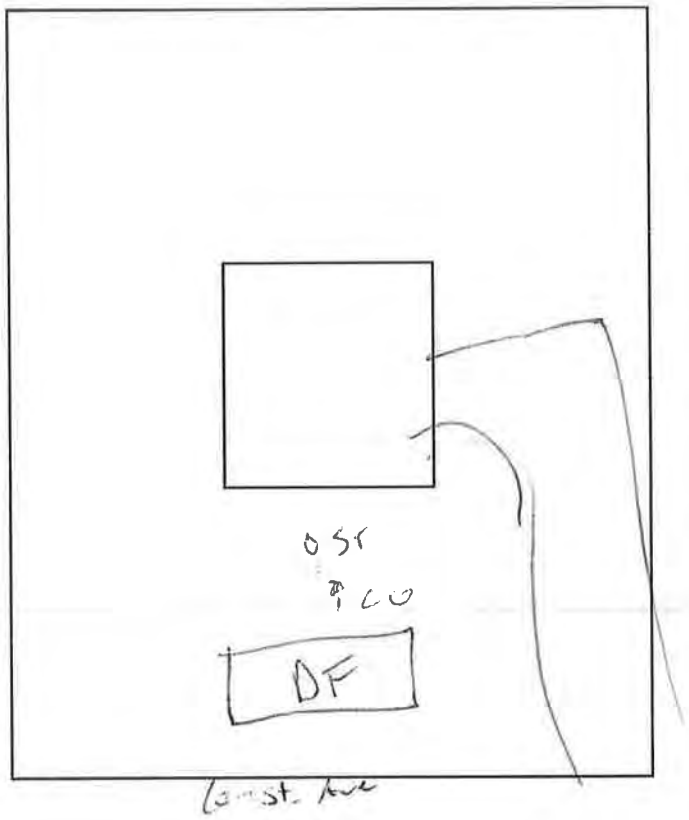
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: ES-HIF

Name: _____ Phone: 484-695-8282

Address _____

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1 ACRE No. of dwelling units: ONE
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	3 INGROUND TRENCHES	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 42 YEARS Was it permitted: Y / N When: 1977

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round? 0

Have you ever had your system pumped out: Y / N How often: 2 Date last pumped: 4 YEARS AGO ?
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

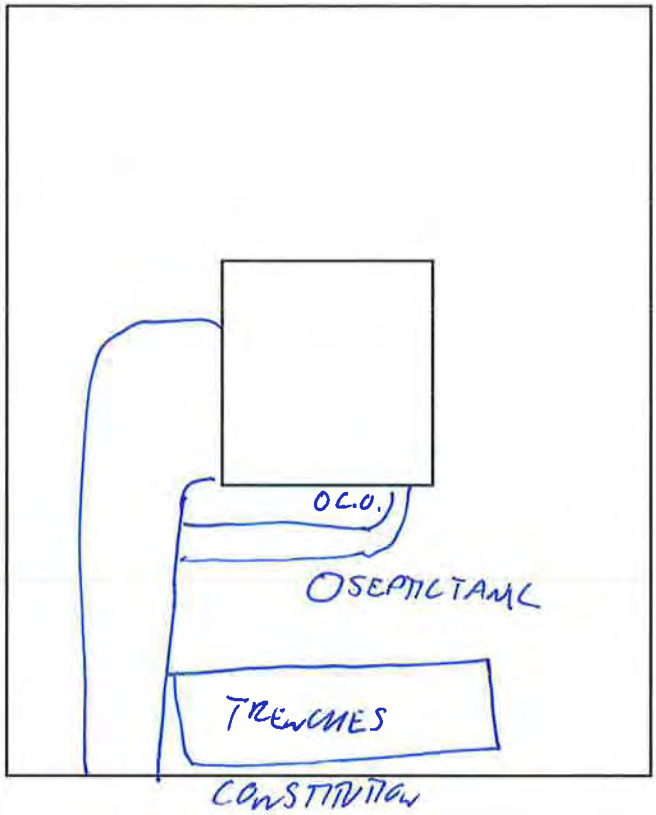
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
IT'S BEEN GREAT NO PROBLEMS! PUMPED OUT TWICE SINCE IT WAS PUT IN AND THEY SAID YOU DIDN'T NEED IT. GREAT SYSTEM AND GOOD WITH ALL NEIGHBORS!

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/16/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: E8-1-11J

Name: _ Phone: 610 863 9775

Address: [redacted]

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 150 FT By 200 FT No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 50 yrs Was it permitted: (Y) N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: _____ Date last pumped: 2015
If it was pumped, was it inspected for cracks or broken baffles: (Y) N What part: _____

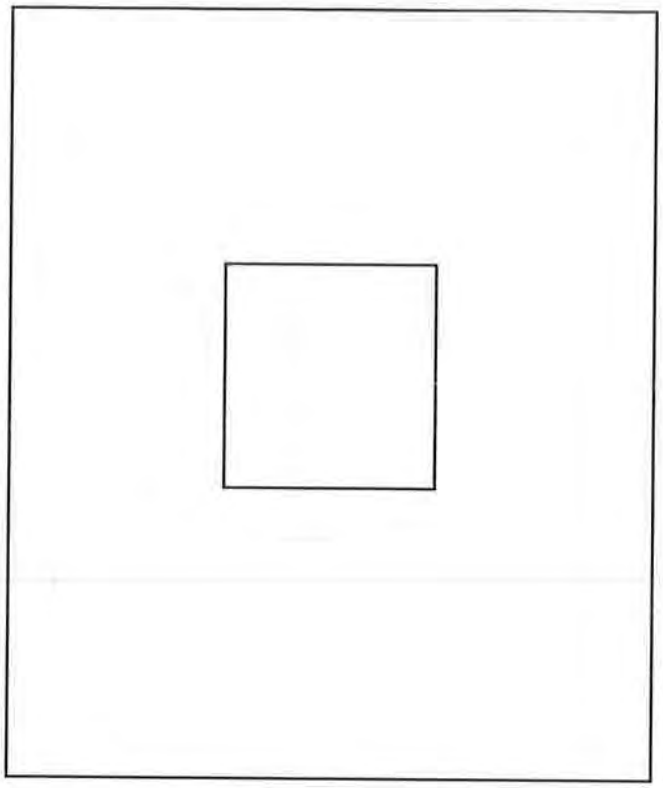
Has the system ever been repaired: Y / (N) When: 1 DON'T KNOW By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

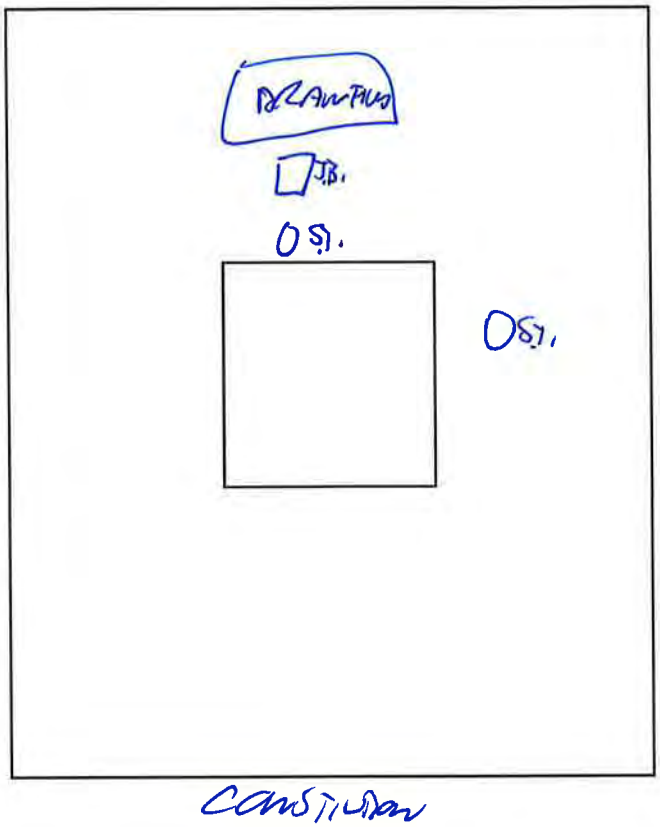
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/30/19 WEATHER: 50° WEATHER



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 1000 GAL SEPTIC TANK

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: E8-4-97 0606

Name: Phone: 908-246-1897

Address: Pen Argyl PA 18072

Own or Rent No. of Residents: two

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .3 acres No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: 9/19/19 - previous owners
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

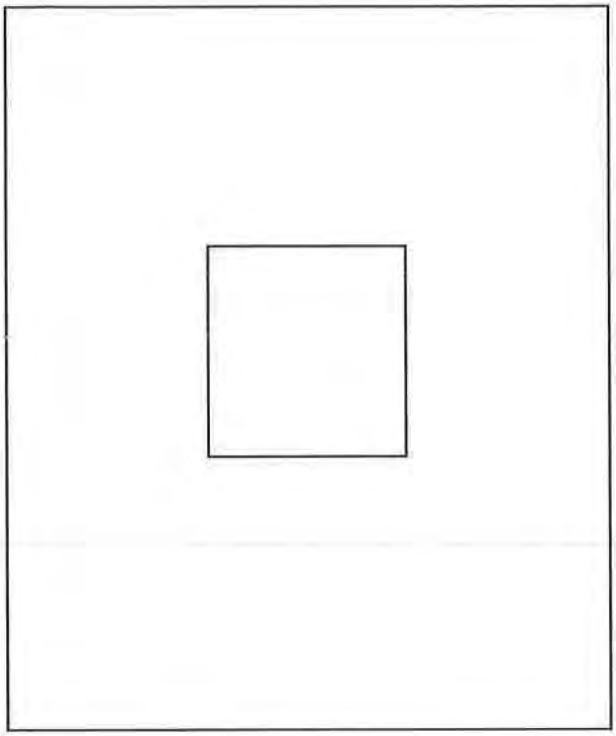
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: EF-1-11A2

Name: [redacted] Phone: 610 509 2366

Address: [redacted] Penn Argyl 18072

Own or Rent No. of Residents: 6

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: N/A DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?
N/A

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____
N/A

How large is your lot: 0.8 Acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 30 years Was it permitted: Y / N When: Unknown

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* None

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out: (Y) N How often: _____ Date last pumped: 2014
If it was pumped, was it inspected for cracks or broken baffles: (Y) N What part: Septic Tank + Holding Tank

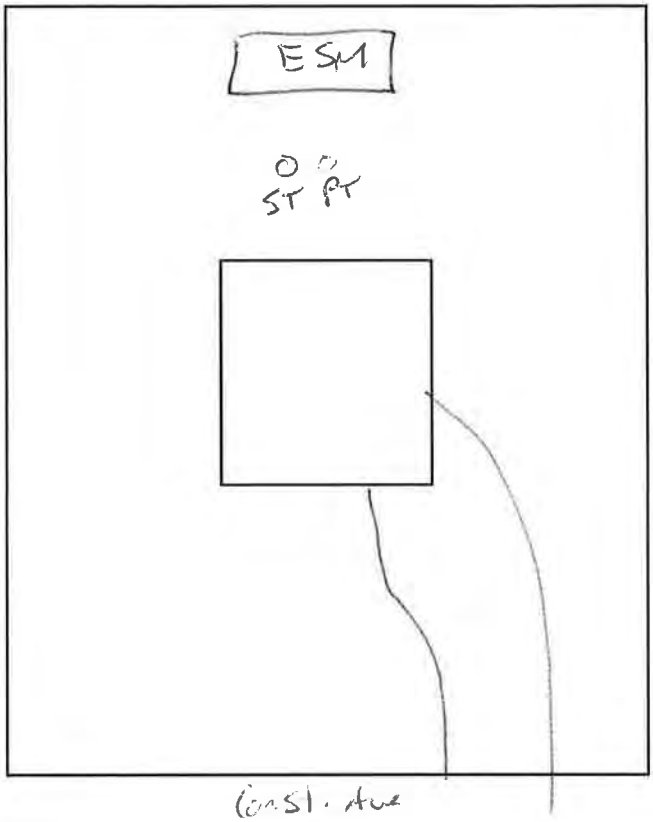
Has the system ever been repaired: Y / N Unknown When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: We purchased our home in 2014. It was built in 1989

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: ____ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: E8-1-14A

Name: Robert F. Ambrose Jr Phone: 484-632-3791

Address: 1093 Constitution Ave Pen Argyl PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 2.3 No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

~~SEPTIC TANK~~	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
~~ELEVATED SAND MOUND~~	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

~~SEPTIC TANK~~	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 55 years Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 1 Date last pumped: ?

If it was pumped, was it inspected for cracks or broken baffles: Y / N ? What part: _____

Has the system ever been repaired: Y / N When: Base 1981 By permit? Y / N ?

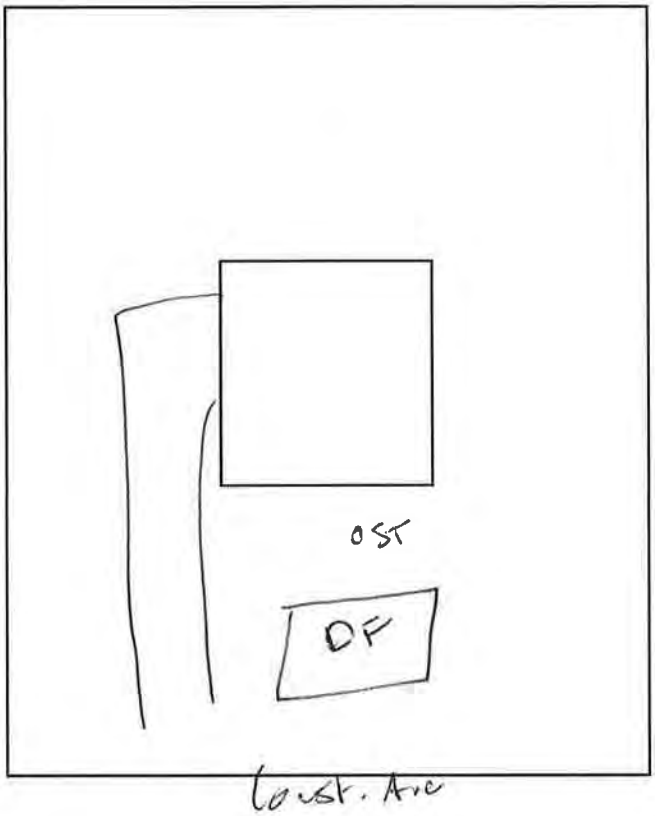
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/(Replaced)

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 56° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: _____ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: DASW1-1-4

Name: ___ Phone: 610-863-4261

Address: PEN ARGYL PA

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 72 YRS Was it permitted: (Y) / N When: 1947

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3-5 YRS Date last pumped: 2015
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

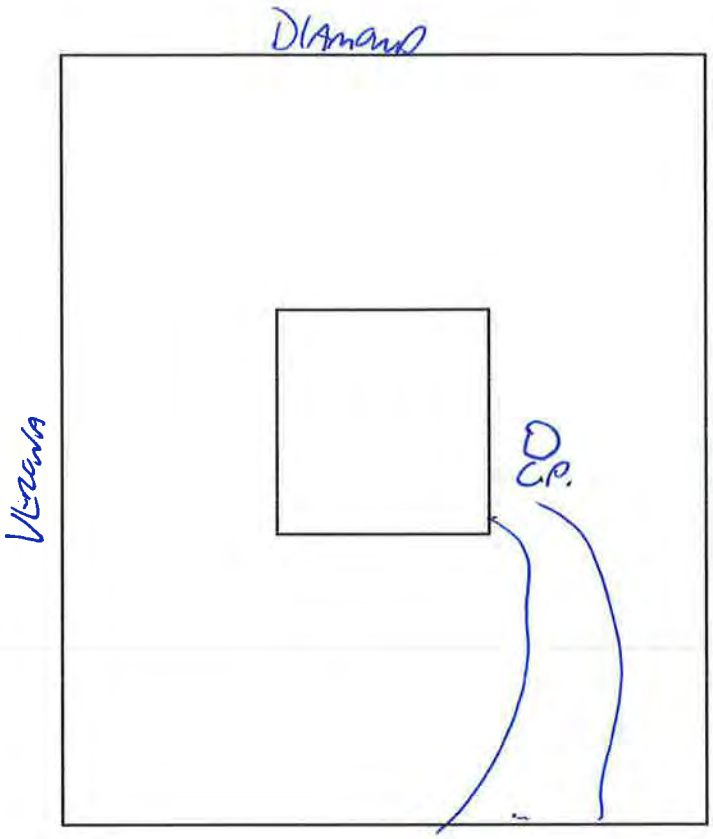
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/21/14 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 10 FOOT DEEP CESSPOOL

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☑	☐	WATER PONDING OR SURFACING (DURING RAIN STORMS WHEN C.P. IS FULL)
☑	☐	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: __ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 80+ YEARS Was it permitted: Y / N When: UNKNOWN

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 5 Date last pumped: 2014
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

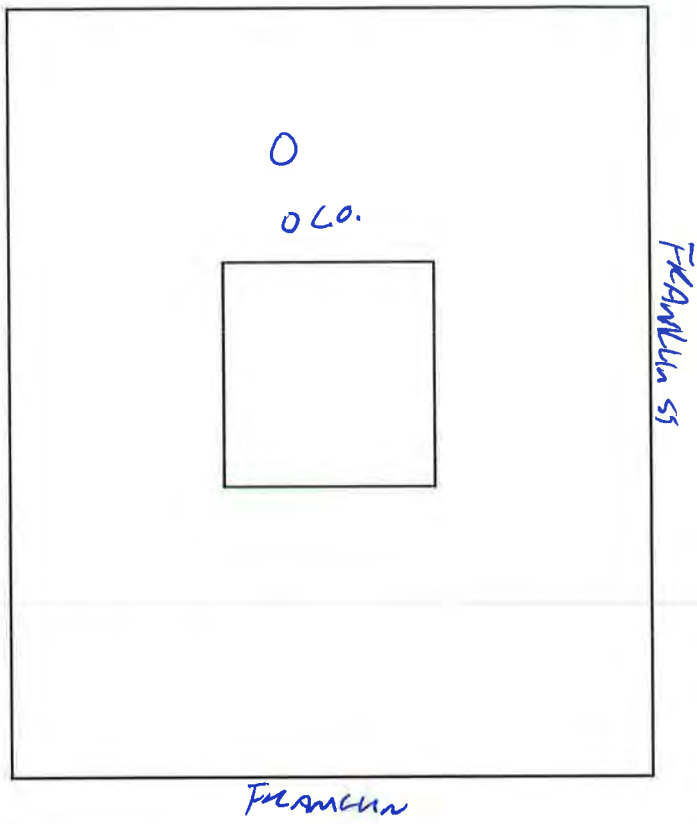
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: TESTING FOR NEW SYSTEM

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/21/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: WATER ISSUES SINCE THEY STARTED FILLING QUARRY
REPLACING SYSTEM (TESTING)

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW (WHEN RAINING / HEAVY USAGE - 3x / YEAR)
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: DgSw4-3-8

Name: _____ Phone: 610-730-1488

Address: _____

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 2018
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: N/A No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 30 years Was it permitted: (Y) / N When: 1984

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: Every 4 years Date last pumped: 5/2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
We bought this home in 2018 All inspections Come back good
Last owner Showed records of Septic being Pumped Every 4 years
We have no issues with the Septic

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: DYSNM-2-5

Name: _____ Phone: 610-563-6626

Address: _____, PEN ARGYL, PA 18072

(Own) or Rent No. of Residents: 1

MOVING EFFECTIVE OCT. 31 - MOVING TO CHANDER ESTATE

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? NOT SURE
Any contamination: Y / (N) What (TC, FC, N, etc.) NOT TO MY KNOWLEDGE

How large is your lot: 1½ ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT		

OTHER FROM the DRIVEWAY TO LOPERTY

How old is your system: NOT CERTAIN Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE TO MY KNOWLEDGE
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: EVERY 3 YEARS Date last pumped: SEPT. 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____
Has the system ever been repaired: Y / N When: NOT CERTAIN - MR. ECKE TAKES CARE OF SYSTEM By permit? Y / N NOT CERTAIN
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
SORRY I CANNOT BE MORE KNOWLEGEABLE OF THIS MATTER MY HUSBAND USED TO HANDLE THIS MATTER; HE HAS BEEN DEAD FOR 4 YEARS & I DEPEND ON MR ECKE TO HANDLE THE SITUATION AS I MENTIONED ABOVE, I WILL BE MOVING ON 10/31/19.

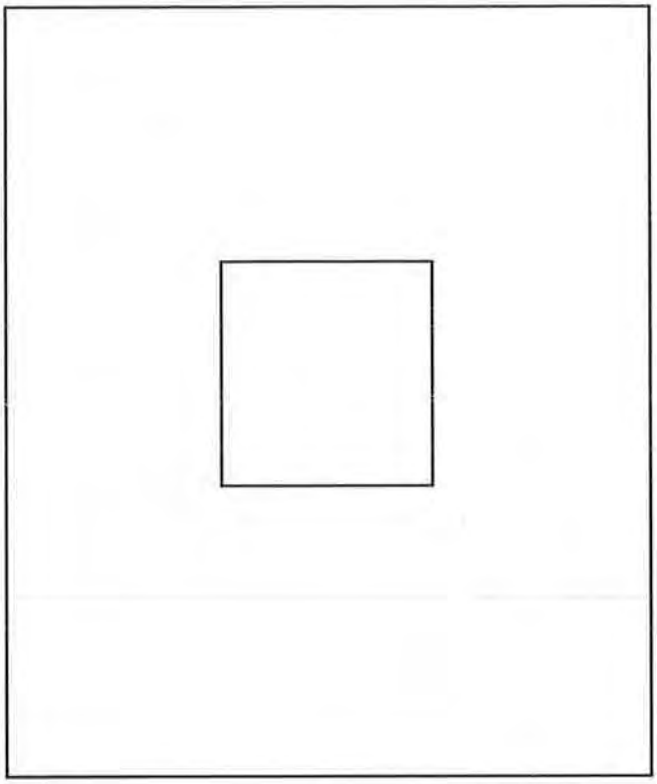
** OVER **

SORRY I CANNOT BE OF BETTER ASSISTANCE DUE TO MY MOVING

K. U.S.

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MSW-3-14

Name: ___ _____ Phone: 484-241-5449

Address: _____ NEW ARGYL ON.

(Own or Rent) No. of Residents: 2

I OWN THE PROPERTY & RENT IT

What kind of water system do you have: WELL / SPRING / CISTERN (PUBLIC) / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: N/A ft. Cased: Y / N

How far is the well or spring from the drain field: N/A ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / (N) When? _____

Any contamination: Y (N) What (TC, FC, N, etc.) N/A

How large is your lot: 44L2 50 FT No. of dwelling units: 1

One or more sewage systems? 1 SHARED WITH OTHER HALF COMMERCIAL (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK) ?	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER 1 TANK / BLOCK / SEEPS OUT INTO YARDS

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	(SEEPAGE PIT)	PIPE TO STEAM	

OTHER NOT THE SEPTIC TANK.

How old is your system: ? OLD. Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER I RENT MY HALF / THE OTHER HALF WOULD KNOW MORE

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: EVERY 2 YEARS Date last pumped: 2018

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: (Y) / N When: ? NOW LID. By permit? Y / N

What part: TANK: (Repaired)/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

THIS IS AN OLD SYSTEM SHARED WITH THE OTHE ½ DOUBLE. WE REPLACED THE LID AROUND 7 YEARS AGO. PUMPED IT OUT LAST YEAR & HAD THE COMPANY LOOK INTO THE TANK. I AM SURE I WILL NEED A NEW SEGREGATED SYSTEM TO SELL THE HOUSE

** OVER** I AM ALL FOR PUBLIC SEWER

ON-LOT SEWAGE SYSTEM SURVEY

FID#: DG-1-30

Name: [redacted] Phone: 610-751-5012

Address: [redacted] Pen Argyl PA 18072

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: Unknown ft. Cased: Y / N I think

How far is the well or spring from the drain field: Unknown ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? Summer 2017 when purchased

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 2 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: Original 1994 Was it permitted: Y / N When: 1994

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER No

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: 2017

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: Unknown By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Purchased home 9/2017

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: E8St1-46B

Name: [redacted] Phone: 610 568 5955

Addres: Pen Argyl

(Own) or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 1/3 ACRE No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 8 yrs Was it permitted: (Y) / N When: ? We didn't do before we owned home

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? NO

Have you ever had your system pumped out: Y (N) How often: _____ Date last pumped: waiting to have Pumped
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: EGL 018

Name: [redacted]

Phone: 484-239-3757

Address: [redacted], Penn Allen, PA 18072

Own or Rent No. of Residents: 1

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: ± 360 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 250 ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER ACID TANK
Was the water ever tested: Y / N When? EVERY YEAR BY CULLIGAN
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1 ACRE No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 41 Yrs Was it permitted: (Y) / N When: 41 Yrs

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Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS No	WETNESS OR SPONGY AREAS No	ODORS No
WATER PONDING OR SURFACING No	SYSTEM OVERFLOW No	
SLUGGISH DRAINS No	WASTEWATER BACKING INTO THE HOME No	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

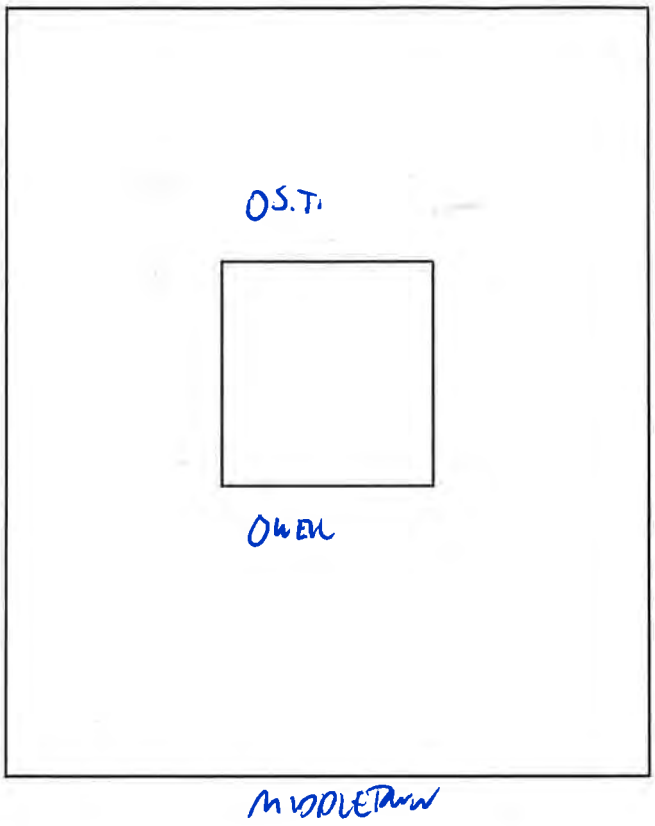
Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: Every 3 Yrs
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: TANK + HEADS
ALL-STATE SEPTIC
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/4/19 WEATHER: 40°s sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

360' 1157 MIDDLETOWN
DEED WITH
FORM EMAILED TO ME

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: EG-1-18

Name: _____ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 125' ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot: 2 1/4 C No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

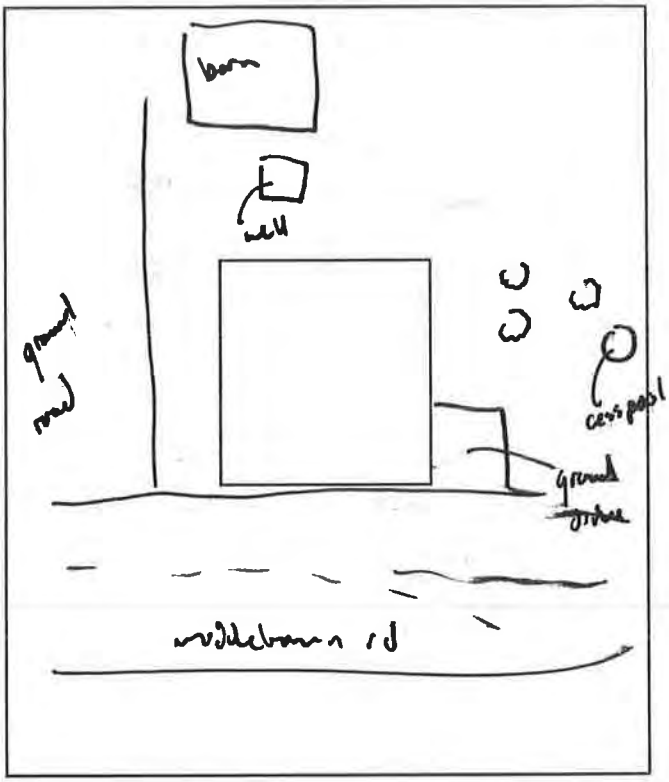
Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: EG L-18B

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 80 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: ~ .75 No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ~63 yrs Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 1-3 yrs Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

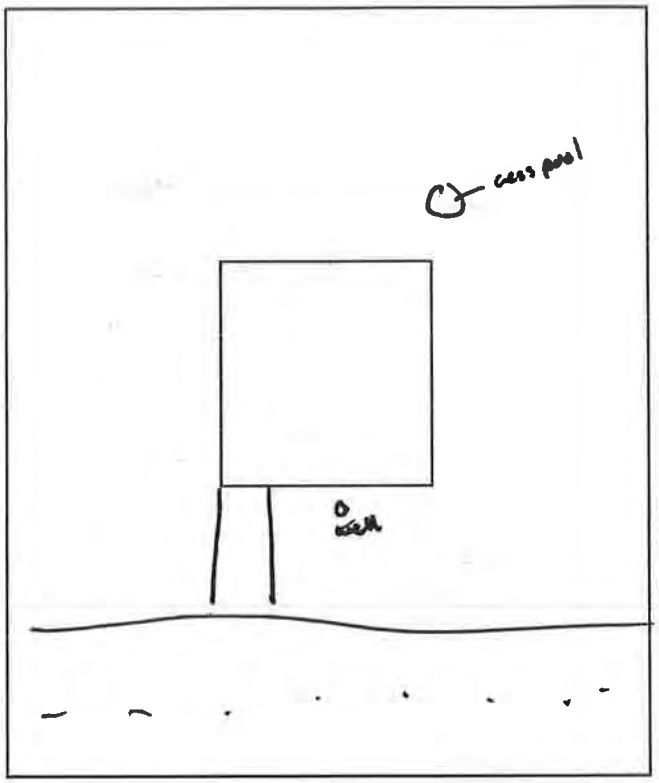
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-17-2019 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:
- pumped every 2-3 years
-

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: EG-11-4

Name: [redacted] Phone: 610-393-0990 610-554-9700

Address Pen ARGYL, PA 18072

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 70 ft. Cased: Y / N
How far is the well or spring from the drain field: 120 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .075 No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 35 Was it permitted: Y / N When: 1983 OR 1984

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? 1 time in wet SPRING 2019

Have you ever had your system pumped out: Y / N How often: every 5 yrs Date last pumped: 4/19
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

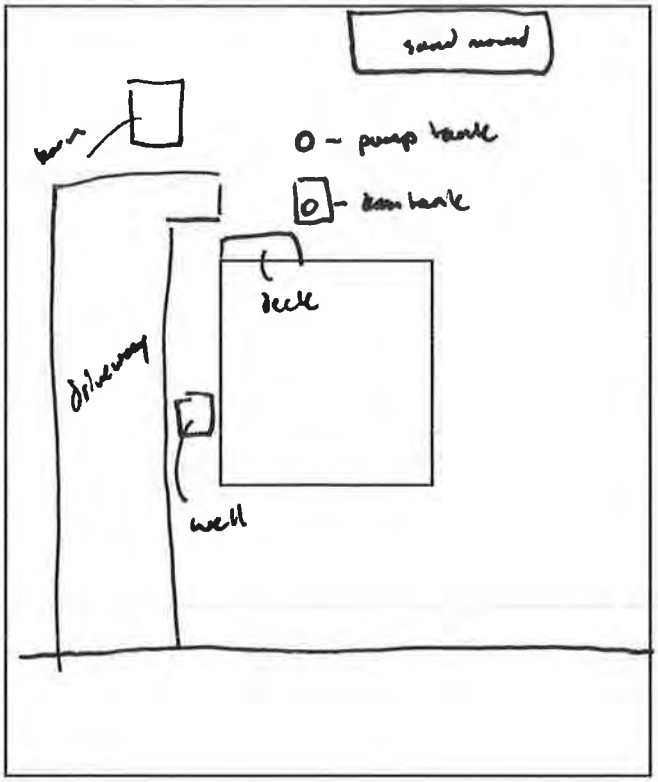
Has the system ever been repaired: Y / N When: 1984 By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Line came apart

PUT 5 YARDS of topsoil ALONG bottom of sand mound to build berm so ponding WATER FROM neighbors DRAIN won't interfer WITH OUR SAND mound she has A DRAIN pipe exactly on her PROPERTY line.

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-17-2019 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:
- pumped every 5 years
- tank cleaned with high pressure water
- above ground

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: EG-1-18A

Name: ___ Phone: 484 896 8695

Address: _ PEN ARGYL PA 18072

Own or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 80? ft. Cased: Y / N
How far is the well or spring from the drain field: 300 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: (Y) / N When? 7/22/2009
Any contamination: Y / (N) What (TC, FC, N, etc.)_____

How large is your lot: 3.1 ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER 1750 gallons w/ DRAIN FIELD

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: (Y) / N How often:_____ Date last pumped: 2009
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: ENTIRE SYSTEM

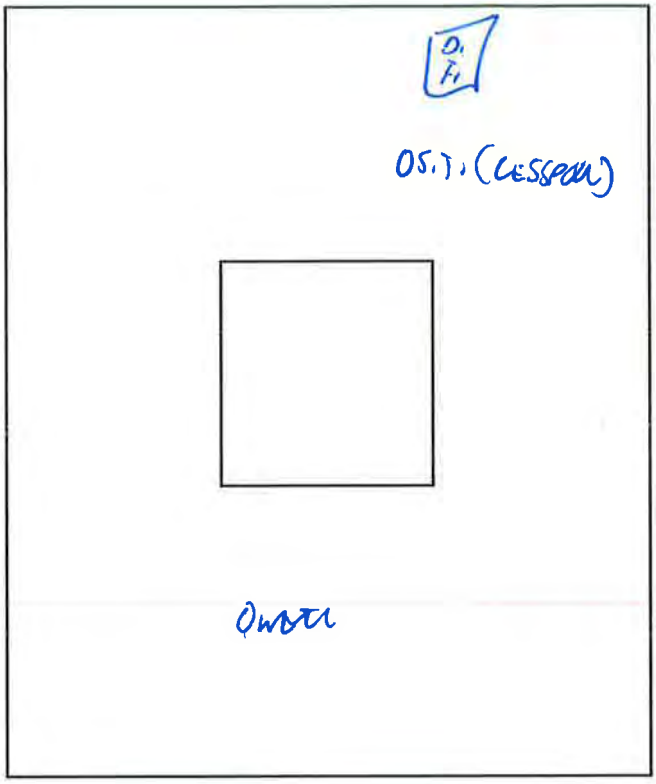
Has the system ever been repaired: Y / (N) When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/15/19 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

FID# EG-05A

N-LOT SEWAGE SYSTEM SURVEY

Name: [redacted] Phone: 570-778-9[illegible]

Address: [illegible] Penn Argyl, Pa 1806[illegible]

Own or Rent it out! No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER Well

If you have a well, is it: DUG or DRILLED How Deep: [illegible] ft. Cased Y/N

How far is the well or spring from the drain field: [illegible] ft. Is the well UP or DOWNHILL? started with 1198 but Kill

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER

Was the water ever tested: Y / N When? yes don't know

Any contamination: Y / N What (TC, FC, N, etc.) None that I know of

How large is your lot: ~1/4 Acre No. of dwelling units: Single house Plus

One or more sewage systems? one COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD Next door to 1190

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	(SEEPAGE PIT)	PIPE TO STEAM	

OTHER

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	(SEEPAGE PIT)	PIPE TO STEAM	

OTHER

How old is your system: 1958 Was it permitted: Y / N When: 1958

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER only if the trap gets clogged I clean trap

If you noticed any of the above, is it seasonal or year-round?

Have you ever had your system pumped out: Y / N How often: Date last pumped 4 years ago

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part NO don't know

Has the system ever been repaired: Y / N When: don't know By permit? Y / N

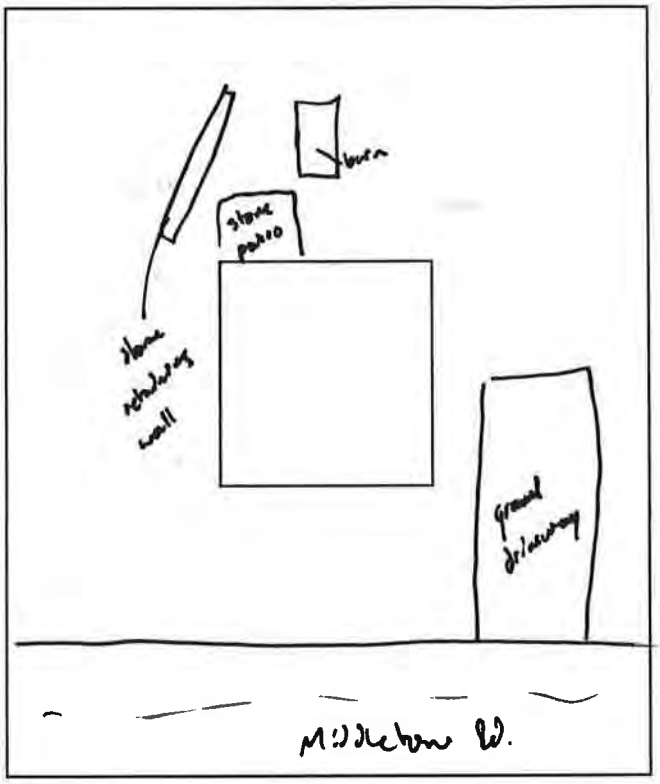
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: SORRY don't know!

OVER

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-17-2019 WEATHER: Overcast



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:
- no well cap or septic area seen
- owner of home had sent info. about survey to landlord
- the neighbor to the right informed us that his property & the property to the left share a well & septic field
- water sample was taken

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: __ ____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: ES-1-9P

Name: _____ Phone: 610 657-4867

Address: _____

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: ? ft. Cased: Y / N
How far is the well or spring from the drain field: 60 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 2006 and 2009
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .69 acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 40+ YEARS Was it permitted: Y / N When: Unknown

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: every 2-3 yrs. Date last pumped: 11-14-18
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

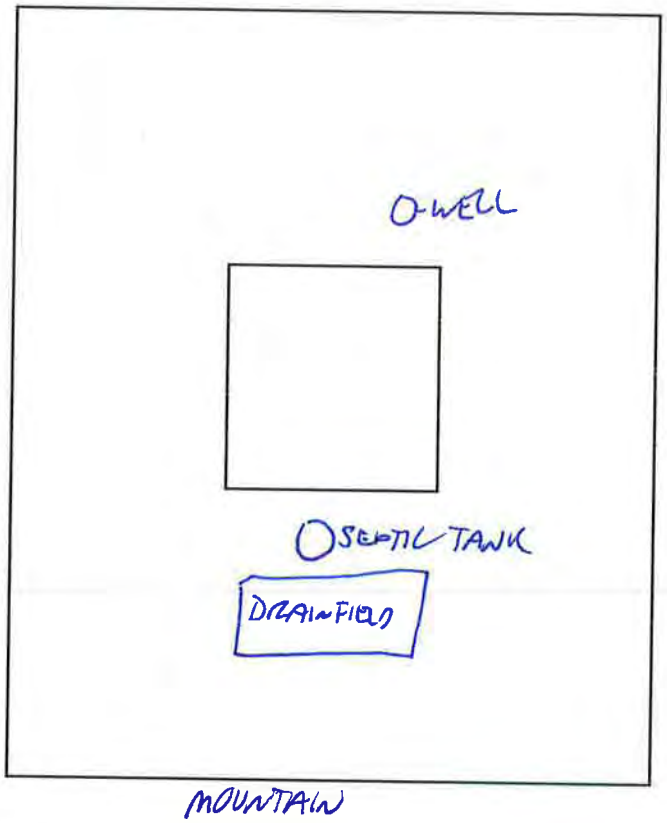
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/15/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 13 YEARS
PUMPED BIANNUALLY

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: E8-1-90

Name: _____ Phone: 610 217 8301

Address: PEW ARGYL PA 18072

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 50 ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 1999
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1 ACRE No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 45 years Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: 11-7-16
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

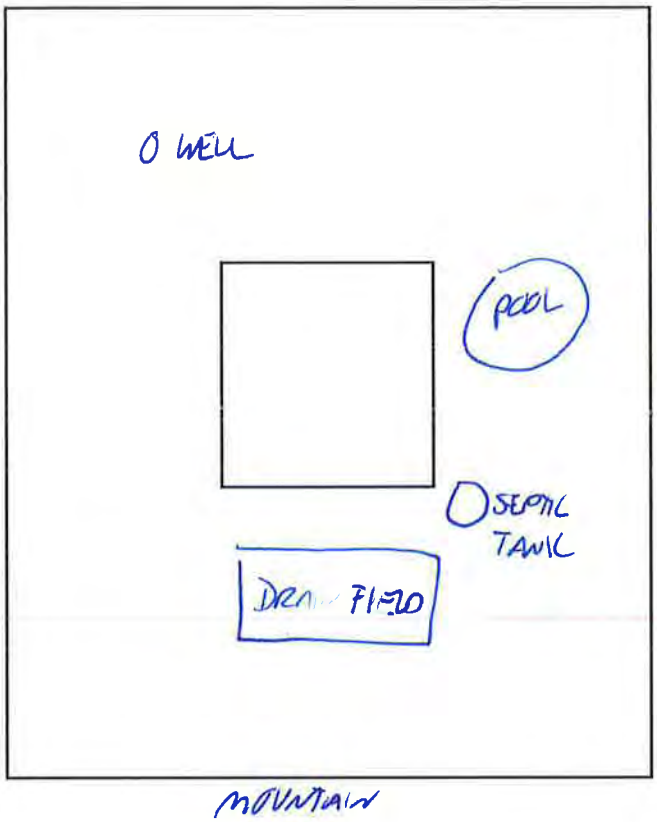
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/15/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 1000 gallon

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: DGSW-4-7

Name: _____ Phone: 570 807 0573

Address: PEN ARGYL, Pa 18072

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: PUBLIC
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER NO
Was the water ever tested: Y / N When? ND
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1/2 acre No. of dwelling units: 1 RESIDENTIAL
One or more sewage systems? ONE COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: dont know Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

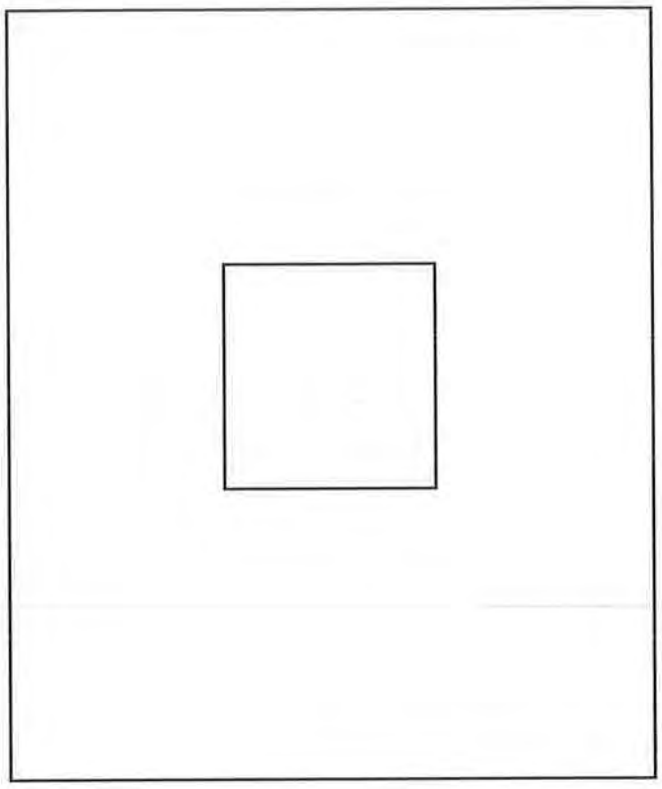
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: I Bought the house in October 2013
attached is REPORT from Septic System Inspection from Sept. 19/2013

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 045h11-11-7

Name: _____ Phone: 484 6950811

Address: PENARGYL PA 18072

Own or Rent No. of Residents: 5

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? ?
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .30 No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: DAS wn-3-2

Name: _____ Phone: 610 8636244

Address: _____ PEN ARGYL PA 18072

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: PA.W.C.
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 100 X 100 No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2-3 yrs Date last pumped: 9/9/2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

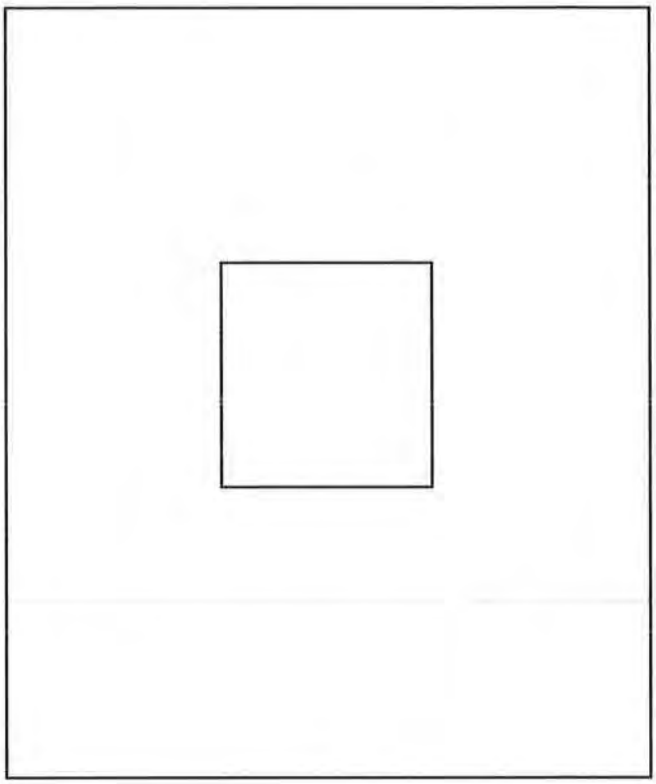
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: EF-6-2A

Name: _____ Phone: 610 863 9678

Address Penn Argyl PA 18072

(Own) or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? NO COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	(ODORS)
(WATER PONDING OR SURFACING)	(SYSTEM OVERFLOW)	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2 yr Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

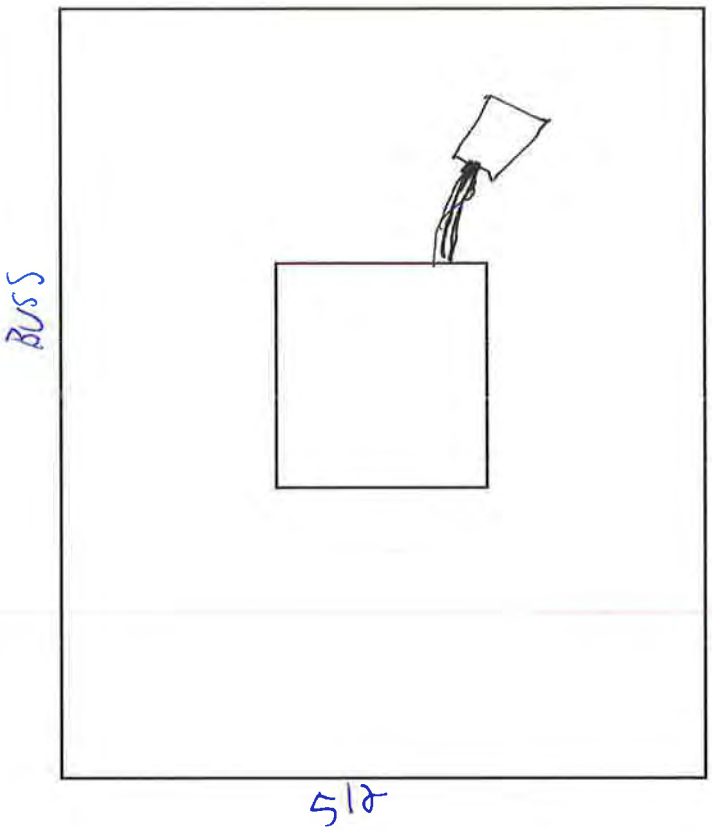
Has the system ever been repaired: (Y) / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/(Replaced) DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/22/15 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: ODOR AFTER RAIN
OVERFLOW / SPONGY AFTER RAIN
CRACKED LID - VOID PALLETS
PROTECTING SURFACE

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☒	WETNESS OR SPONGY AREAS
☑	☒	ODORS (AFTER RAIN)
☐	☒	WATER PONDING OR SURFACING
☑	☒	SYSTEM OVERFLOW (AFTER RAIN)
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: ESSWG-17

Name: ___ _____ Phone: 610 703 6468

Address: _____

Own or Rent No. of Residents: NONE - A BUSINESS

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 80 ft. Cased: Y / N
How far is the well or spring from the drain field: 170' ft. Is the well UP or DOWNHILL?
DOWN to the west

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? OFTEN
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 5 ACRES No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 4 YEARS Was it permitted: Y / N When: 2014 or 2015

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2 YRS Date last pumped: 10 months
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: LSNtg 2-1

Name: ___ Phone: 610 - 863-4125

Address ___, Glen Arbyl, PA 18072

(Own) or Rent No. of Residents: Business

What kind of water system do you have: WELL / SPRING / CISTERN (PUBLIC) OTHER: ___
If you have a well, is it: DUG or DRILLED How Deep: ___ ft. Cased: Y / N
How far is the well or spring from the drain field: ___ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER ___
Was the water ever tested: Y / N When? ___
Any contamination: Y / N What (TC, FC, N, etc.) ___

How large is your lot: 1.3938 No. of dwelling units: 1 Commercial - Manufacturing
One or more sewage systems? ___ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL ?	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

How old is your system: ? 60+ YEARS Was it permitted: Y / N When: UNknown

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER ___
If you noticed any of the above, is it seasonal or year-round? ___

Have you ever had your system pumped out: Y / N How often: N Date last pumped: ___
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ___

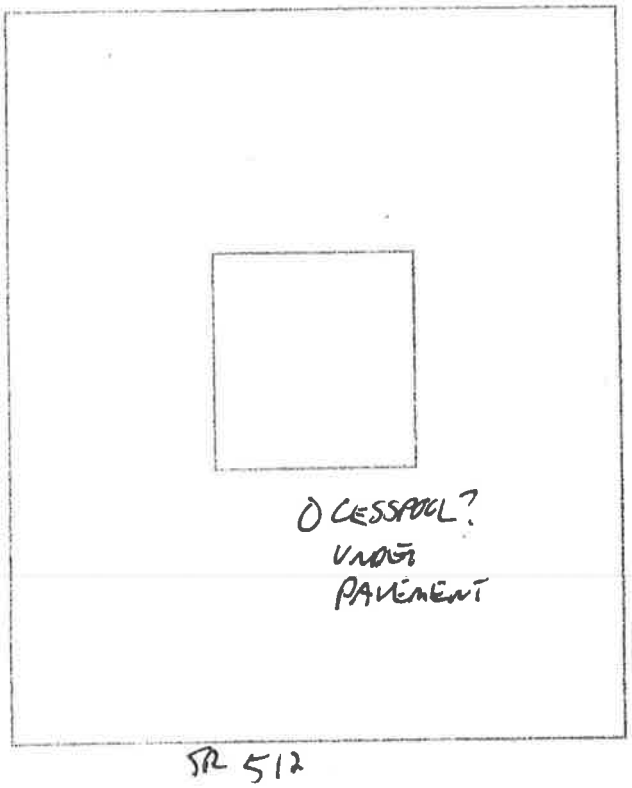
Has the system ever been repaired: Y / N When: ___ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/21/19 WEATHER: 45°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS N/A (UNDER PAVEMENT)
☐	☒	WETNESS OR SPONGY AREAS
☐	☒	ODORS
☐	☒	WATER PONDING OR SURFACING
☐	☒	SYSTEM OVERFLOW
☐	☒	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: ESSWD-11-1

Name: ___ Phone: 610-509-4375

Address: _ Pen Argyl, PA 18072

(Own) or Rent No. of Residents: Rental 2 (Four Bedroom Dwelling)

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .9 No. of dwelling units: _____
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: As needed Date last pumped: July 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

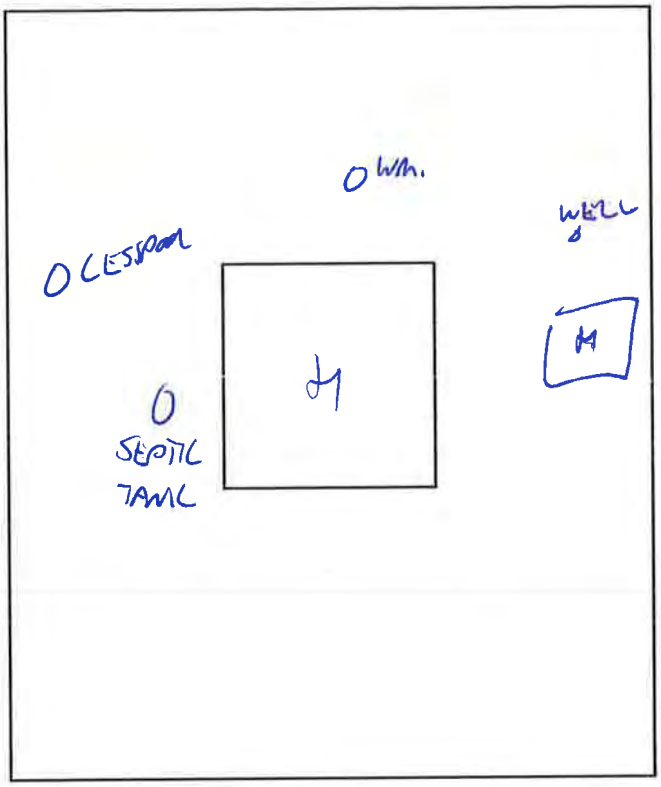
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/21/19 WEATHER: 45°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 750 GALLON TANK

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: DaSm4-M-1

Name: _ Phone: 610-863-5355

Address: PEN ARGYL, PA. 18072

Own or (Rent) No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 100' X 150' No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 44 YRS Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2 Date last pumped: ?
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

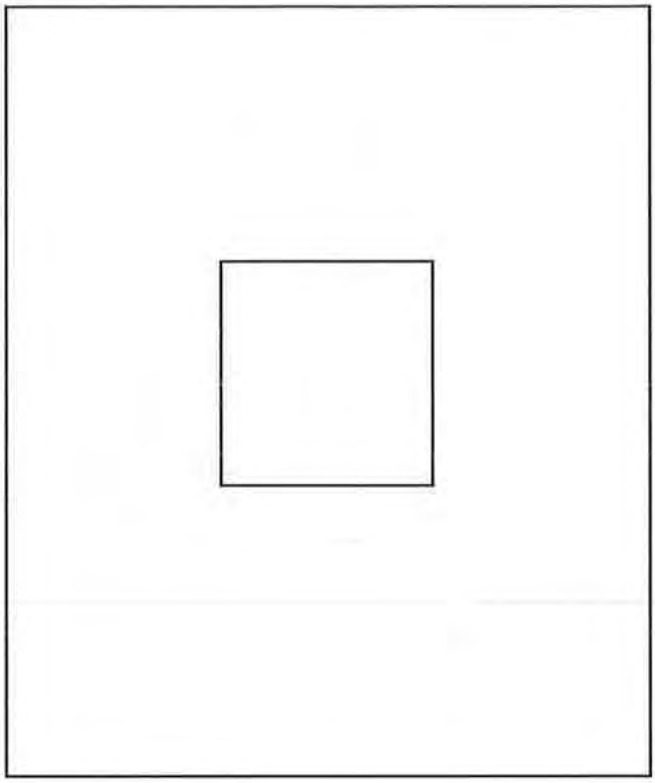
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: DY-1-28

Name: C _____ Phone: 610-863-6808

Address: _____ Pen Argyl, Pa. 18072

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1½ Acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 24 yrs Was it permitted: Y / N When: 4/4/1995

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: Every 3 yrs Date last pumped: 8/28/19
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

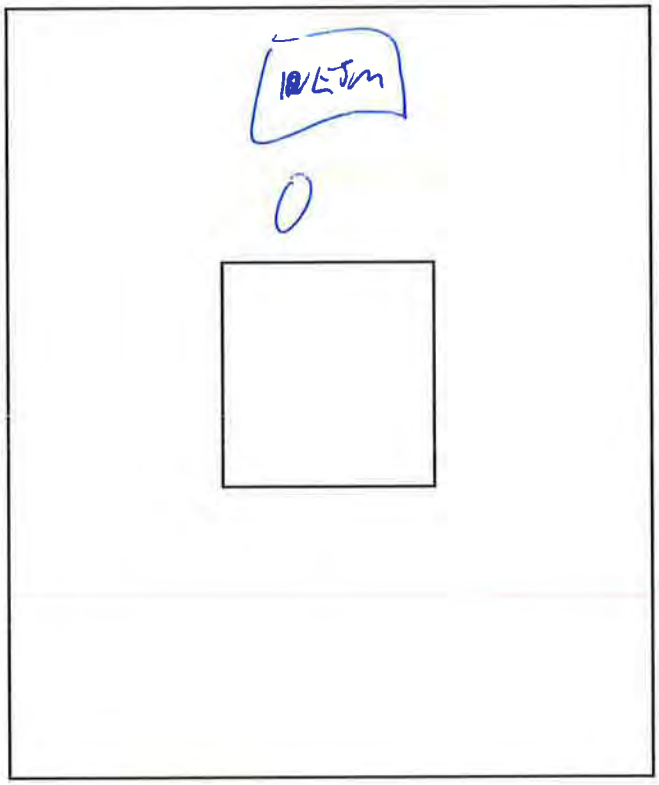
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/21/19 WEATHER: 45°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: RECENTLY FERTILIZED

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: TS-11-10C

Name: _ ___ Phone: 610 - 863 - 8069

Address: WIND GAP PA 18091

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 220 ft. Cased: Y / N
How far is the well or spring from the drain field: 120 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? SOMETIME IN THE 80S
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 12.7 ACRES No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 38 YEARS Was it permitted: (Y) / N When: SPRING 1981

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 5 YEARS Date last pumped: 2016
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

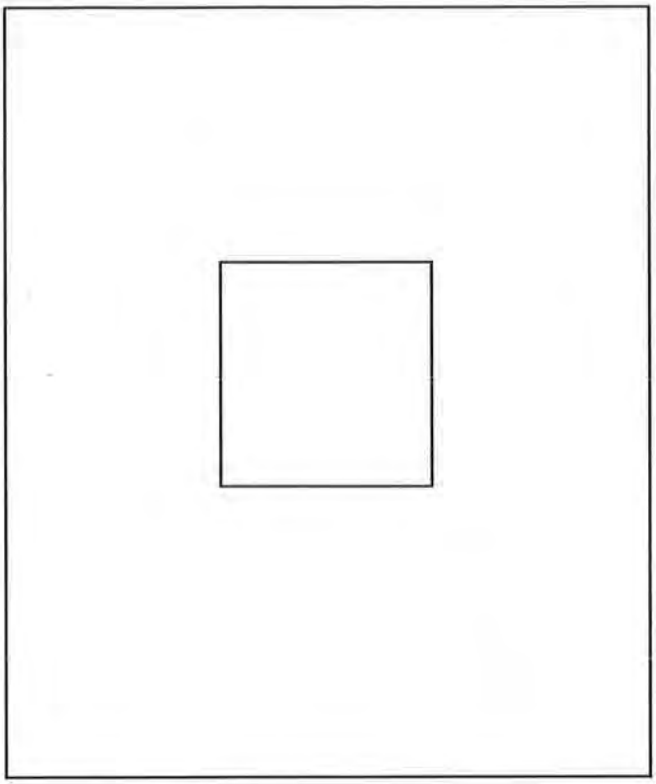
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: _____ → farm turned into township

Own or Rent No. of Residents: _____ * doesn't want water tested

---

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

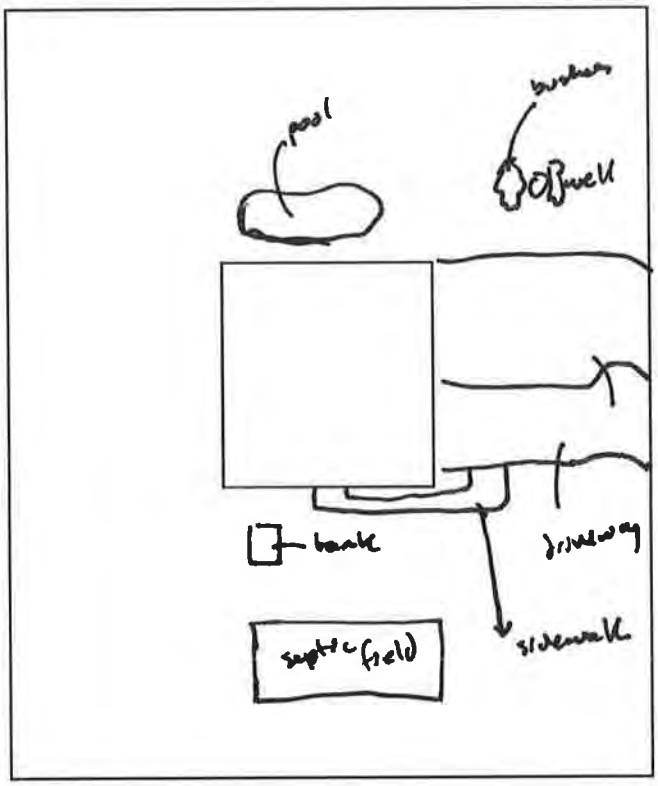
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-23-2019 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-11-WC-1

Name: _____ Phone: 610-863-4756

Address: WIND GAP PA 18091

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: 500+ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? when the well was drilled

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 4 ACRES No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 27 YEARS Was it permitted: (Y) / N When: 1992

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 6 YEARS AGO

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y (N) When: — By permit? Y / N

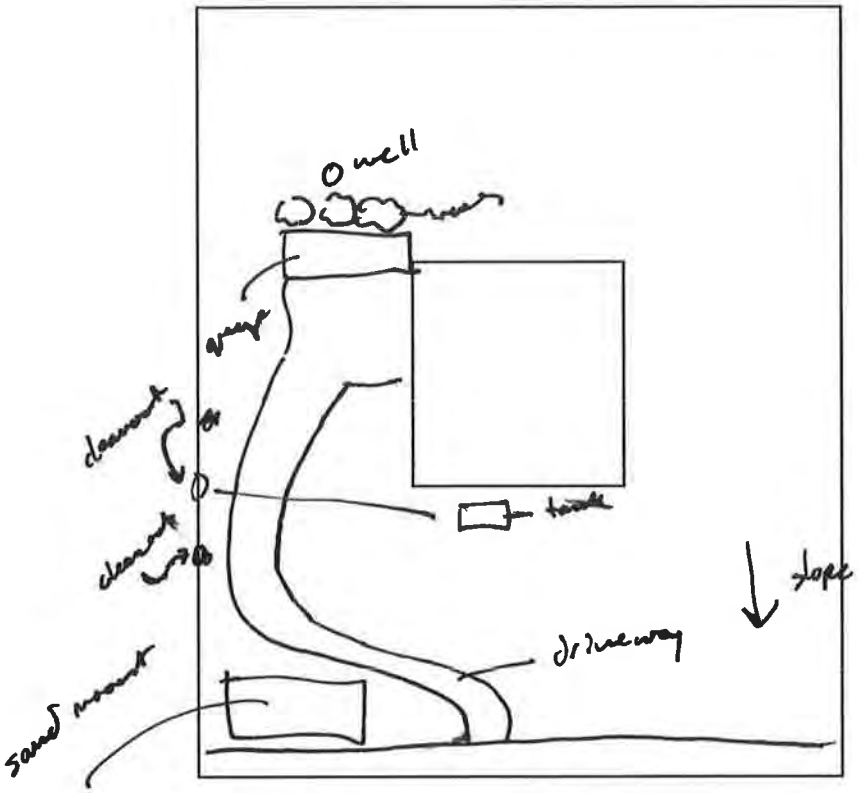
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-23-19 WEATHER: sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-20-5

Name: ___ _____ Phone: 610-863-6489

Address: _____, WIND GAP, PA 18091-9506

(Own) or Rent No. of Residents: 1 (ONE)

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: WELL

If you have a well, is it: DUG or (DRILLED) How Deep: 50 ft. Cased: (Y) / N

How far is the well or spring from the drain field: APPROX. 48 ft. Is the well UP or (DOWNHILL?)

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER FILTER

Was the water ever tested: Y / (N) When? _____

Any contamination: Y / N What (TC, FC, N, etc.) NOT THAT I KNOW OF.

How large is your lot: 1.267 ACRES No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 52 YRS OR OLDER Was it permitted: Y / N When: ON OR BEFORE 1967

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

(GREEN, LUSH GRASS)	(WETNESS OR SPONGY AREAS)	ODORS
(WATER PONDING OR SURFACING)	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? SEASONAL

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 5-12-14

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

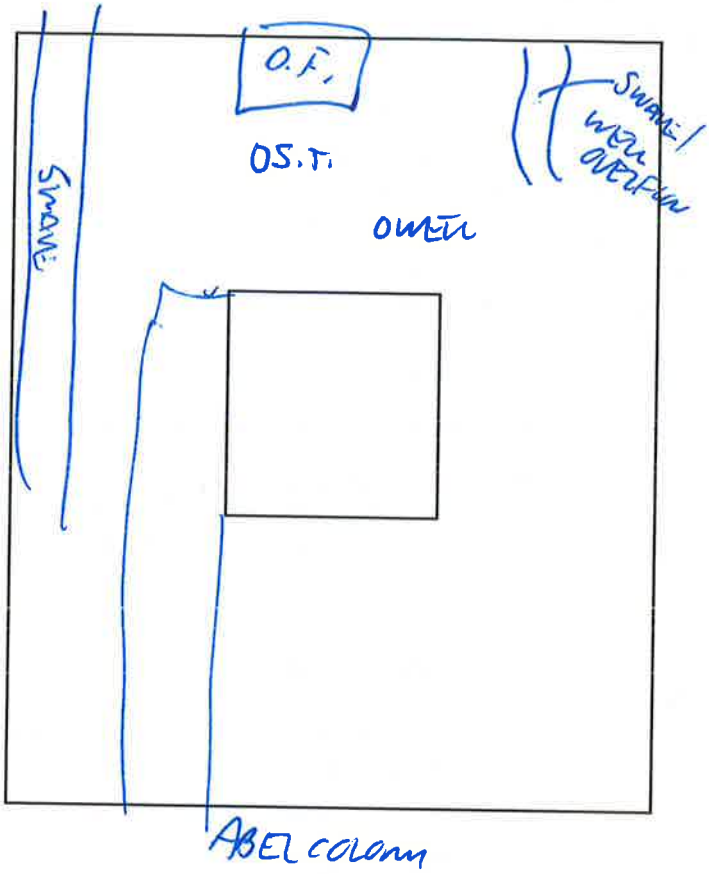
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/7/19 WEATHER: 40° cloudy



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: T-8-20-68

Name: _____ Phone: _____

Address: _____ Wind Gap _____

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 285 ft. Cased: (Y) / N
How far is the well or spring from the drain field: over 100 ft. Is the well UP or (DOWNHILL)?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1 3/4 Acres No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1972 Was it permitted: (Y) N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 4/4 years ago
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

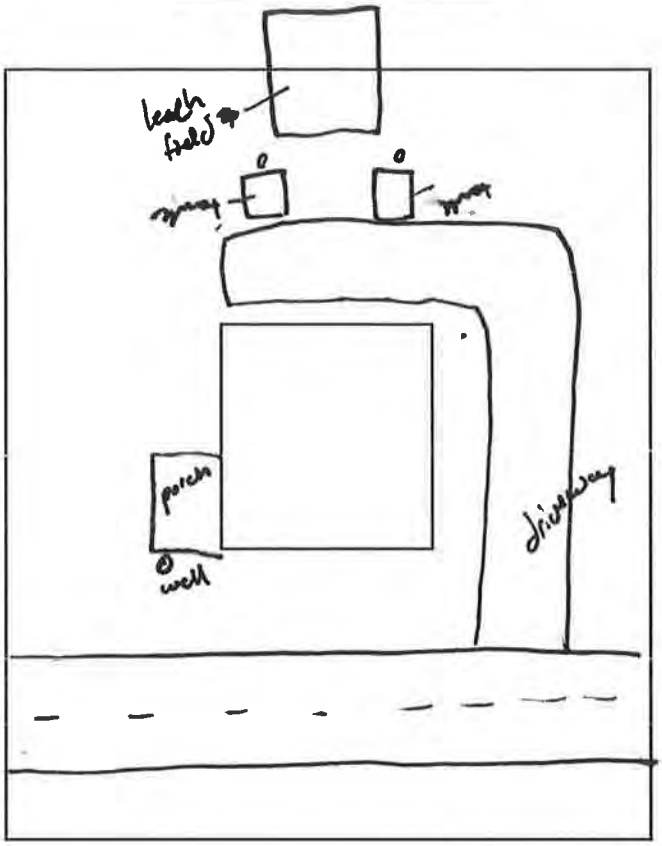
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-23-19 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

• 2 separate tanks lead to one leach field

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-2065-1

Name: _____ Phone: 484-239-2443

Address: WIND GAP, PA. 18091

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 140 ft. Cased: Y / N
How far is the well or spring from the drain field: 100 FT. ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 2 YEARS AGO
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 2+ ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT / BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: WHEN HOUSE WAS BUILT Was it permitted: Y / N When: 1963

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: 14-5-14
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: IN SIDE TANK

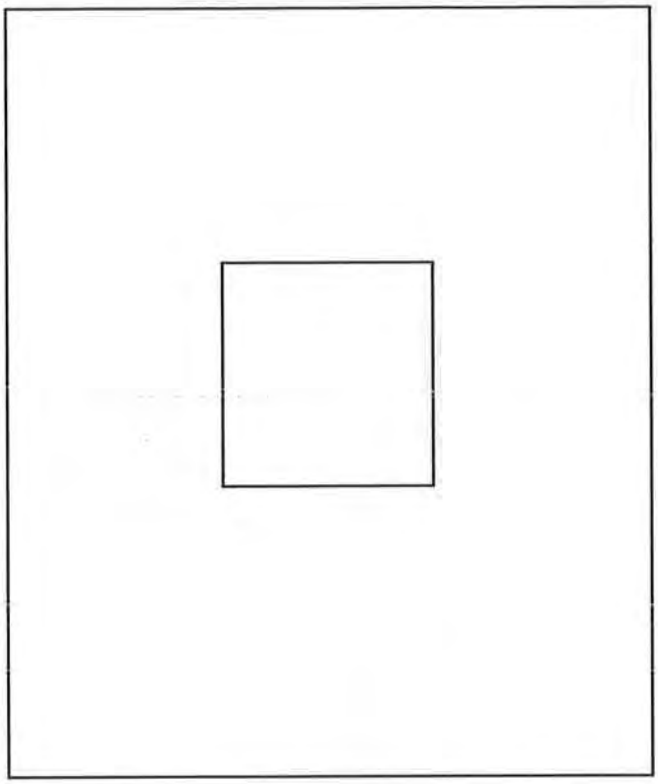
Has the system ever been repaired: Y / N When: _____ By permit? Y / N ?
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-20-68-1

Name: _____ _____ Phone: _____

Address: _____ → info sent to twp. _____

Own or Rent No. of Residents: 1 * pick up water @ later date

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

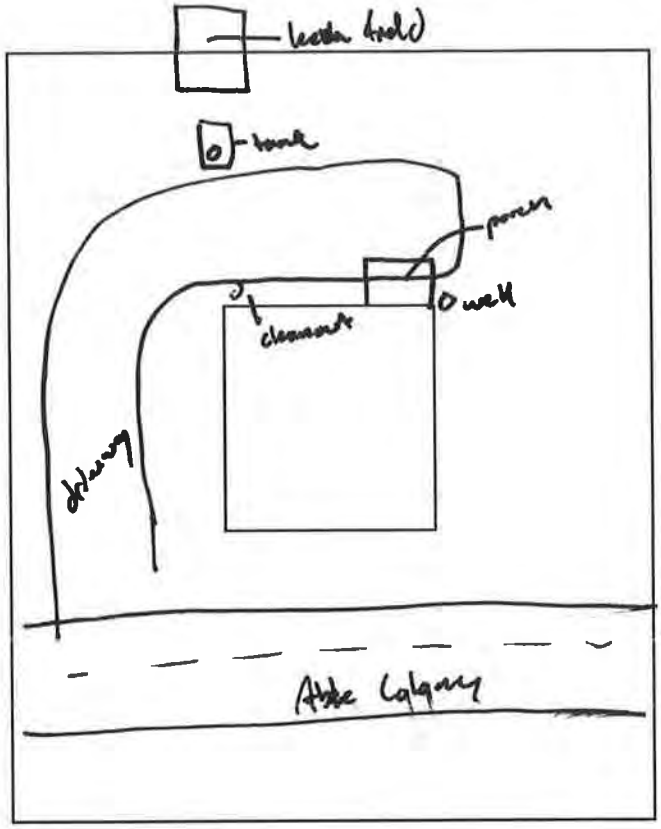
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-23-19 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-246

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 80 ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER Ozone
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 4.8AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 40 + YEARS Was it permitted: Y / N When: —

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 5 YEARS Date last pumped: 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

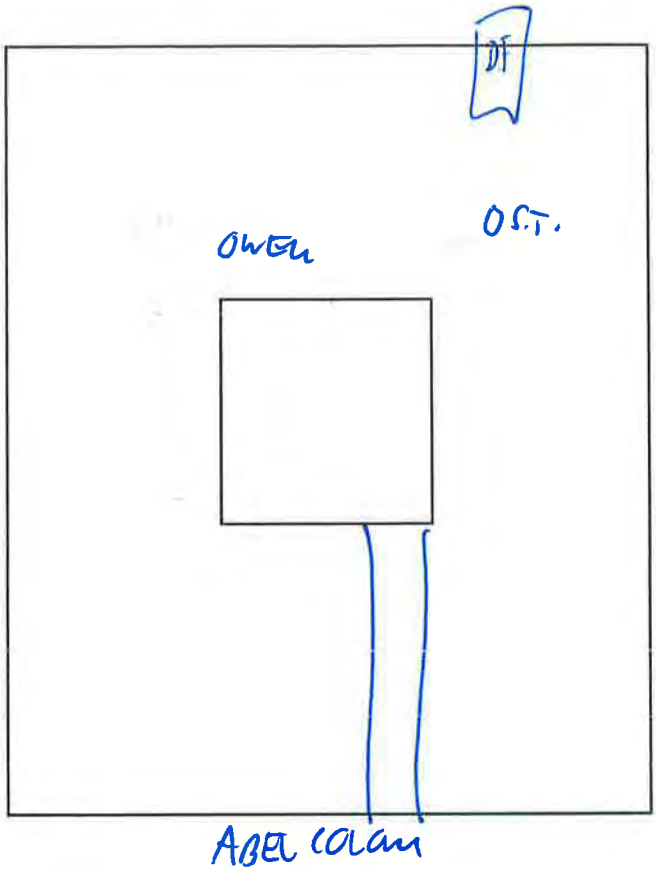
Has the system ever been repaired: Y / N When: — By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/8/19 WEATHER: 30° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

C/4 ABS COLAM

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FR-20-6A

Name: _____ Phone: 908-715-0476

Address _____

Own or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 135 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 110' ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 2016
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 3.5 ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1985 Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 2016
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: TANK

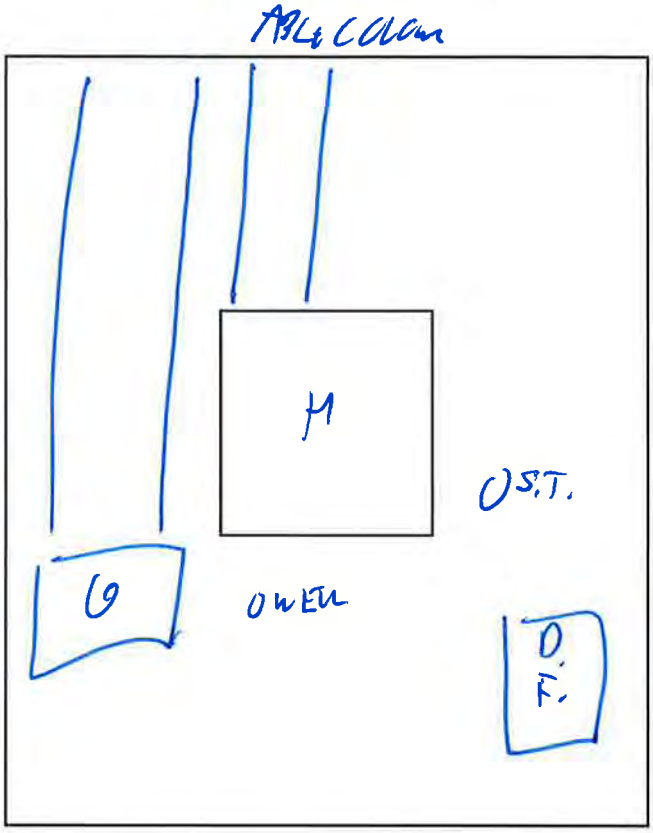
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

LOG ABLE Canon
WATER Sample

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-1L-10A

Name: _____ Phone: 484-542-6354

Address: Mid Gap, PA 18091

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 70 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 60-75 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / (ION) OTHER From Filter

Was the water ever tested: (Y) / N When? August

Any contamination: Y (N) What (TC, FC, N, etc.) ?

How large is your lot: 4 Acres No. of dwelling units: 1

One or more sewage systems? 1 (Cesspool) 1 Tank COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: House BH 1968 Was it permitted: Y / N When: ??

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 2000?

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: (Y) / N When: ? By permit? Y / (N)

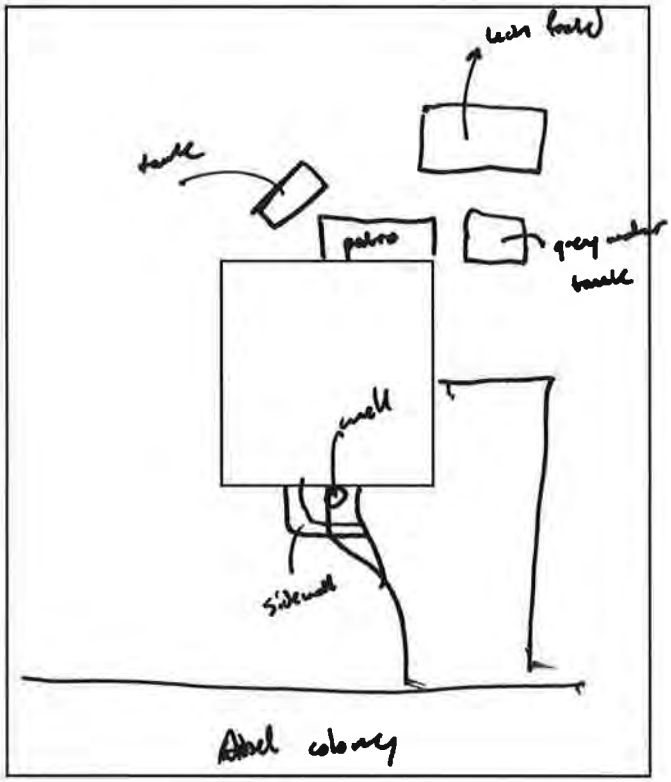
What part: TANK: Repaired/Replaced LINE: (Repaired)/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-23-19 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:
- grey water tank
- pumped out ~5 years ago

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: _____ _____ info sent to township

Own or Rent No. of Residents: _____ to come back for water

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____

_____

_____

_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-11-9

Name: ___ Phone: 610-905-2537

Address: Wind Gap, PA 18091

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: ___

If you have a well, is it: DUG or DRILLED How Deep: ? ft. Cased: Y / N

How far is the well or spring from the drain field: ~~200~~ 150 / 200 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER ___

Was the water ever tested: Y / N When? County did A test ? 2016

Any contamination: Y / N What (TC, FC, N, etc.) ___

How large is your lot: 9.3 Acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

How old is your system: 1980 Was it permitted: Y / N When: 1980

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER ___

If you noticed any of the above, is it seasonal or year-round? ___

Have you ever had your system pumped out: Y / N How often: 3 yrs Date last pumped: 2019

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ___

Has the system ever been repaired: Y / N When: ___ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-0648

Name: _____ Phone: 484-221-4210

Address: WIND GAP, PA 18091

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 450' ft. Cased: (Y) / N

How far is the well or spring from the drain field: 150-200 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER FILTER

Was the water ever tested: (Y) / N When? 2018

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 4 1/2 ACRES No. of dwelling units: 1

One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 22 YRS Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 YRS Date last pumped: 2017

If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

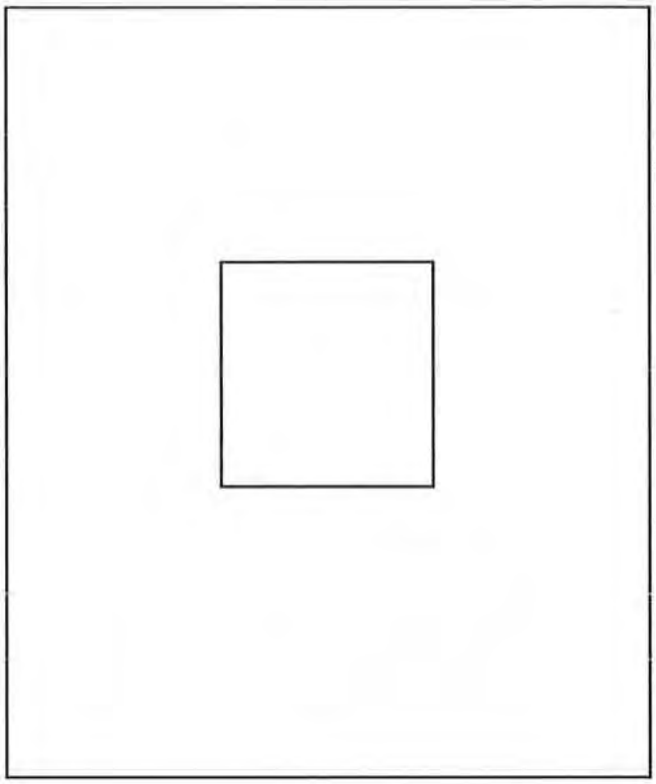
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-11-8

Name: ___ Phone: 484 274 9536

Address: 2 WIND GAP PA 18091

(Own) or Rent No. of Residents: 1

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: (DUG) or DRILLED How Deep: 60 ft. Cased: Y / N

How far is the well or spring from the drain field: 100 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 3 years

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.5 ACRES No. of dwelling units: 1

One or more sewage systems? ONE COMMERCIAL (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	(SEEPAGE PIT)	PIPE TO STEAM	

OTHER _____

How old is your system: UNK Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* NONE

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 YRS Date last pumped: 11/17

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: (Y) / N When: _____ By permit? Y / N

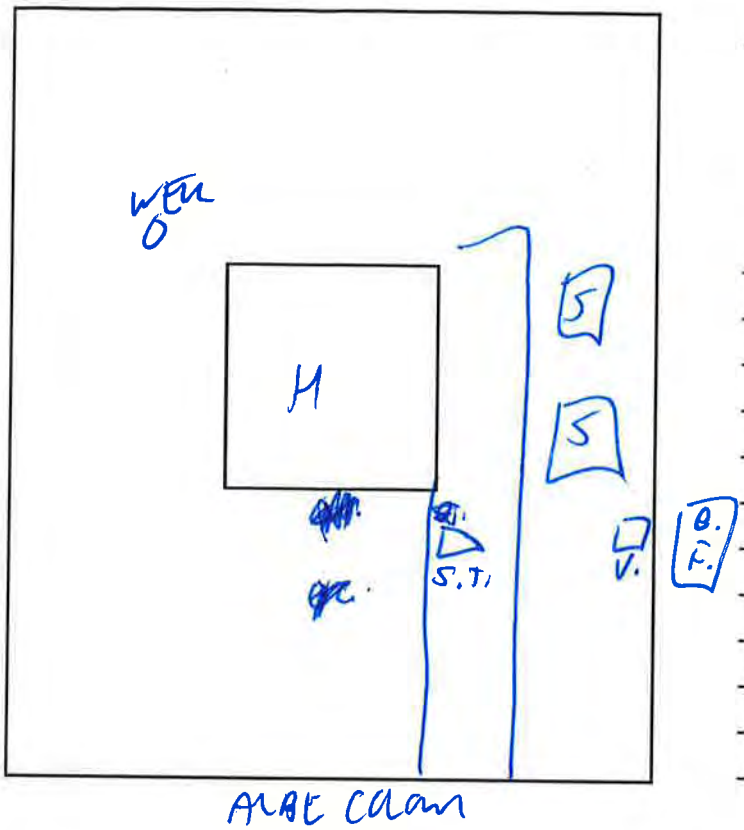
What part: TANK: Repaired/Replaced LINE: (Repaired/Replaced) DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:

SOIL TYPES:

OBSERVATIONS:

TBC ABLE Colony Rd
Across Home
Well & Sample Area

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE:

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____

_____

_____

_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-26-98.2

Name: C _____ Phone: 484 523-6900

Address: _____, Wind Gap, PA 18091

(Owner) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 250 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 80 ft. Is the well UP or (DOWNHILL)?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER Filter tank

Was the water ever tested: (Y) / N When? 1993

Any contamination: Y / (N) What (TC, FC, N, etc.) Un Known

How large is your lot: 4 Acre's No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 26 years Was it permitted: (Y) / N When: 1993

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 6 YRS. Date last pumped: 10/8/2018

If it was pumped, was it inspected for cracks or broken baffles: Y (N) What part: _____

Has the system ever been repaired: (Y) / N When: ? By permit? (Y) N

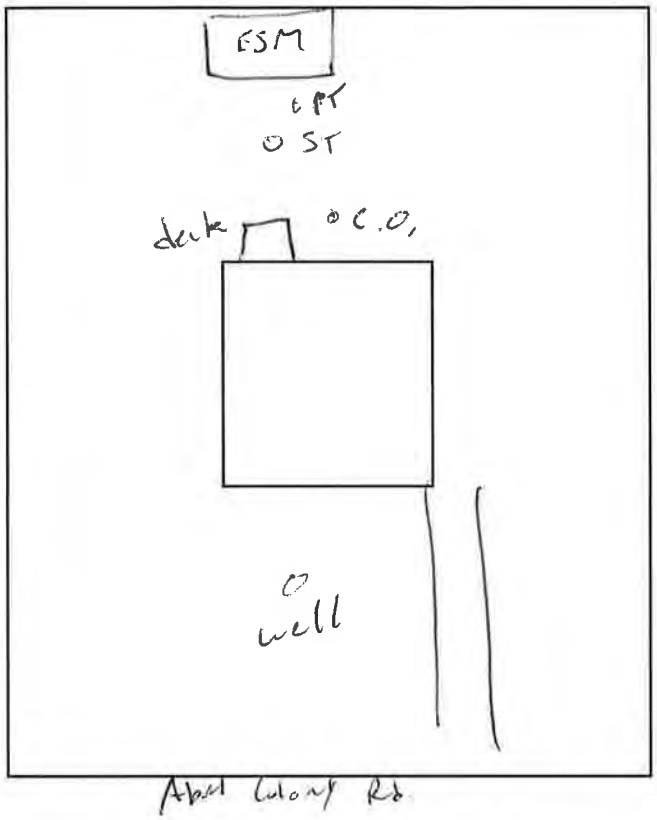
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Replaced Pump in the Liquids tank (10 yrs ago)?

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-11-7A

Name: _____ Phone: 610 295 9389

Address: Wind Gap, PA 18091

(Own) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: N/A ft. Cased: Y / N ?

How far is the well or spring from the drain field: ~200 ft. Is the well UP or (DOWNHILL)?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / (N) When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: Approx. 1 acre No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ~30 years Was it permitted: Y / N When: Unknown

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: Feb. 2018

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Baffle

Has the system ever been repaired: (Y) / N When: 2013 By permit? Y / (N)

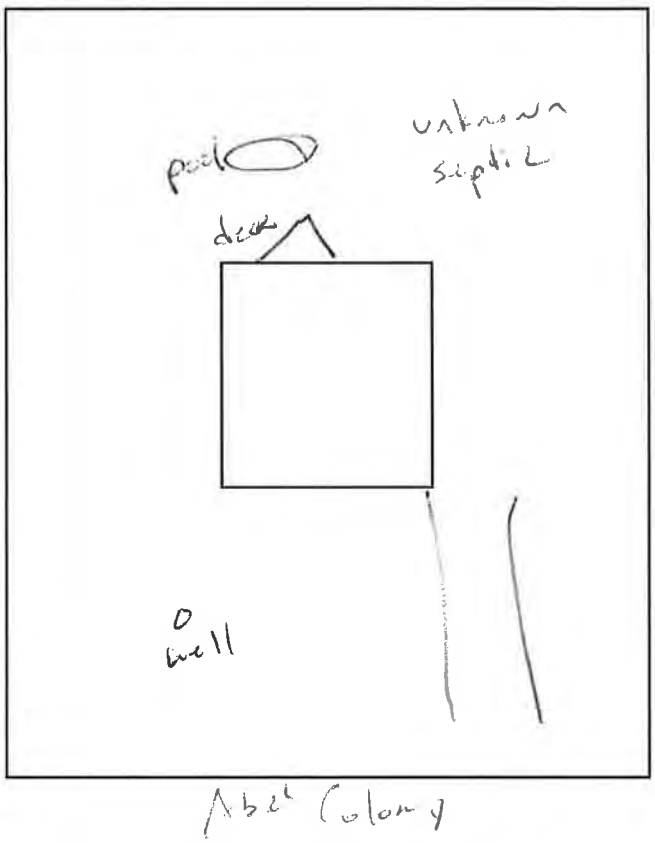
What part: TANK: (Repaired)/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: ___ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-2-43

Name: ___ Phone: 616-863-7070

Address: _

Own or Rent No. of Residents: 4

I rent the unit to another party

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: unknown ft. Cased: Y / N
How far is the well or spring from the drain field: 30' +or- ft. Is the well UP or DOWNHILL? -- Side

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1/4 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: unknown Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? _____

* Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

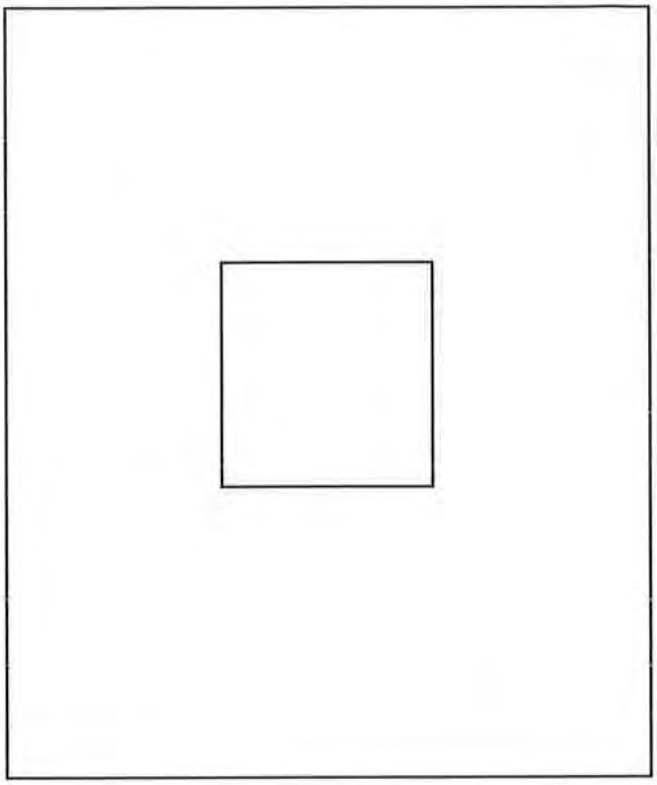
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
(*) Previous owner died. He died - I have no info on date etc.
Current tenant has had NO problems.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F851, 4-4-2

Name: _____ Phone: 610 509 2353

Address: Rd Argyl Pa. 18073

(Owner) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: ~84 Acre No. of dwelling units: 1
One or more sewage systems? 1 (COMMERCIAL / RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: Unknown Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 1 Date last pumped: 12-2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: Unknown

Has the system ever been repaired: Y / N When: Unknown By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
We are new owners as of Dec. 2018, some history is unknown due to previous owner passing away. Septic was inspected before purchase and no issues were found.

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-SWM-5-1

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

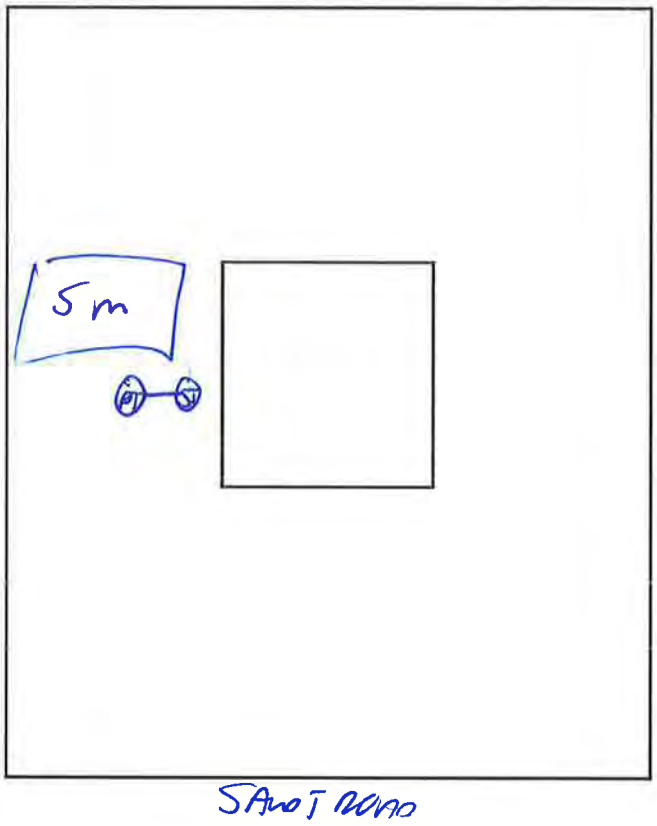
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/4/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FSSW4-217A

Name: _____ Phone: 610-863-4439

Address: _____

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 3.2 ACRES No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 10 YEARS Was it permitted: (Y) / N When: 2009

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: EVERY YEAR Date last pumped: 7/18/19
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

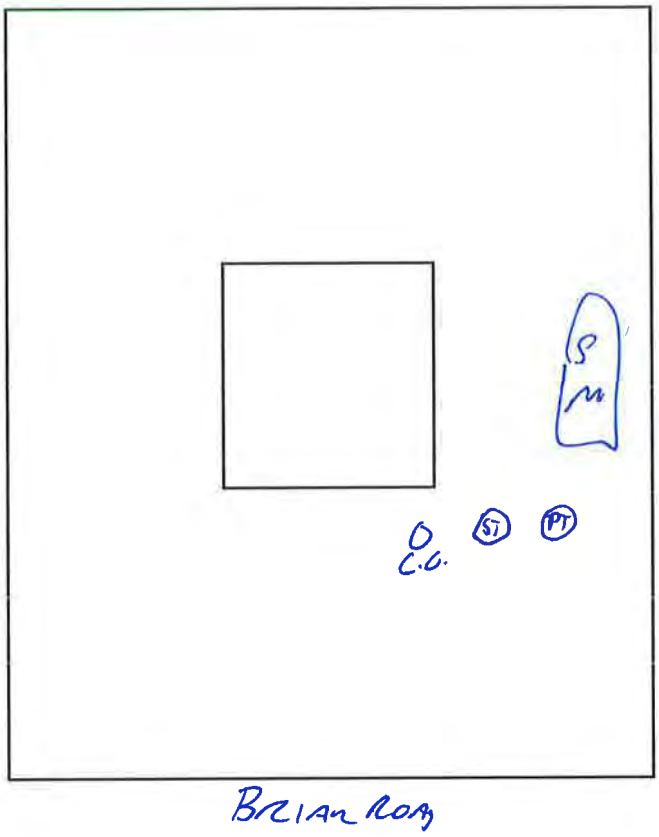
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/11/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-21-2

Name: _____ Phone: 610-863-4895

Address: [illegible] Pen Argyl Pa. 18072

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: ? ft. Cased: Y / N
How far is the well or spring from the drain field: 130' ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 1996
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 7.8 Ac. No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 43 yr. Was it permitted: Y / N When: 1975 or 76 ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2 yr. Date last pumped: 1998
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

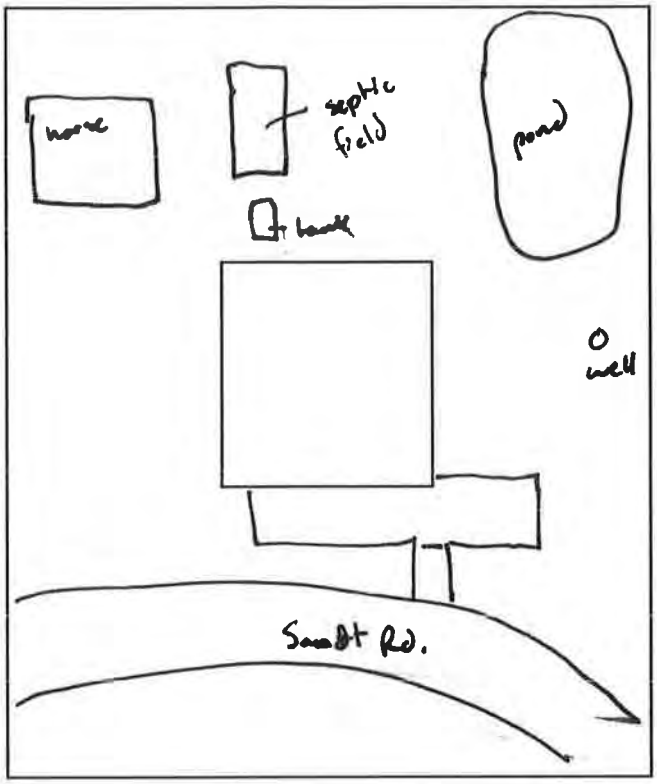
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-29-2019 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-21-9A

Name: ___ _____ Phone: 610-863-8622

Address: _____

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?
LATERAL

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .96 ACRE No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 1 Date last pumped: 2012
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

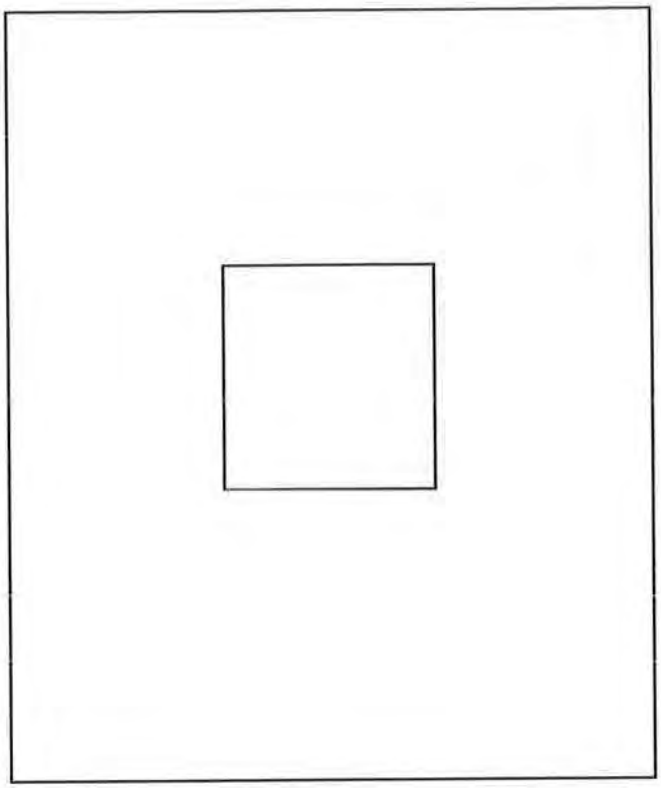
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

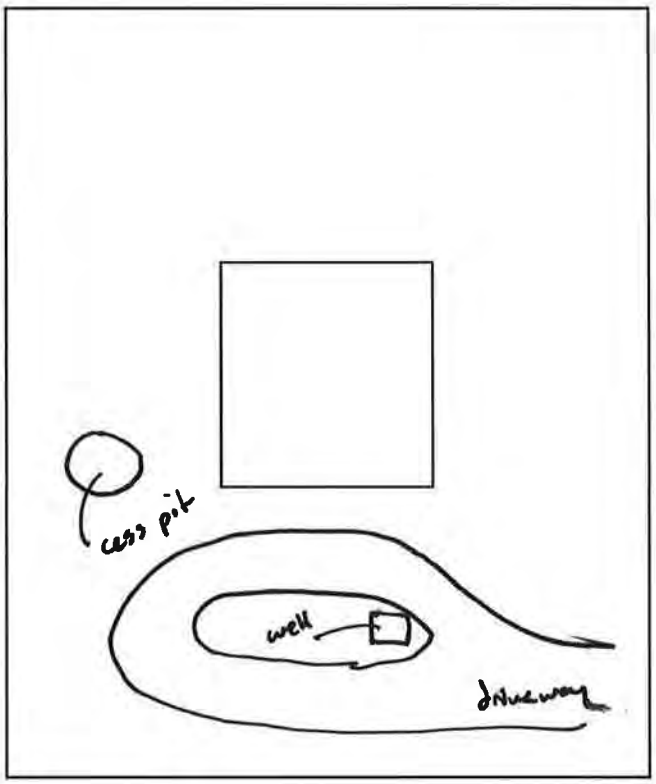
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-23-2019 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:
- cess pool covered by slate cover

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: _____ * sheet sent to township

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-241

Name: __ Phone: 610-863-6404

Address: _____

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: Unknown ft. Cased: Y / N
How far is the well or spring from the drain field: 100+ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? _____
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 18 ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1940 Was it permitted: Y (N) When: Don't Know

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: _____ Date last pumped: 11-4-19
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

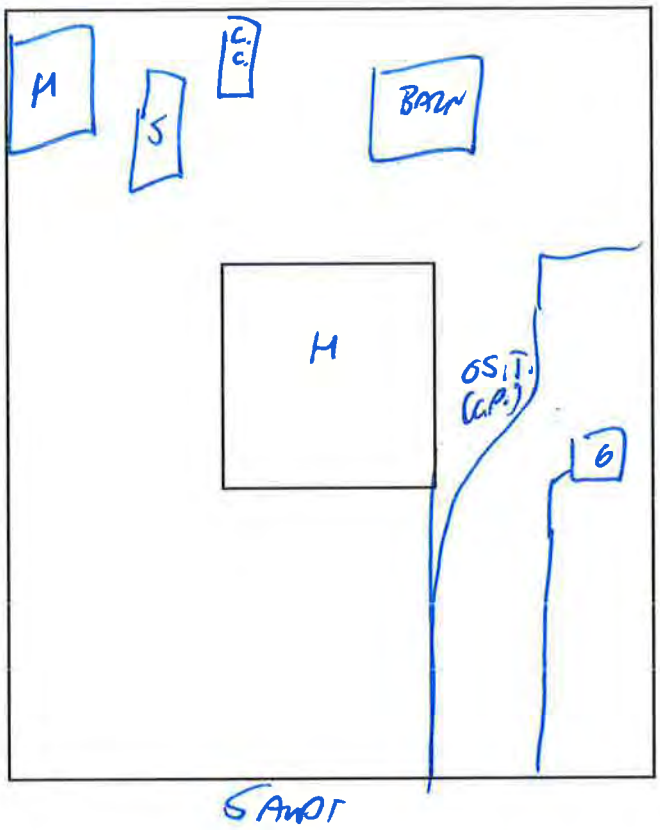
Has the system ever been repaired: (Y) N When: 20 yrs - (approx) By permit? Y / (N)
What part: (TANK) Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/19 WEATHER: 40°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-20-9

Name: _____ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

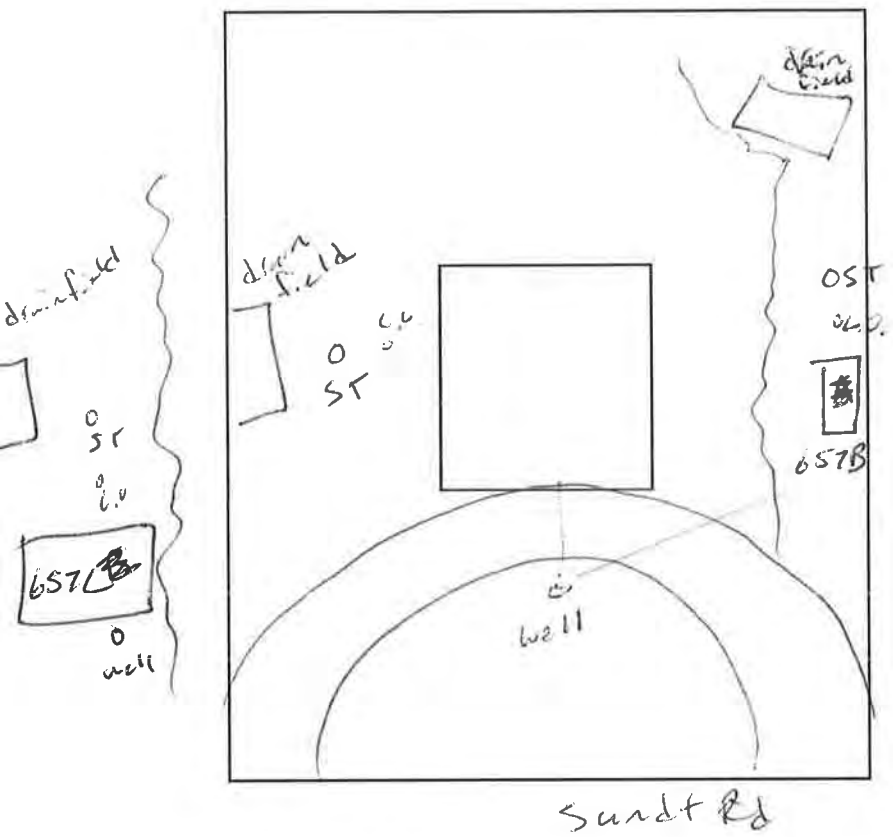
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-2-6B-1

Name: _____ Phone: 610-863-9651 (VOICEMAIL 10 RINGS)

Address PEN ARGYL, PA 18072-9792

(Own) or Rent + RENTAL No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 200+? ft. Cased (Y) / N (1 SECTION OF CASING)
How far is the well or spring from the drain field: 60 + 2 ft. Is the well (UP) or DOWNHILL?
100' rule

Do you treat your water: (Y) / N How? CL / (UV DISINFECTION) / (SOFTENER) / ION OTHER _____
Was the water ever tested: (Y) / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 2 ACRES No. of dwelling units: 2
One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 40+ Was it permitted: (Y) / N When: 1978-79

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y (N) How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

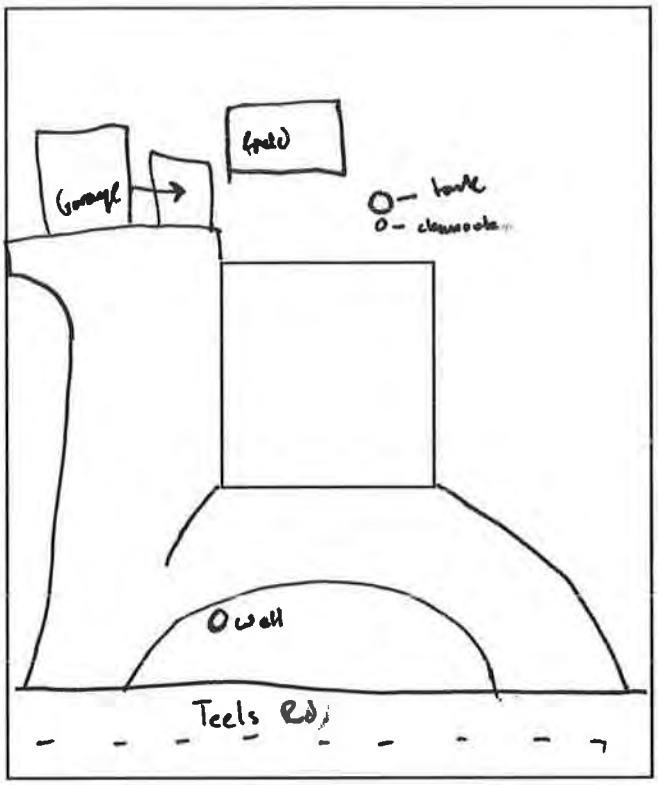
Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-17-2019 WEATHER: Overcast (rain in last 24hrs)



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:
- Septic saver
- has next pumped system in 40 yrs.
- in-ground system

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-2-68C

Name: _____ Phone: 610-863-8257

Address: _____

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 100+ ft. Cased: (Y) / N
How far is the well or spring from the drain field: 100+ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 5 ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 42 YEARS Was it permitted: (Y) / N When: 1977

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 5 YR. Date last pumped: 2014
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

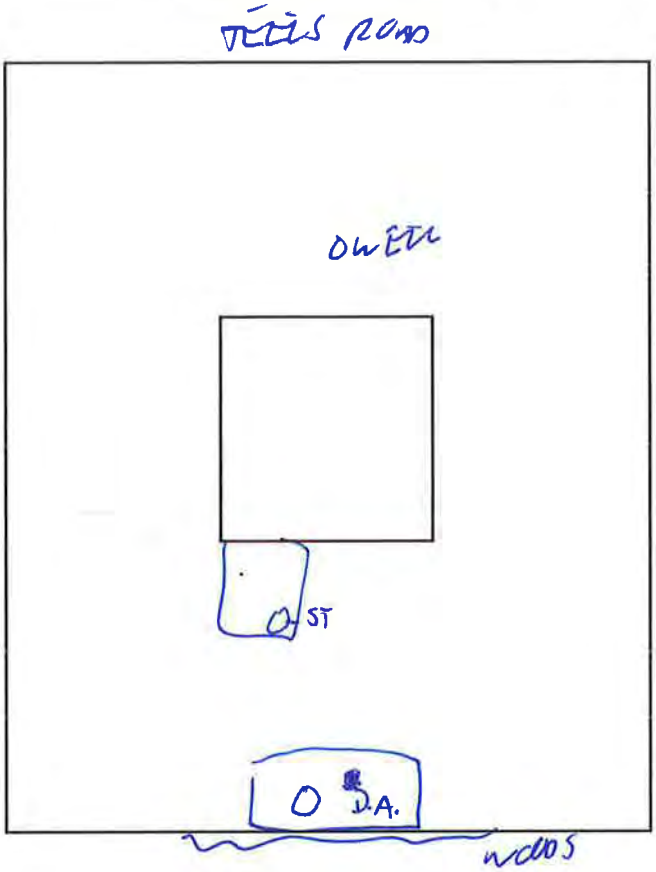
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: SYSTEM WORKS GREAT.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: CLOUDY 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-2-91

Name: , Phone: ——

Address: PEN ARGYL, PA 18072

(Own) or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

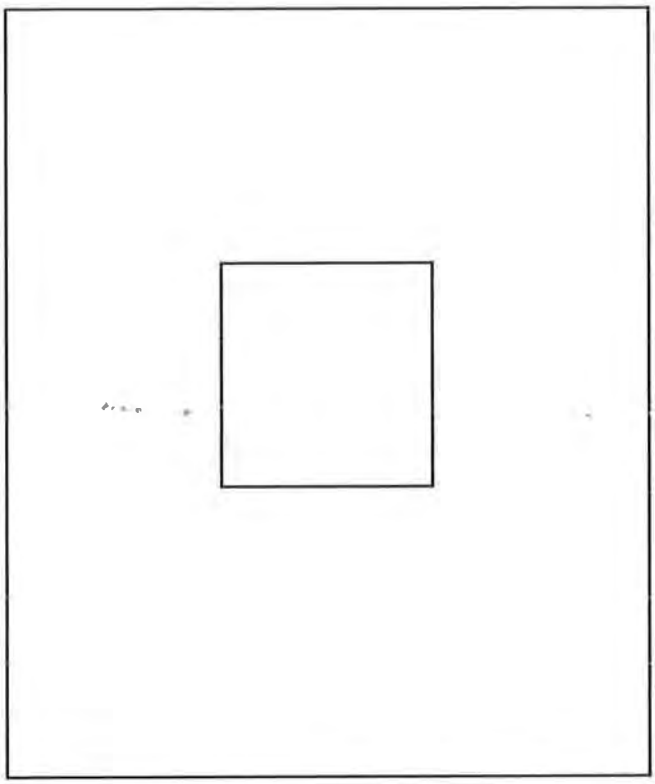
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-7-9A

Name: _____ Phone: 610-393-7290

Address: Pen Argyl PA 18072

(Own) or Rent No. of Residents: 1

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 350 ft. Cased: Y / N

How far is the well or spring from the drain field: 175 ft. Is the well UP or DOWNHILL? Up

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? About 10 years ago

Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 6.6 acres No. of dwelling units: 1

One or more sewage systems? One COMMERCIAL / RESIDENTIAL? Residential

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH		BORE HOLE
HOLDING TANK	SEEPAGE PIT		

OTHER _____

How old is your system: 24 years Was it permitted: (Y) / N When: 1995

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS (only in area I too much grass seed)	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER none

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 years Date last pumped: 2017 Oct.

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: (Y) / N When: Oct. 2017 new pump By permit? Y / (N)

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

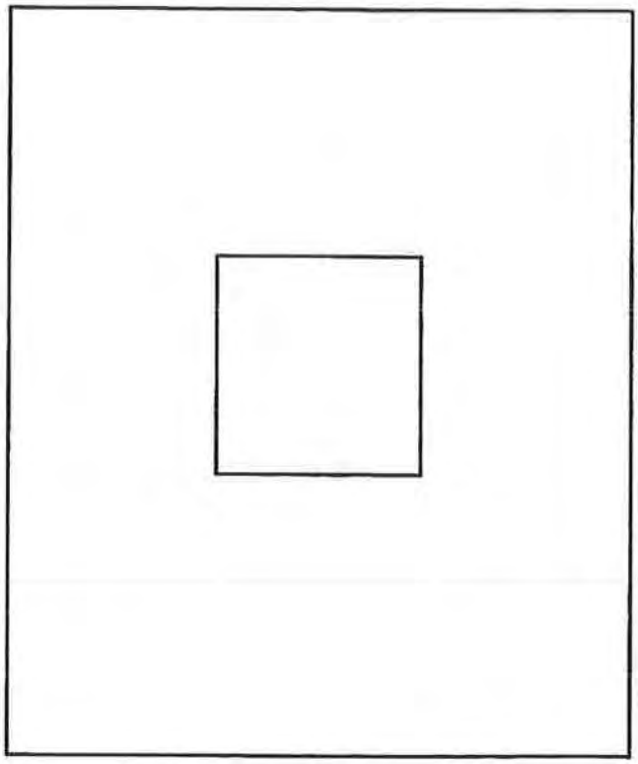
General Comments:

I give my permissing to survey my property (1645 Delaware Rd) in my absence.
Nancy Williams
I'm interested in a free water test

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

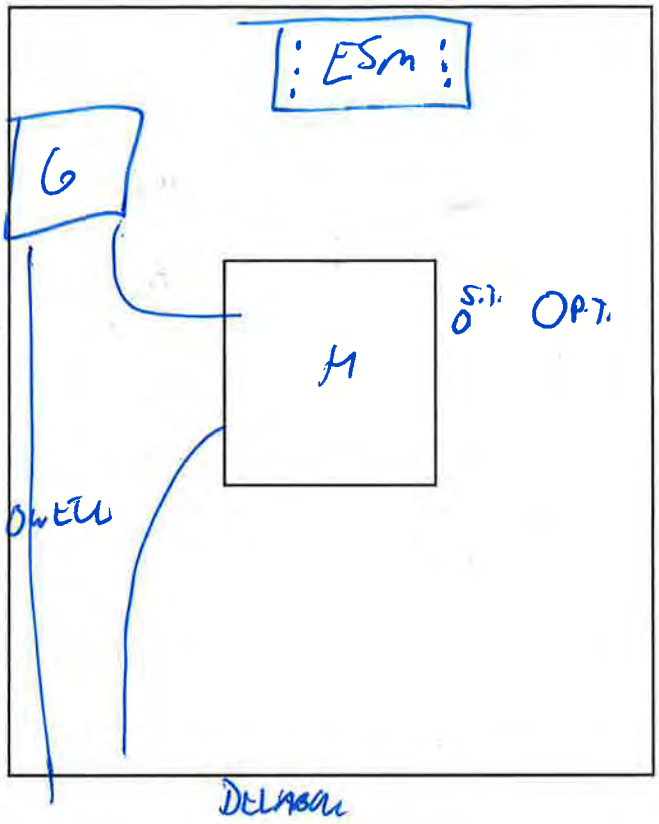
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

OWNER OF HOME WITH SAMPLES

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-8-8A

Name: _____ Phone: _____

Address: Ben Argyl, PA 18612

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 170 ft. Cased: Y / N
How far is the well or spring from the drain field: 75 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 4-20-12
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .57 Acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: In upon Purchase of Home 7/1991 Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* N/A

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out: Y / N How often every 5 yrs Date last pumped: 9-27-11
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

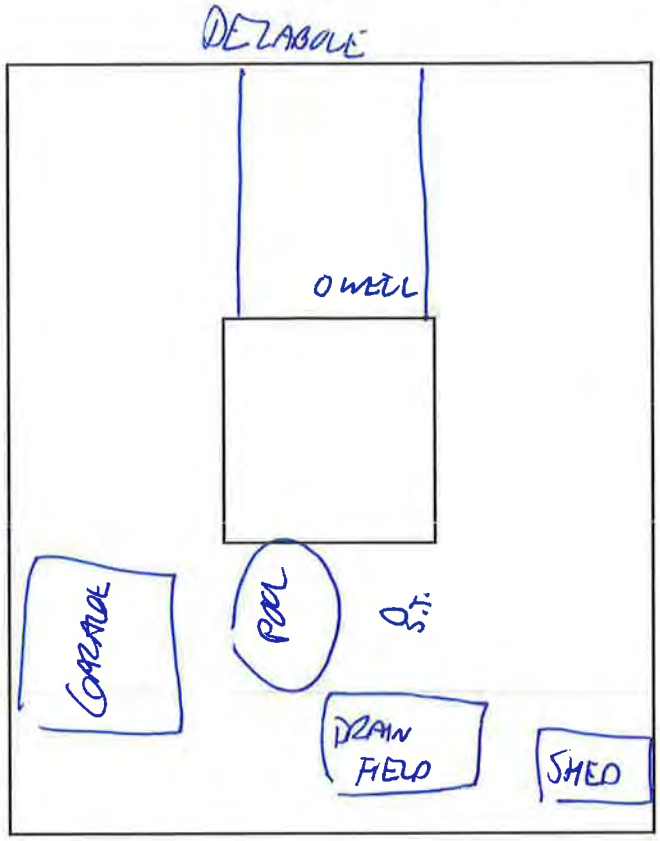
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/24/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-8-9

Name: _____ Phone: 610 392 5599

Address: PEN ARGYL PA 18072

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 123 ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL? up

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 10+ years
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: Just shot of 1 acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 9 yrs Was it permitted: Y / N When: 2000

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None of the Above

If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out: Y / N How often: 5 yr Date last pumped: 10/22/19
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

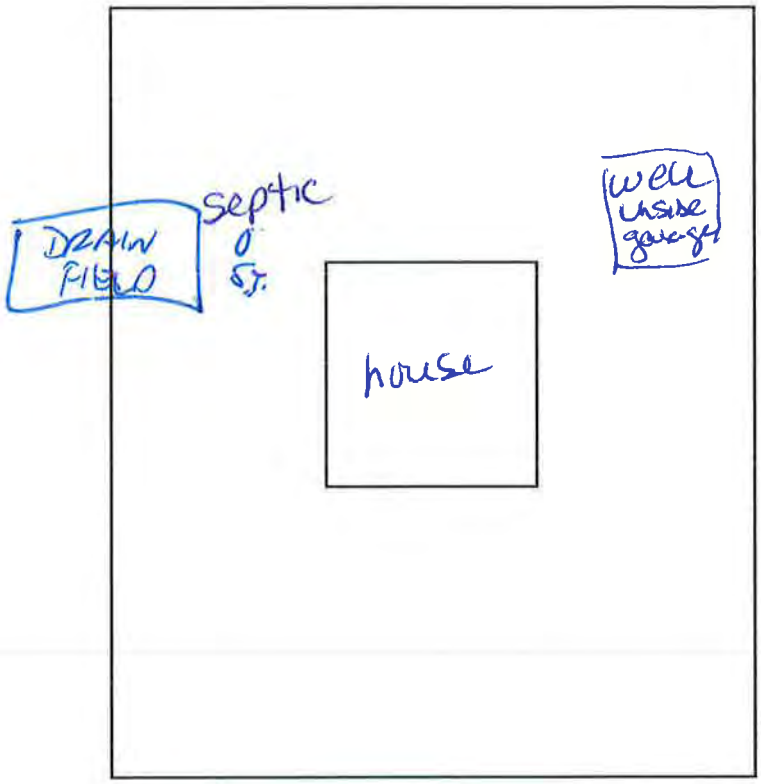
Has the system ever been repaired: Y / N When: 2000 By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: 2010 1996 1991

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/8/19 WEATHER: 30° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: EG 20-1

Name: _____ Phone: 610.863.919

Address: _____

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: ~100 ft. Cased: Y / N
How far is the well or spring from the drain field: 60 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.8 Acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 49 yrs Was it permitted: Y / N When: 1970

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round? Seasonal 3yrs

Have you ever had your system pumped out: Y / N How often: ~~Every~~ Date last pumped: 4/17
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ALL

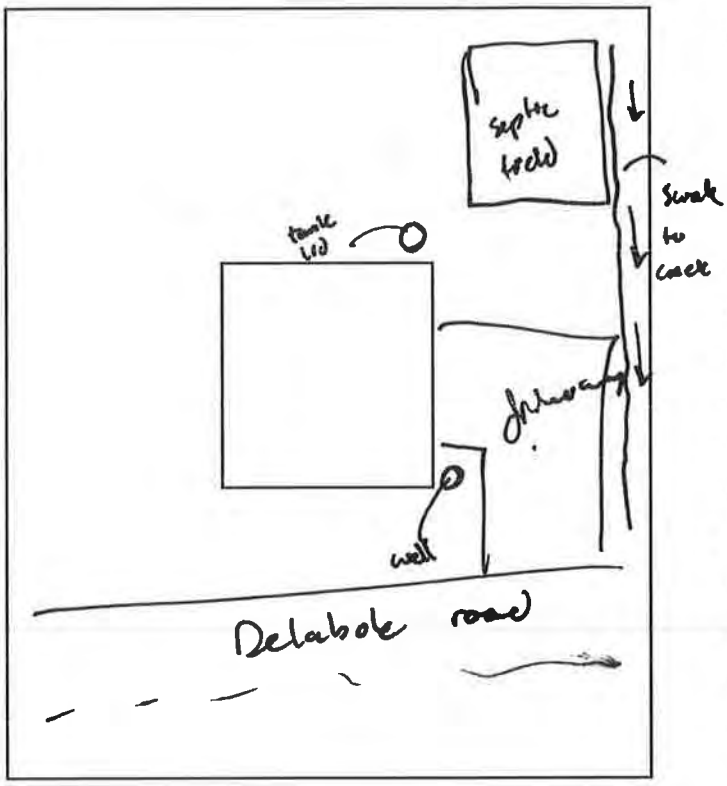
Has the system ever been repaired: Y / N When: April 2017 By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-17-19 WEATHER: Overcast



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: EG-20-3

Name: _____ Phone: 484-223-9113

Address PEN ARGYL PA. 18072

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 7 ACRES No. of dwelling units: 1

One or more sewage systems? ONE COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 30 YEARS Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 5 YEARS Date last pumped: 10/17/2018

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: SEPTIC TANK

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

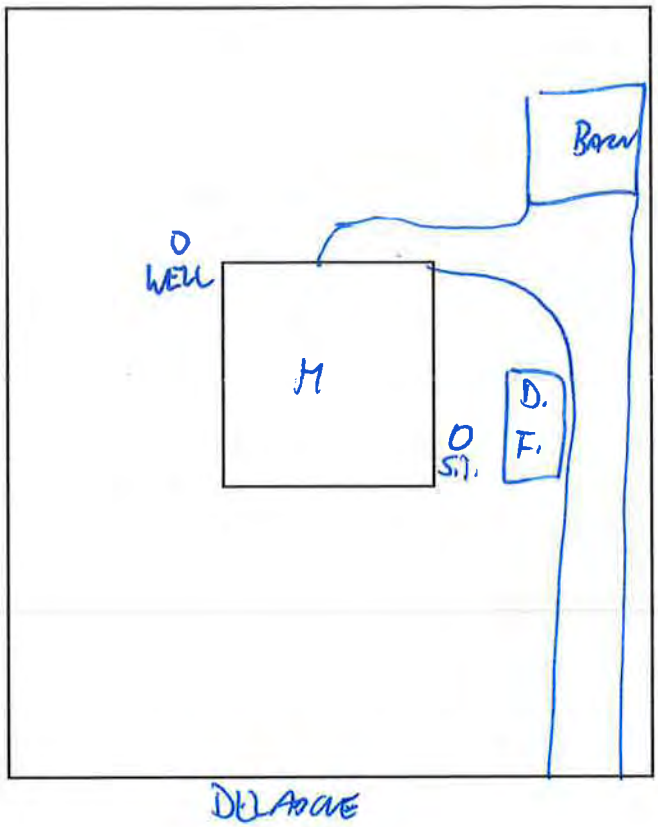
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: E9 10 10B-1 0626

Name: _____ Phone: 484-340-7727

Address _____ Argyl, PA 18073

(Own) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: ? ft. Cased: Y / N
How far is the well or spring from the drain field: approx. 300 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) ?

How large is your lot: 1.57 Acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 49 yrs Was it permitted: Y / N When: 1970

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out (Y) / N How often: Every 3 yrs Date last pumped: 2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Tank

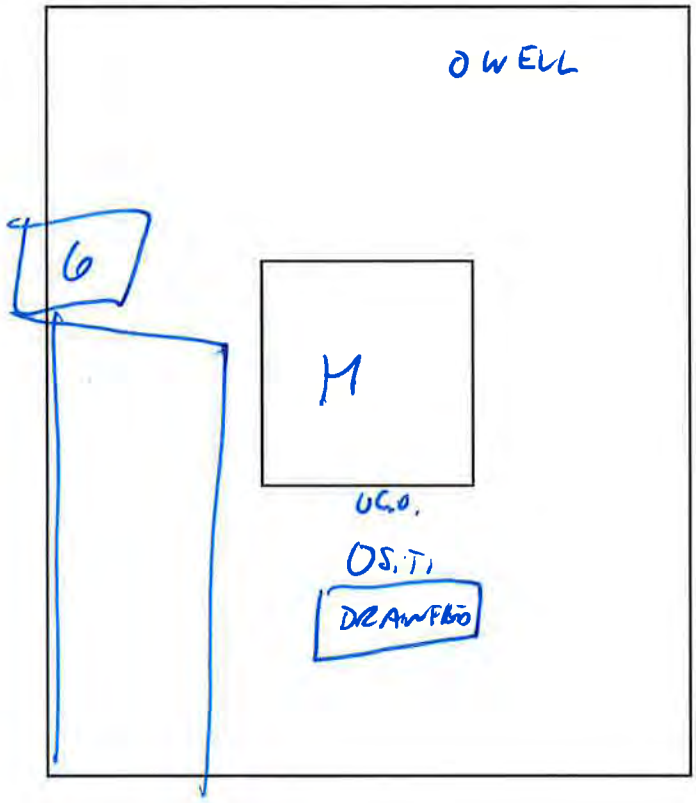
Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/11/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

300'

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: EG-16-16C

Name: _____ Phone: 973-670-9046

Address: Pen Argyl PA 18072

(Own) or Rent No. of Residents: 1

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: ? ft. Cased: (Y) / N

How far is the well or spring from the drain field: _____ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) N When? 9/17

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: .79 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 50 plus years Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 2017

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Tank

Has the system ever been repaired: Y / N ? When: _____ By permit? Y / N

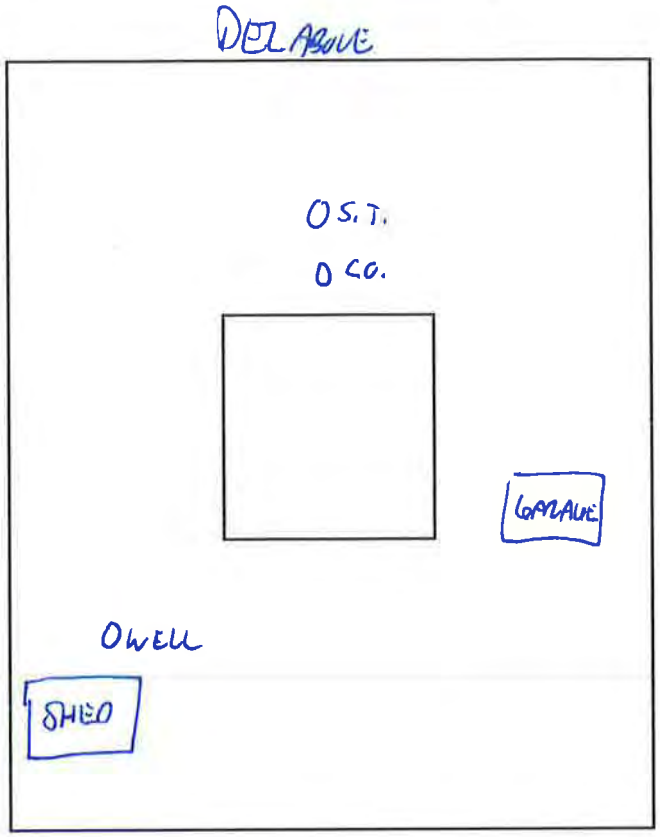
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: I have only owned the house for 2 years. I dont Know the entire history

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/24/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: EG-21-86

Name: ____ Phone: 610 863 4226

Address: ____

Own or Rent No. of Residents: 3 + 1 1 in College

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: ____
If you have a well, is it: DUG or DRILLED How Deep: 500 ft. Cased: Y / N
How far is the well or spring from the drain field: 75 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER: YES
Was the water ever tested: Y / N When? Annually
Any contamination: Y / N What (TC, FC, N, etc.) NO

How large is your lot: 17 ACRES No. of dwelling units: 1
One or more sewage systems? ____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ____

How old is your system: Don't Know Was it permitted: Y / N When: N/A

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER ____

If you noticed any of the above, is it seasonal or year-round? ____

Have you ever had your system pumped out: Y / N How often: every 2 to 4 Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ____

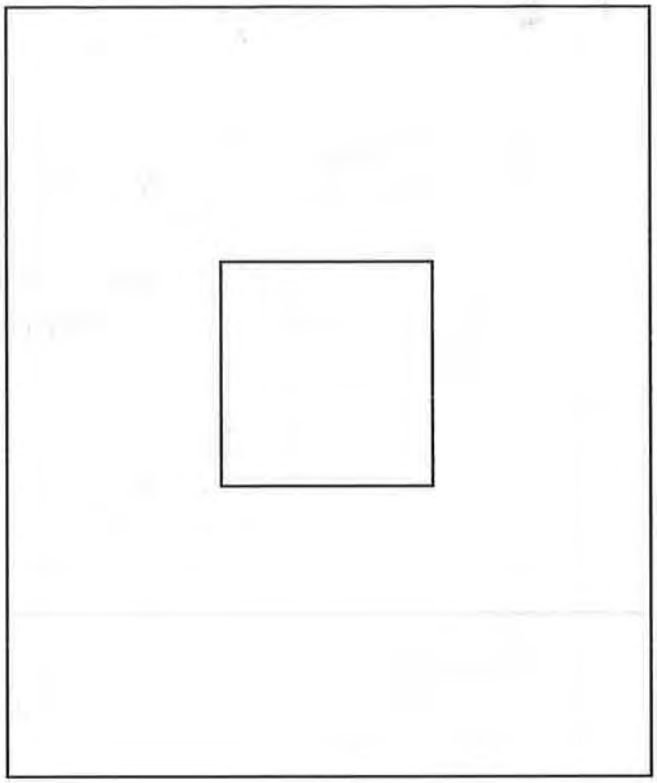
Has the system ever been repaired: Y / N When: ____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
Been Working fine Since I Purchased The Property in 1986

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: E9-20-8C

Name: _____ Phone: 484-619-0155

Address: [redacted] PEN ARGYL PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: 54'
If you have a well, is it: DUG or (DRILLED) How Deep: 140 ft. Cased (Y) / N
How far is the well or spring from the drain field: 69 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____
Was the water ever tested: (Y) / N When? 2020
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1 ACRE No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT BACK (SIDE) YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 13 YRS Was it permitted: (Y) / N When: 9/15/2006

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 5 YRS Date last pumped: 11/2016
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

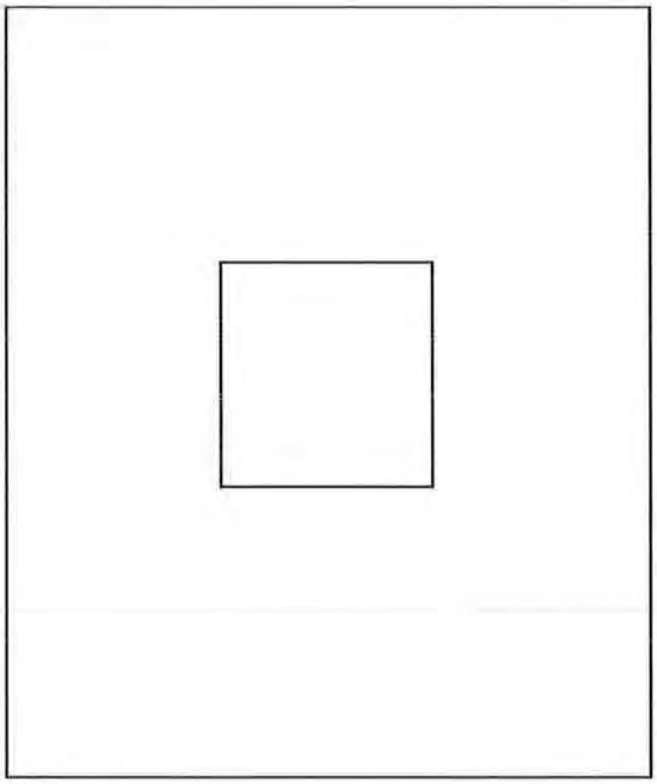
Has the system ever been repaired: (Y) / N When: 2016 By permit? (Y) / N
What part: TANK: Repaired/(Replaced) LINE: Repaired/(Replaced) DRAIN FIELD: Repaired/(Replaced)

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

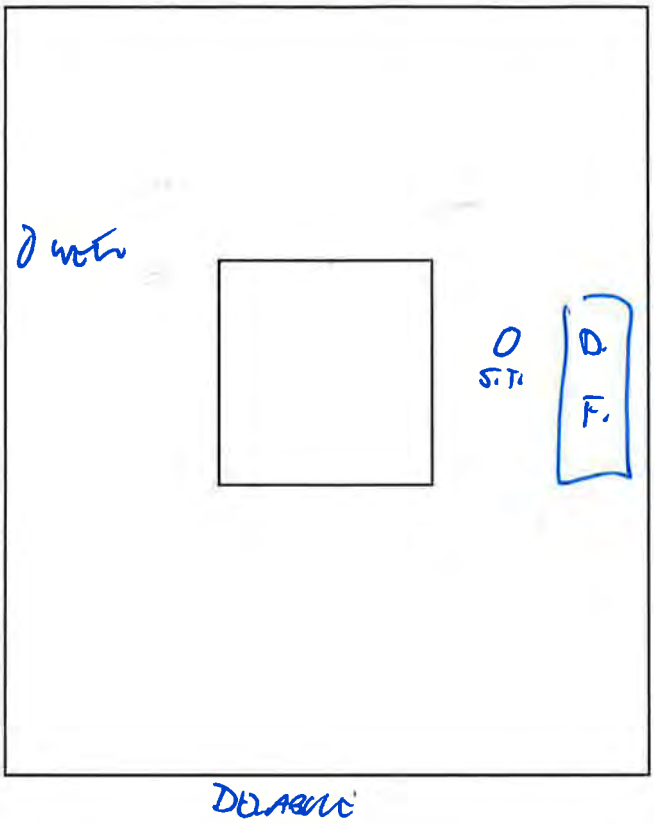
OBSERVATIONS:

Yes	No	
☐	☒	GREEN, LUSH GRASS
☐	☒	WETNESS OR SPONGY AREAS
☐	☒	ODORS
☐	☒	WATER PONDING OR SURFACING
☐	☒	SYSTEM OVERFLOW
☐	☒	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Water sample from @ office

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-5-2

Name: _____ Phone: _____

Address _____ Pen Argyl, PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 100 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 300 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? Quarterly C-TAND Central Landfill
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 40 Acres No. of dwelling units: 1
One or more sewage systems? 2 COMMERCIAL / ~~RESIDENTIAL~~?
In reference to the house, where is the septic system located? (FRONT) BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 75+ yrs Was it permitted: Y / (N) When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER Never

If you noticed any of the above, is it seasonal or year-round? None

Have you ever had your system pumped out: (Y) / N How often: 4-5 yr Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS 4-2

Name: __ ____ Phone: (610) 863-6535

Address: PENNARGYL PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 400 ft. Cased: (Y) / N 22 FT
How far is the well or spring from the drain field: 100 ? ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 3/22/18
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.5136 ACRES No. of dwelling units: 1
? One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD ?

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

? (SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: Approx 33 yr Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: EVERY 2 YEARS Date last pumped: 11/28/18
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

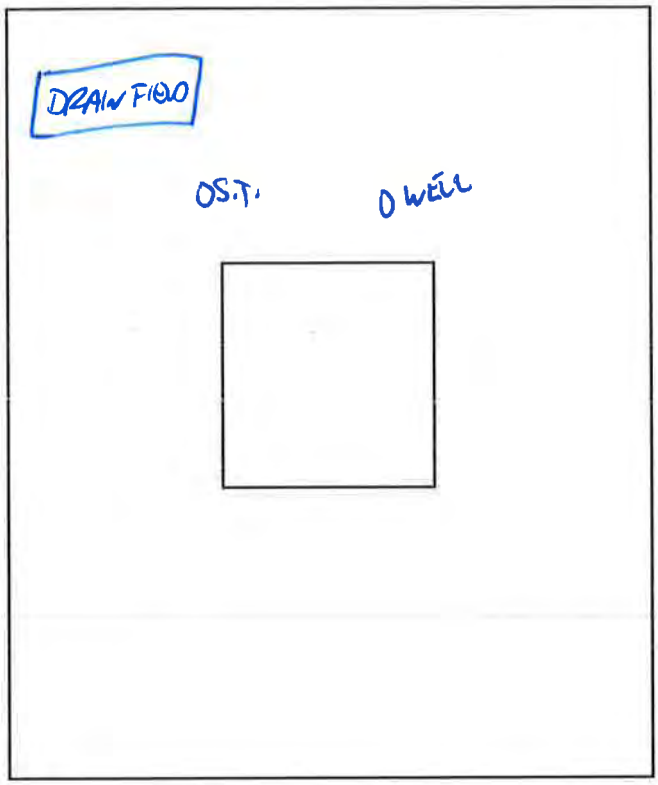
Has the system ever been repaired: (Y) / N When: 33 YEARS AGO By permit? Y / N
What part: TANK: Repaired/(Replaced) LINE: Repaired/(Replaced) DRAIN FIELD: Repaired/(Replaced)

General Comments:
THE CURRENT SEWAGE SYSTEM (APPROX 33 YEAR OLD) IS PUMPED OUT EVERY TWO YEARS AND IS WORKING PERFECTLY WITH NO PROBLEMS.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/19 WEATHER: 40°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: EG-9-36

Name: _____ Phone: 484 293 2527

Addres EN ARGYL PA 18072

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 260 FT. ft. Cased: Y / N
How far is the well or spring from the drain field: 50 FT ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER NO
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 7 ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 50 YR Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? NO

Have you ever had your system pumped out: Y / N How often: 3 YRS Date last pumped: 3/19/15
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

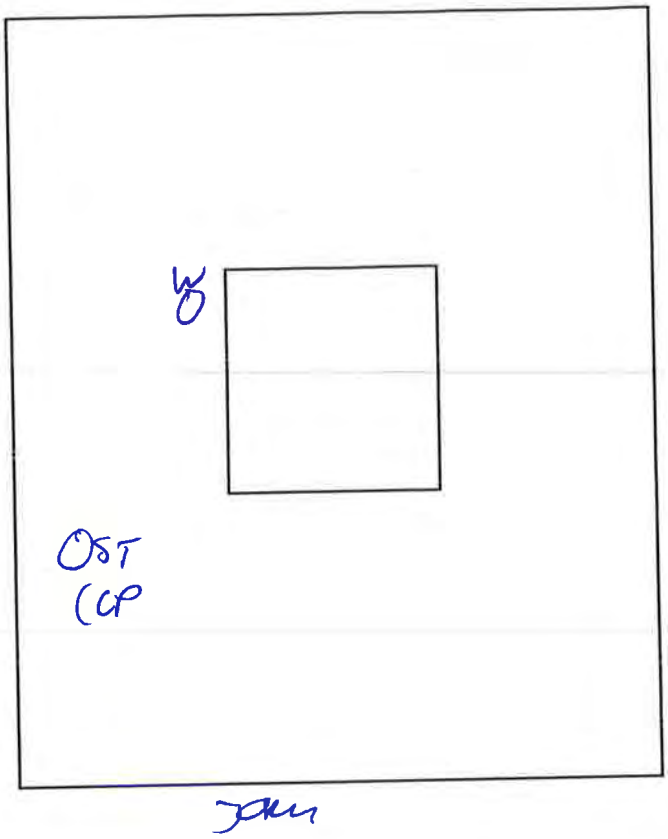
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/11/19 WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-5-5A

Name: _____ Phone: 610-972-3900

Address: _____ GLEN ARGYL PA 18072

(Own) or Rent No. of Residents: _____

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 300 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 450 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 2001

Any contamination: Y / N What (TC, FC, N, etc.) IRON

How large is your lot: 12 ACRES No. of dwelling units: NONE

One or more sewage systems? JUST ONE COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1997 Was it permitted: Y / N When: DONT KNOW

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / (N) How often: _____ Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

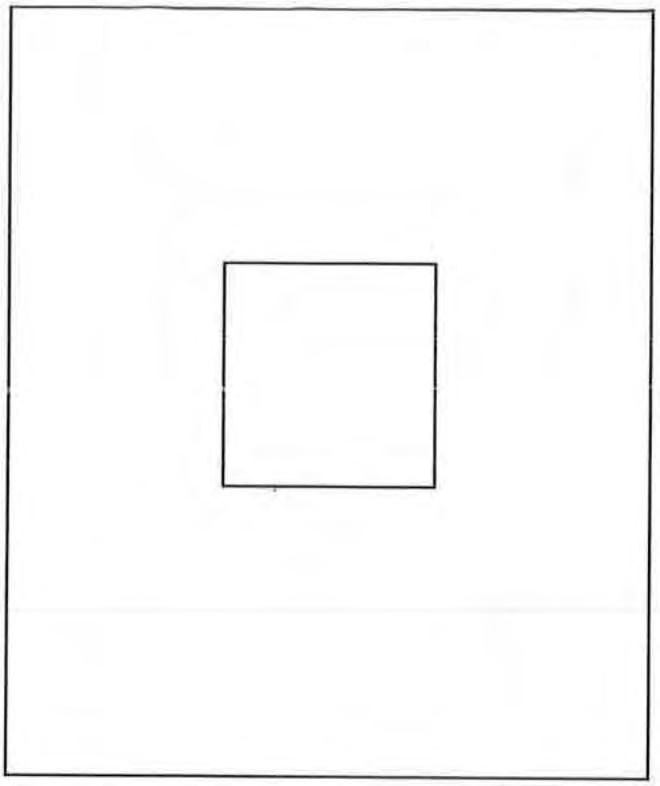
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: [redacted]

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: EB-21-3A-1

Name: _____ Phone: 484-542-7301

Address: Pen Argyl PA 18072

Own or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 175 ft. Cased: Y / N

How far is the well or spring from the drain field: 60 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y (N) When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 4.5 No. of dwelling units: _____

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 46 years Was it permitted: Y / N When: 1972

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / (N) How often: _____ Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

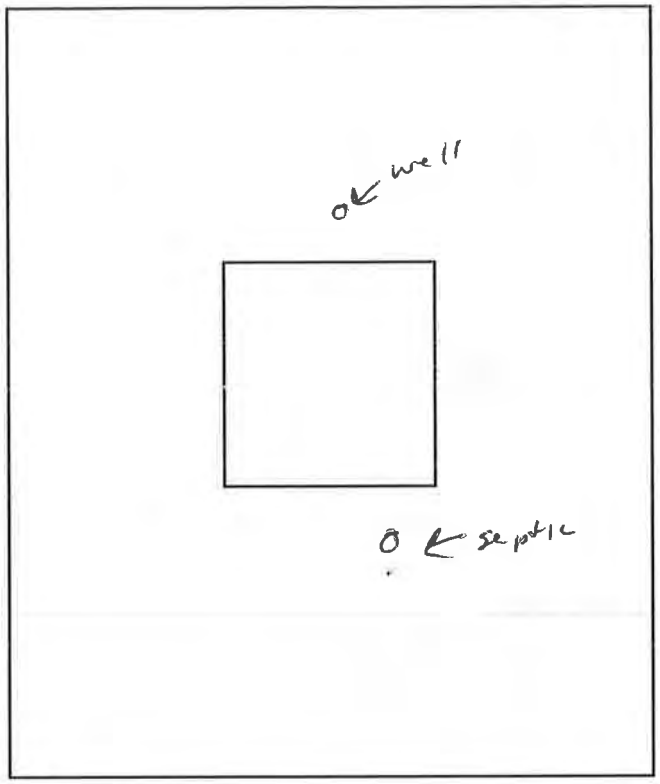
My husband died 7 years ago I dont remember if he had the septic pumped before that I never had it pumped myself

---

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-23-2019 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 6FNW1-6-1

Name: _____ Phone: 908.319.7602

Address: [redacted] Ken Hrgy1, PA 18072

(Own) or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 13,000 ? No. of dwelling units: _____
One or more sewage systems? No COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 45 years ? Was it permitted: Y / N When: No idea

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 2 years Date last pumped: 12/18
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Baffles

Has the system ever been repaired: (Y) / N When: _____ By permit? (Y) / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Baffles replaced in November 2014

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 6 of NWF 5-11

Name: _____ Phone: 610-863-9178

Address: PEN ARGYL, PA 18072

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1/3 ACRE No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: LATE 1970's Was it permitted (Y) / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: EVERY 3 YRS Date last pumped: [redacted] 2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N (JG) What part: _____

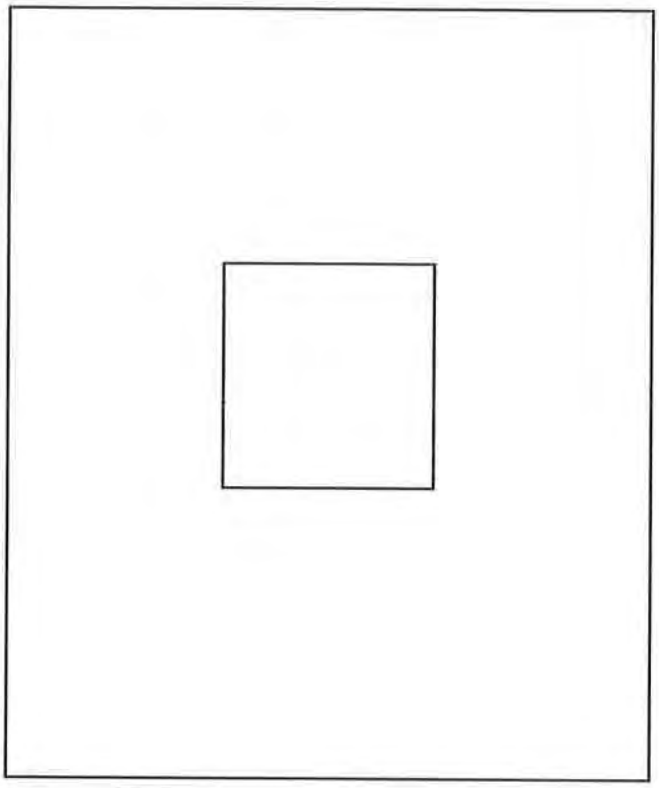
Has the system ever been repaired: (Y) / N When: 2013 By permit? (Y) / N
What part: TANK: Repaired/Replaced (LINE) Repaired/(Replaced) DRAIN FIELD: Repaired/Replaced

General Comments:
YESKA & SON SEPTIC SERVICE DOES THE PUMPING AND DID THE REPAIR ON THE LINE - 610-759-3290
Joseph Bella 10-14-19

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

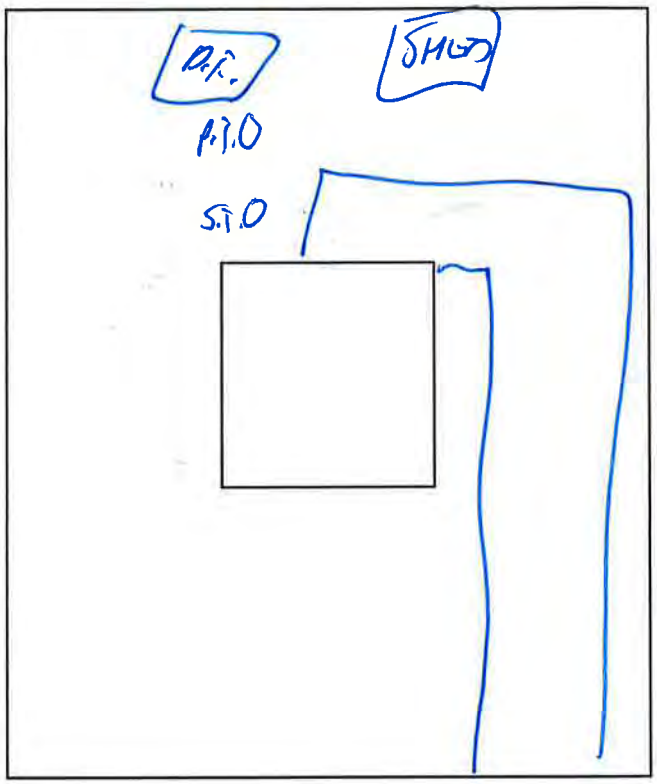
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

525 Barn

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: CB NW1-6-3

Name: _____ Phone: _____

Address: _____ Pen Argyl Pa 18072

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 180' x 205' No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

~~What kind of sewage system do you have:~~ *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

~~Where does your laundry and/or sink water go:~~ *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1974 ? Was it permitted: Y / N When: 1974 ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 5-7 yrs Date last pumped: 9/14
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

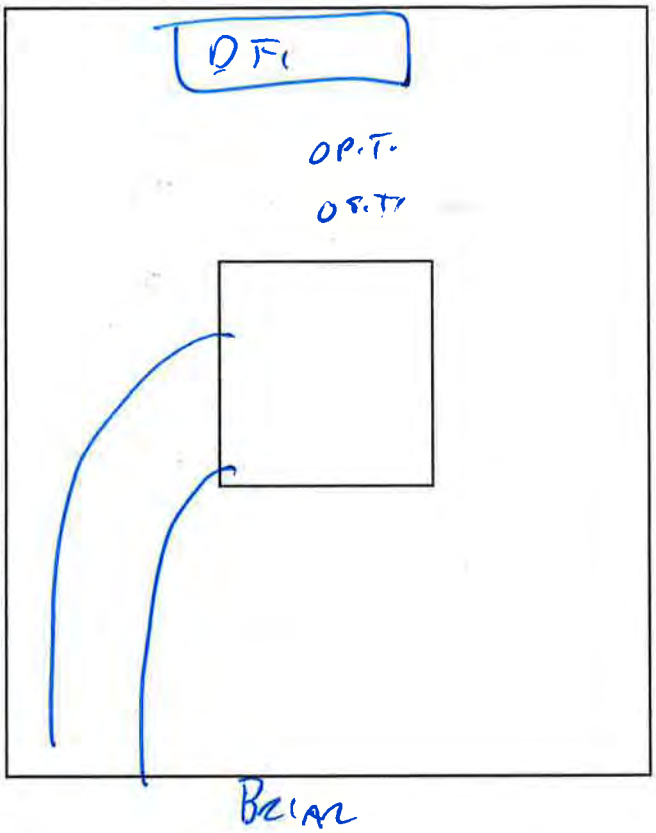
Has the system ever been repaired: Y / N When: 4/2001 By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
Existing - 1000gal Solids Tank. A 500gal Water/Pump Tank was Added when we were buying the house in 2001 AllState Septic

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

Side Brian

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68NW1-510

Name: _____ Phone: 610-509-8737

Address: _____, PEN ARGYL, PA 18072

(Own) or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1/3 ACRE No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 40 YEARS Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2 yrs. Date last pumped: 10-24-19
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

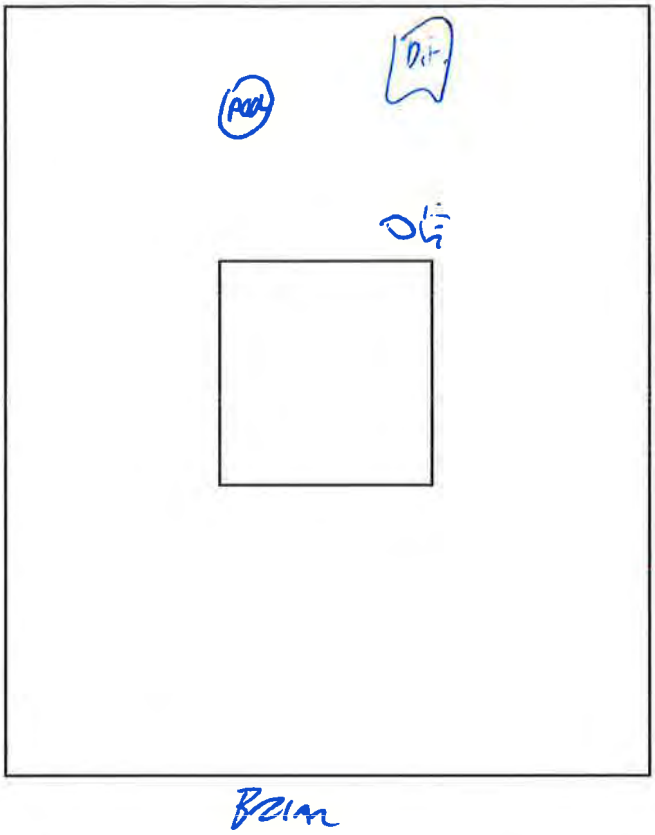
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/11/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68NW1-5-9

Name: [redacted] Phone: 201-317-0413

Address: Pen Argyl, PA 18072

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .43 acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 40? Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? NO

Have you ever had your system pumped out: Y / N How often: 2 yrs. Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

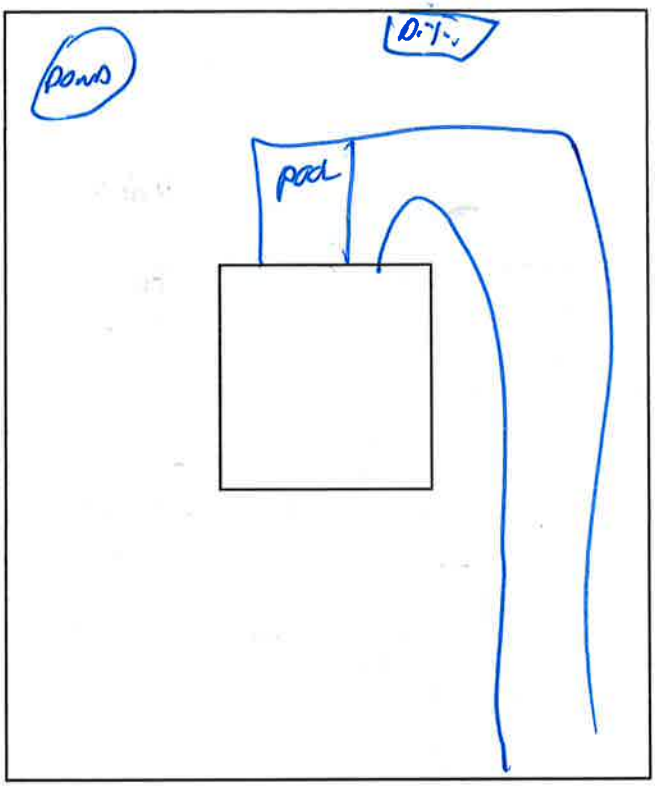
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/8/19 WEATHER: 30's Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

NOBODY HOME

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GBNW3-18

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ 1.35 AC _____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

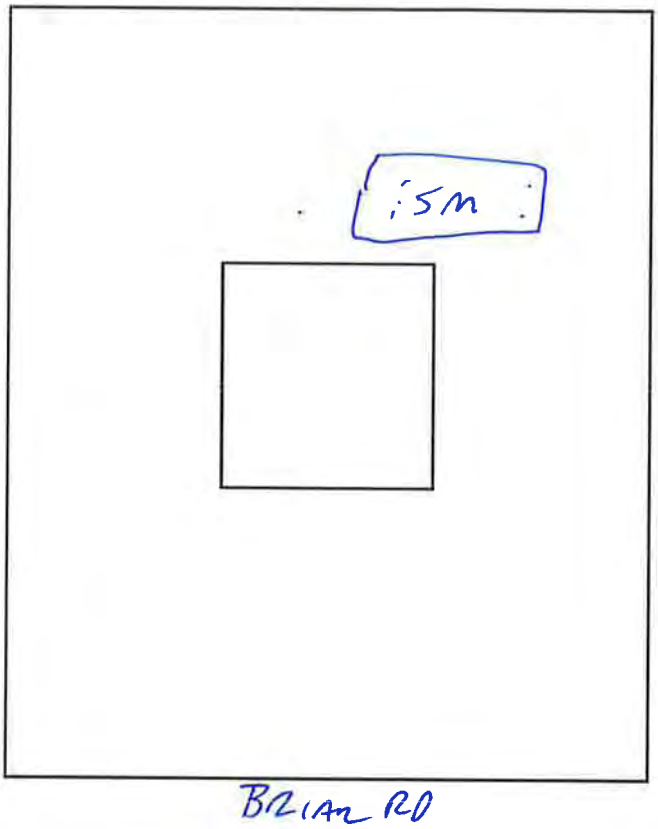
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: CBNW2-33

Name: ___ Phone: 610-714-5315

Address: _

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: ~.5 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ~55yrs Was it permitted: Y / N When: * put in when house was built

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: ~5 years ago
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

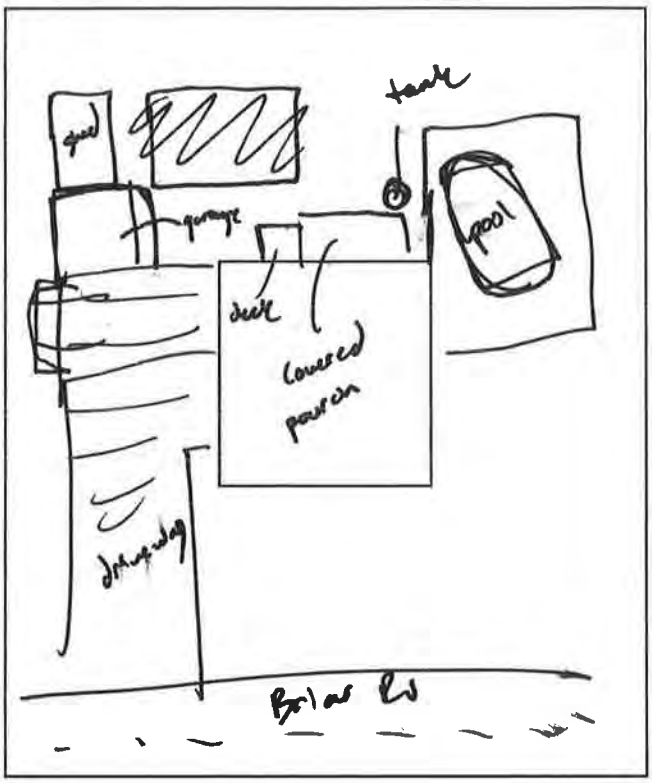
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: not during current resident has been in home

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-17-19 WEATHER: Overcast



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68NW28-3

Name: [redacted] Phone: _____

Address: [redacted] Pen Argyl PA 18072

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN (PUBLIC) / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y (N) When? _____

Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1

One or more sewage systems? one COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK) INGROUND BED COMMUNITY SEWER PRIVY

CESSPOOL INGROUND TRENCH STORM SEWER OLD WELL

ELEVATED SAND MOUND PIPE TO DITCH PIPE TO SURFACE BORE HOLE

HOLDING TANK SEEPAGE PIT PIPE TO STEAM

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK) INGROUND BED COMMUNITY SEWER PRIVY

CESSPOOL INGROUND TRENCH STORM SEWER OLD WELL

ELEVATED SAND MOUND PIPE TO DITCH PIPE TO SURFACE BORE HOLE

HOLDING TANK SEEPAGE PIT PIPE TO STEAM

OTHER _____

How old is your system: 4 Was it permitted: (Y) N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS WETNESS OR SPONGY AREAS ODORS

WATER PONDING OR SURFACING SYSTEM OVERFLOW

SLUGGISH DRAINS WASTEWATER BACKING INTO THE HOME

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y (N) How often: _____ Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: CoSNW2-36

Name: _____ _____ Phone: _____

Address: _____ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

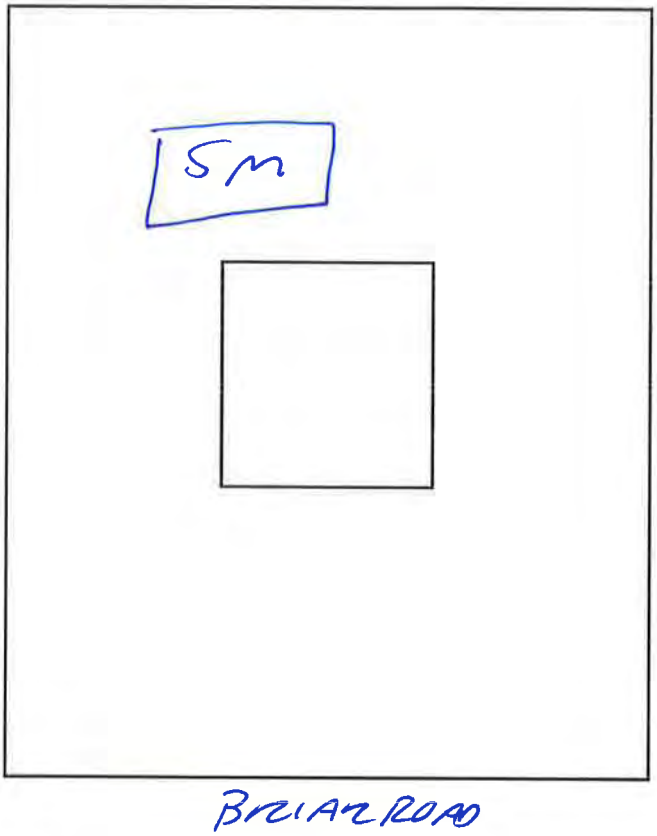
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68NW2-1-6

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

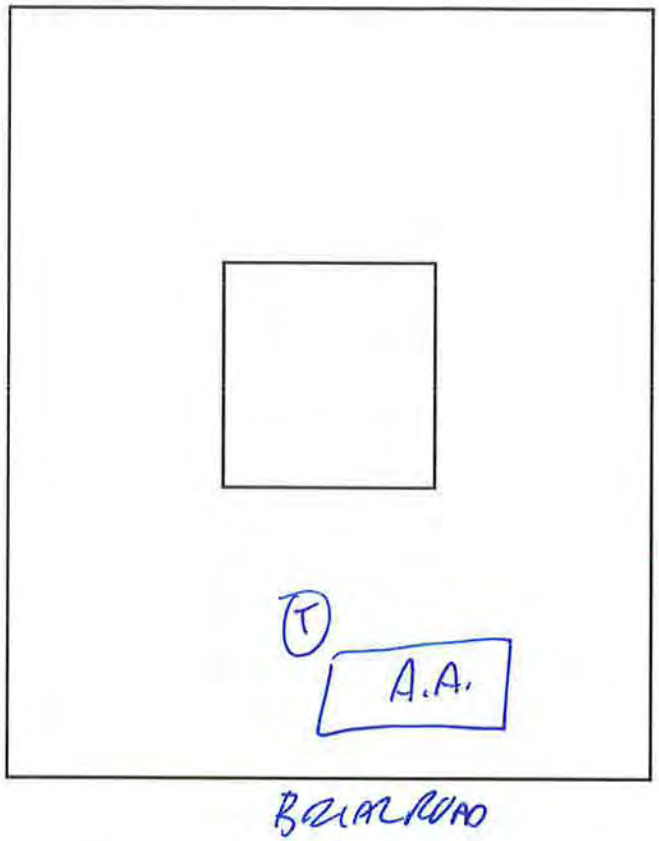
Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GFNW2-23

Name: _ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.15 No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

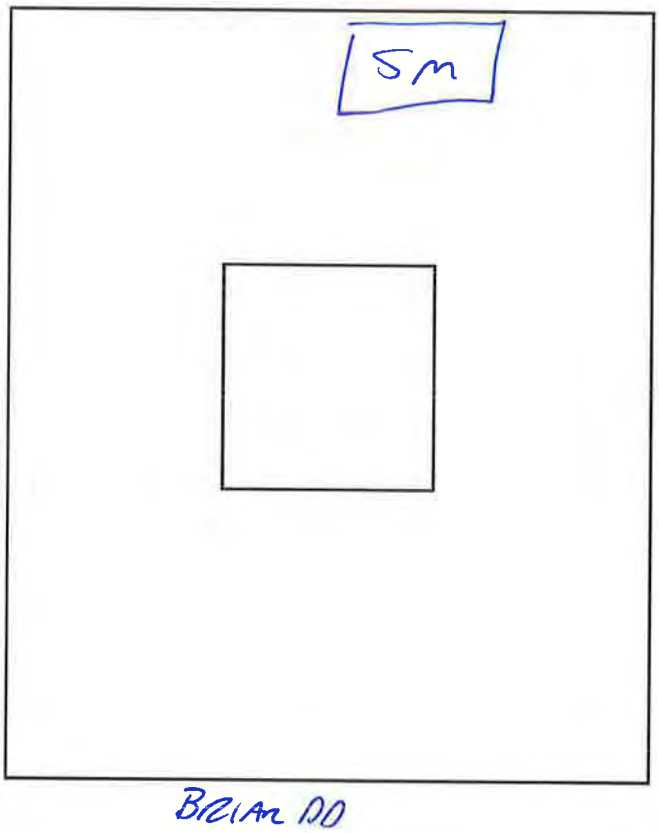
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GSMW1-4-9

Name: __ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

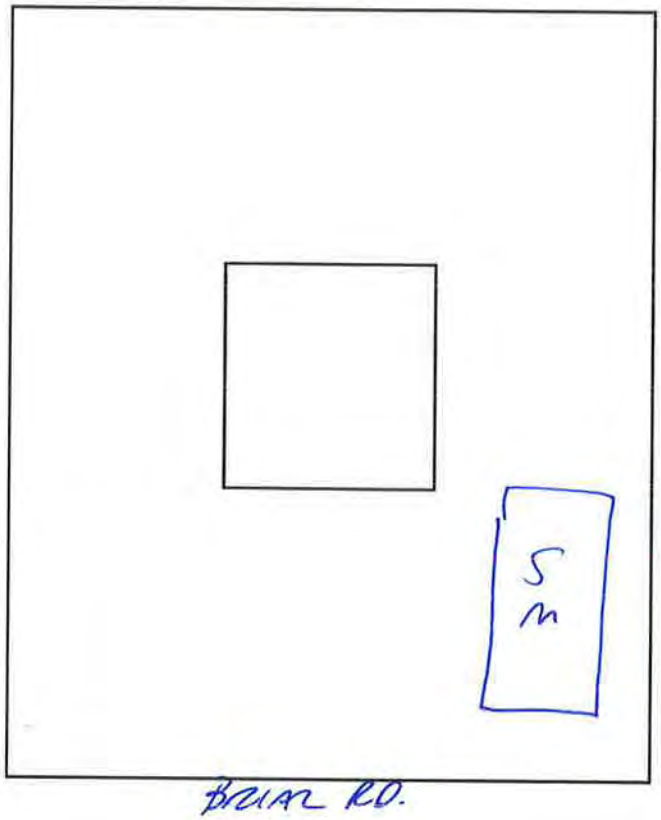
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8Sw2-12

Name: _____ Phone: 570-269-0086

Address _____, PEN ARGYL, PA 18072

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 2015
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.24 AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: HOUSE BUILT 1977 Was it permitted: Y / N When: ASSUME IN 1977

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: YEARLY Date last pumped: 06/19
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

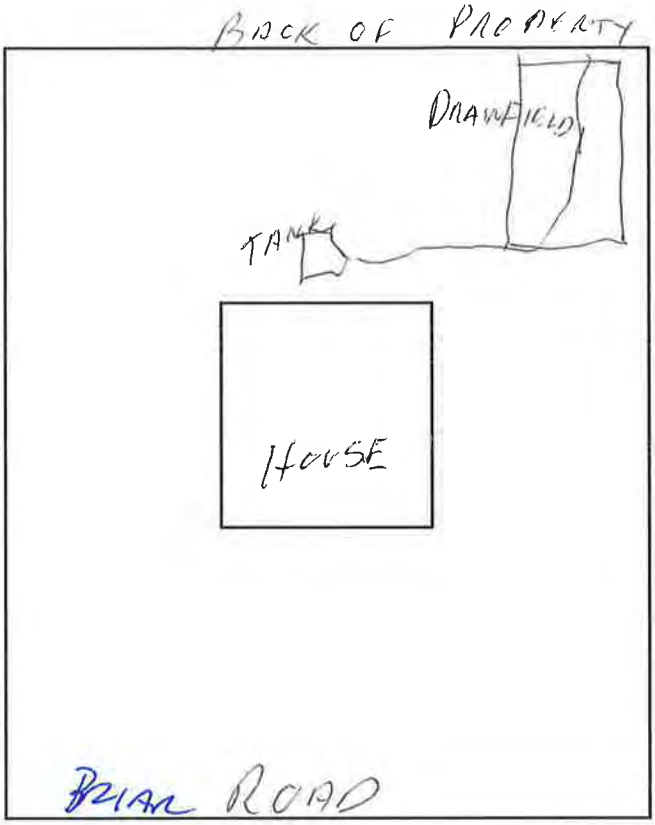
Has the system ever been repaired: Y / N When: 2015 BAFFLE By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
WE PUMP YEARLY. WHEN PURCHASED HOME IN 2015 THE INSPECTOR NOTICED A BAFFLE ISSUE IN THE TANK AND PRIOR OWNER FIXED AS A SALE CONDITION.
NO ISSUES WITH SYSTEM

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: NEW EXTENSION FOR SEPTIC TANK

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FBSurv-064

Name: ___ Phone: 610 863 4918

Address: PEN ARGYL PA 18072

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1 ACRE No. of dwelling units: 0
One or more sewage systems? 1
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD COMMERCIAL / RESIDENTIAL?

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 29 Yrs Was it permitted: Y / N When: 1974

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 5 Yrs Date last pumped: 2015
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FBSW4-4-3

Name: ___ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

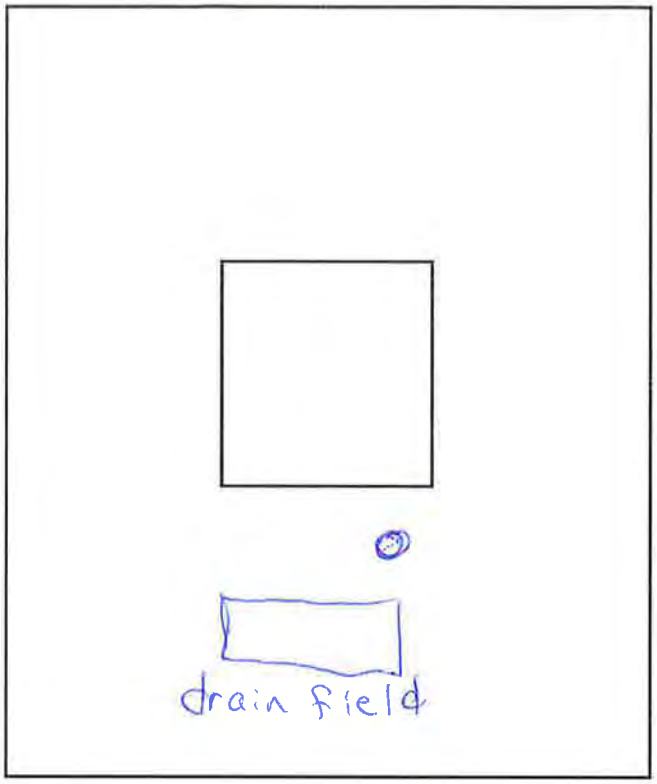
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/2019 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GP-344

Name: [redacted] Phone: 484-[illegible]

Address: Pen Argyl PA 18072

Own or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 500 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 300 +/- ft. Is the well UP or (DOWNHILL)?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 2004

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.79 AC No. of dwelling units: 1

One or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 13 yrs Was it permitted: (Y) / N When: 13 yrs Ago

Have you ever noticed any of the following near your septic system: (Circle all that apply)

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER N/A

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2 1/2 yrs Date last pumped: 2017

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: All TANKS w/ BAFFLES

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

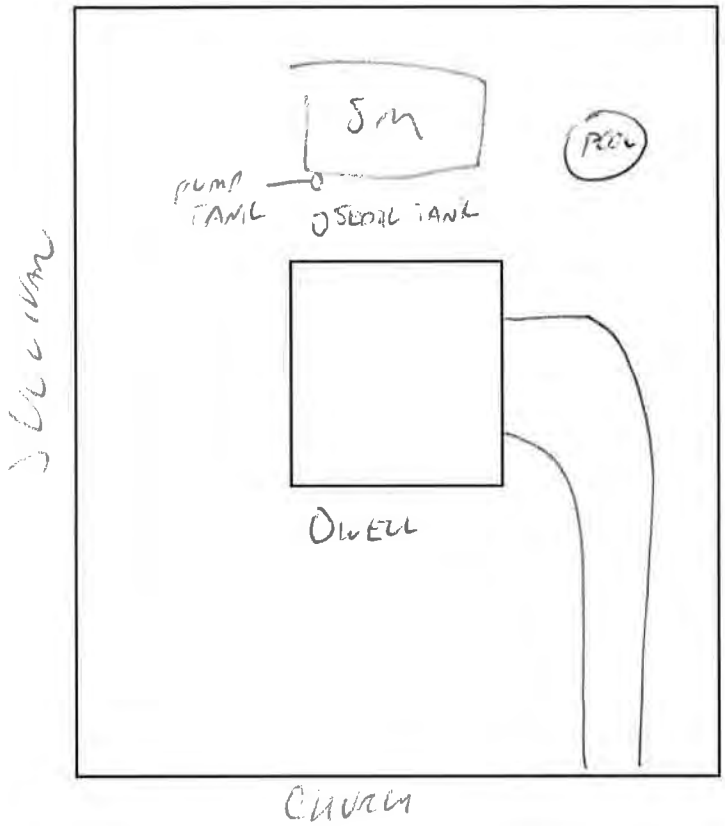
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: MINOR SETTLING

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: __ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-3-4E

Name: [illegible] Phone: 610-759-8234

Address: WARGYL, PA 18072

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 350' ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 1981
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.13 Acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 38 yrs. Was it permitted: Y / N When: 1981

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3 times Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: baffles

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-3-3A

Name: _____ Phone: 610 759 6930

Address: Pen Argyl

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 3.11 ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	(INGROUND TRENCH)	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 48 yrs Was it permitted: (Y) / N When: 1971

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____ NONE

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2 yrs Date last pumped: 8/8/18
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

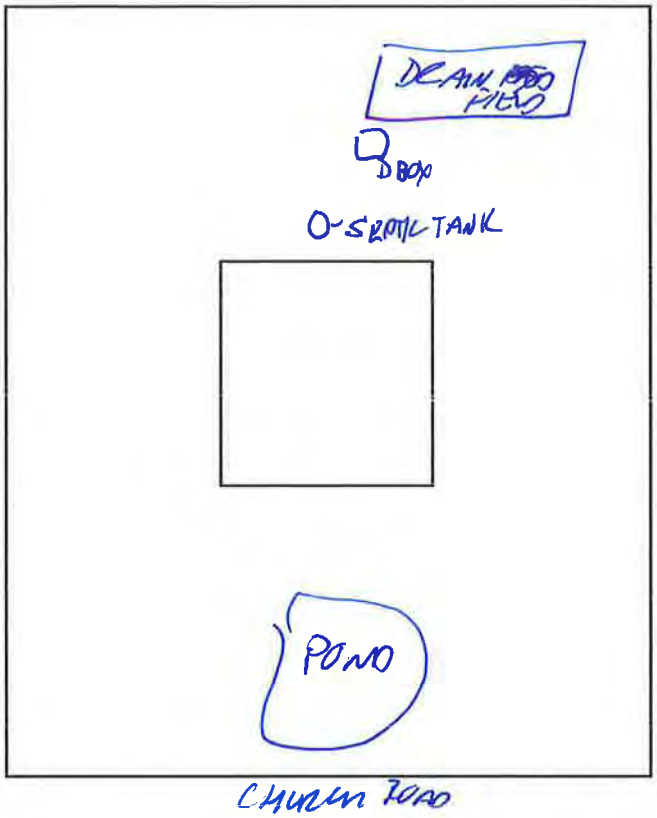
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/15/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: PVC 4" PVC
NO PROBLEMS

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☑	☐	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-3-19

Name: _____ Phone: 610-704-4627

Address: Argyl, PA 18072

(Own) or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: ? ft. Cased: Y / N ?

How far is the well or spring from the drain field: over 100 ft. ft. Is the well UP or DOWNHILL? ?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 2016

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 6.8 acres No. of dwelling units: 1

One or more sewage systems? one COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)* ?

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 11 years Was it permitted: (Y) / N When: 2008

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 years Date last pumped: ?

If it was pumped, was it inspected for cracks or broken baffles: Y (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

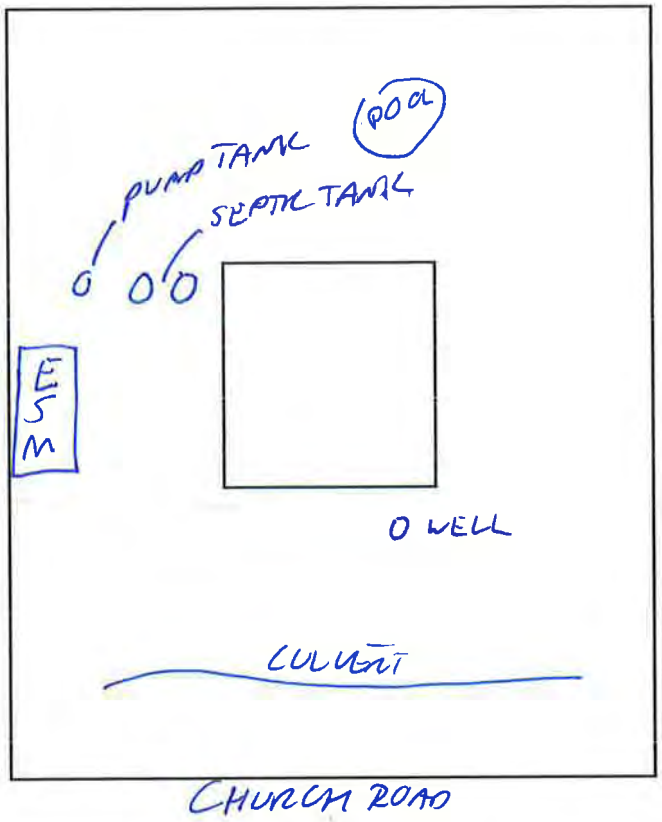
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/15/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 6x-4-11

Name: _____ Phone: 610-759-8057

Address: PEN ARGYL, PA. 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 105 ft. Cased: (Y) N
How far is the well or spring from the drain field: 105 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) N How? CL/UV DISINFECTION (SOFTENER) / ION OTHER _____
Was the water ever tested: (Y) N When? 10 YEARS AGO
Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 0.25 ACRE No. of dwelling units: 1
(One) or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	(PRIVY)
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER —

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER —

How old is your system: 1965 ≈ Was it permitted: Y / N When: DON'T KNOW - TOO OLD - PRIOR OWNERS

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER - NOTHING

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: 2-3 YRS Date last pumped: 3/19
If it was pumped, was it inspected for cracks or broken baffles: Y (N) What part: —

Has the system ever been repaired: Y (N) When: — By permit? Y / N —
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
SYSTEM WORKS WELL. I USE A MONTHLY CHEMICAL TREATMENT, SEPTI-FLOW, TO MAINTAIN PROPER BACTERIA COUNTS.

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-4-12A

Name: _____ Phone: (610) 588-6703

Address: Penn Argyl, Pa 18072

(Own) or Rent No. of Residents: 5

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: Approx 160 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 75 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? few years Back

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 4

One or more sewage systems? one COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: ?

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

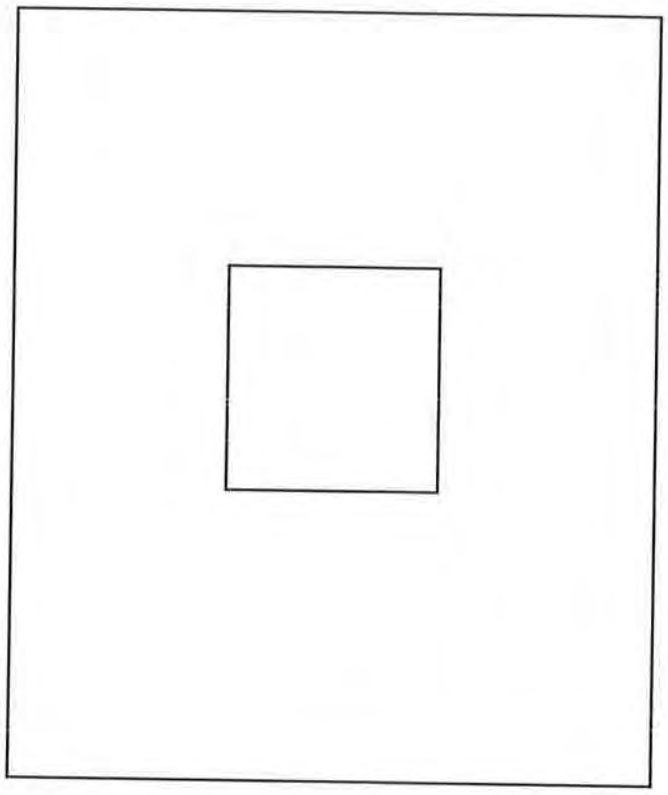
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-24-6

Name: _____ Phone: 484-627-4100

Address: ARGYL, PA. 18072

Own or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 130 ft. Cased: (Y) / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y (N) When? _____

Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1

One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

BACK OF HOUSE

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	(PIPE TO DITCH)	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y (N) How often: _____ Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N

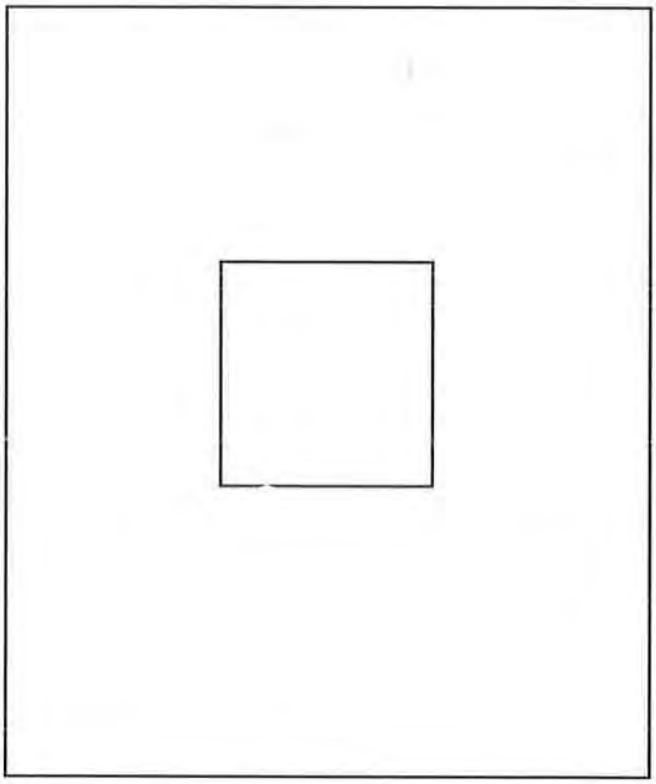
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐		GREEN, LUSH GRASS
☐		WETNESS OR SPONGY AREAS
☐		ODORS
☐		WATER PONDING OR SURFACING
☐		SYSTEM OVERFLOW
☐		WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-1147

Name: ___ Phone: 610-863-9996

Address: Penn Argyl, PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 109 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 100 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / (N) When?_____
Any contamination: Y / (N) What (TC, FC, N, etc.)_____

How large is your lot: 2 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	(SEEPAGE PIT)	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	(SEEPAGE PIT)	PIPE TO STEAM	

OTHER_____

How old is your system: 1970 Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: (Y) / N How often: Every other year Date last pumped: 10/2018
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part:_____

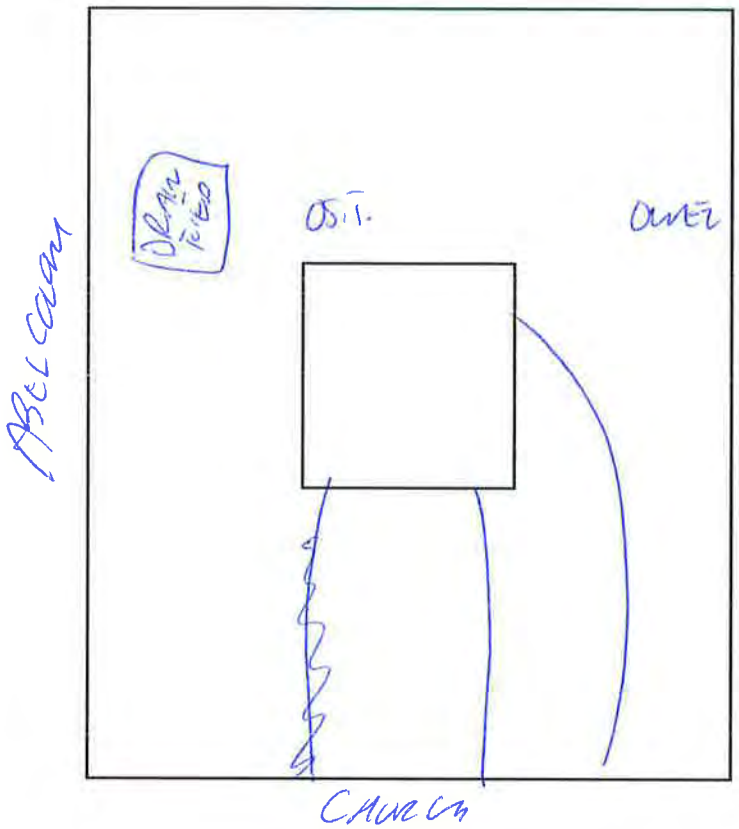
Has the system ever been repaired: Y / (N) When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/28/19 WEATHER: 60° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

WELL SAMPLE

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-11-5

Name: _ Phone: 610-863-8040

Address: Kenansville, PA 18072

(Own) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: (DUG) or DRILLED How Deep: 50 ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? dont Know

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .42 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	(SEEPAGE PIT)	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	(PIPE TO DITCH)	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	(SEEPAGE PIT)	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: dont Know

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? Occasional

Have you ever had your system pumped out: (Y) N How often: yearly Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y (N) What part: _____

Has the system ever been repaired: Y / N When: not that I Know By permit? Y / N

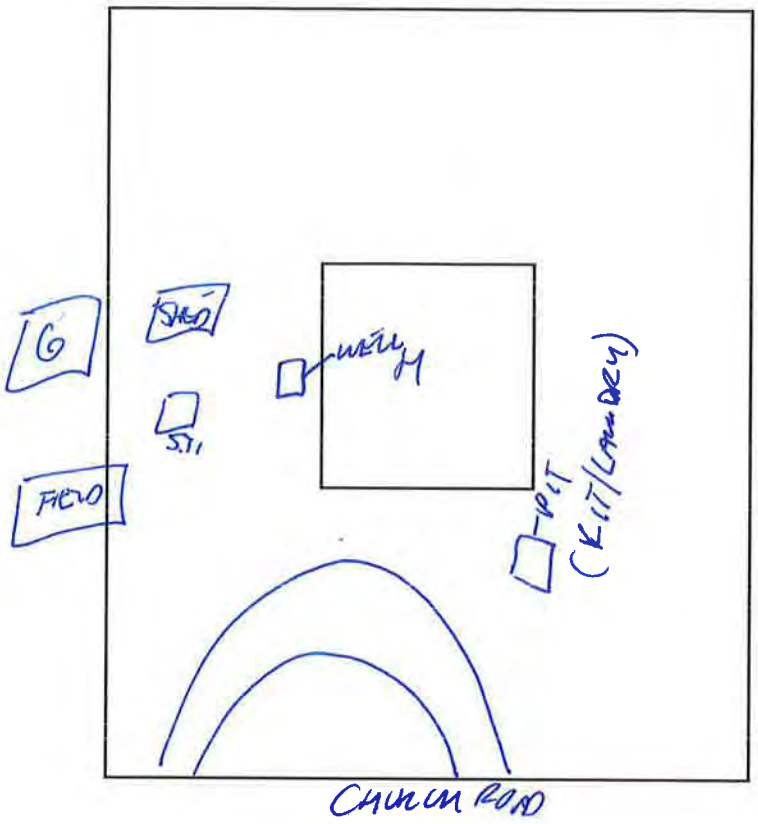
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/28/19 WEATHER: 50° SUNNY



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 350 GALLON

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-4-5B

Name: J _____ Phone: 610-914-9333

Address: [redacted] Argyl, Pa 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: ≈200 ft. Cased: (Y) N
How far is the well or spring from the drain field: 150 ft. Is the well (UP) or DOWNHILL?

Do you treat your water (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____
Was the water ever tested: Y (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.75 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 51 years Was it permitted: Y / N When: ? _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

(GREEN, LUSH GRASS)	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? seasonal

Have you ever had your system pumped out (Y) / N How often: _____ Date last pumped: 10 years ago
If it was pumped, was it inspected for cracks or broken baffles: Y (N) What part: _____

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-4-56

Name: _____ Phone: 610 259-1879

Address: Pen Argyl

Own or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 7 ft. Cased: (Y) N
How far is the well or spring from the drain field: 75 ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER light
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 2.5 Acres No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD
Back & Side

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system LATE 2014 Was it permitted: (Y) N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

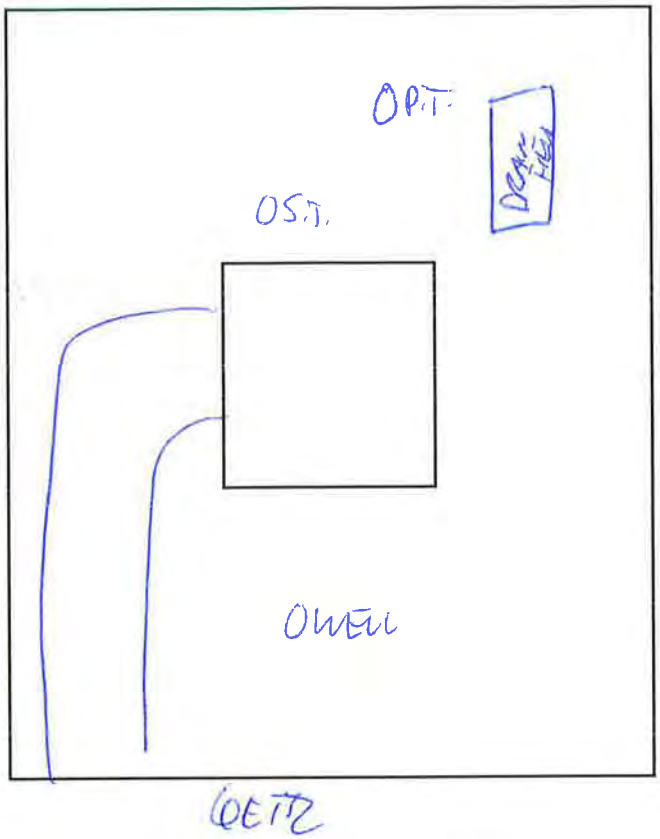
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Complete System (New)

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/28/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-9-2

Name: _____ Phone: 352 400 9464

Address: WARGYL, PA. 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 140 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 100+ ft. Is the well UP or DOWNHILL?

DOWNHILL / LATERAL

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER DE IRONIZER

Was the water ever tested: (Y) / N When? _____

Any contamination: (Y) / N What (TC, FC, N, etc.) IRON High

How large is your lot: 4.8 ACRES No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 5-6 YR.

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? (Y) N

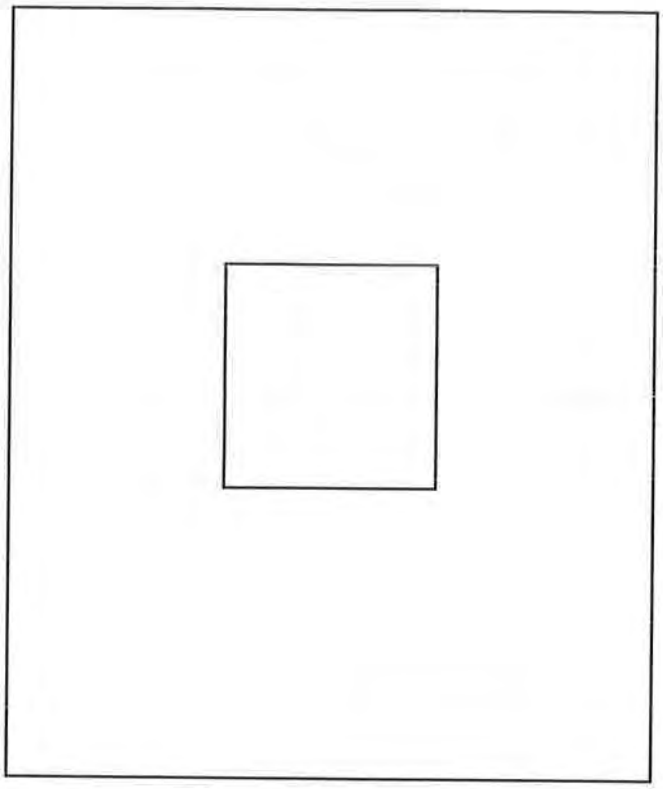
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/(Replaced)

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-24-14

Name: [redacted] Phone: 610 703 1821

Address: [redacted], PEN ARGYL, PA 18072

(Own) or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 200 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 200 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? WHEN WELL WAS DUG (1991)

Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.5 ACRES No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 30 YRS Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 2015

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-24-7

Name: [redacted] Phone: 610 863 6574

Address: [redacted] PEN ARGYL, PA 18072

(Own) or Rent No. of Residents: 1

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 100 ft. Cased: (Y) N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y (N) When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 2 ACRES No. of dwelling units: 2

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: (Circle all that apply)

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 65 YRS Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: (Circle all that apply)

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y (N) What part: _____

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

OF LOT [redacted] URVEY

FID#: 68NW1-4-4

Name: [redacted] Phone: 610-863-7321

Address: [redacted]

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC / OTHER: Pa. Am. Water
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 90' X 180' No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ?, 1977 Was it permitted: (Y) N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: EVERY 3 YRS Date last pumped: 5/2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

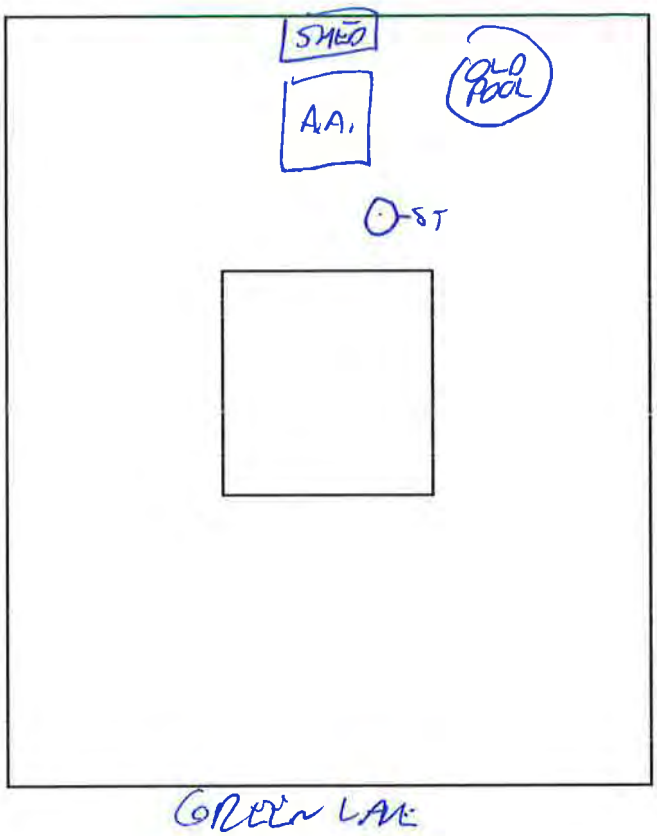
Has the system ever been repaired: (Y) N When: 08/02/2007 By permit? (Y) / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced (DRAIN FIELD) Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 60 NW 1-4-5

Name: _ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:__1____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

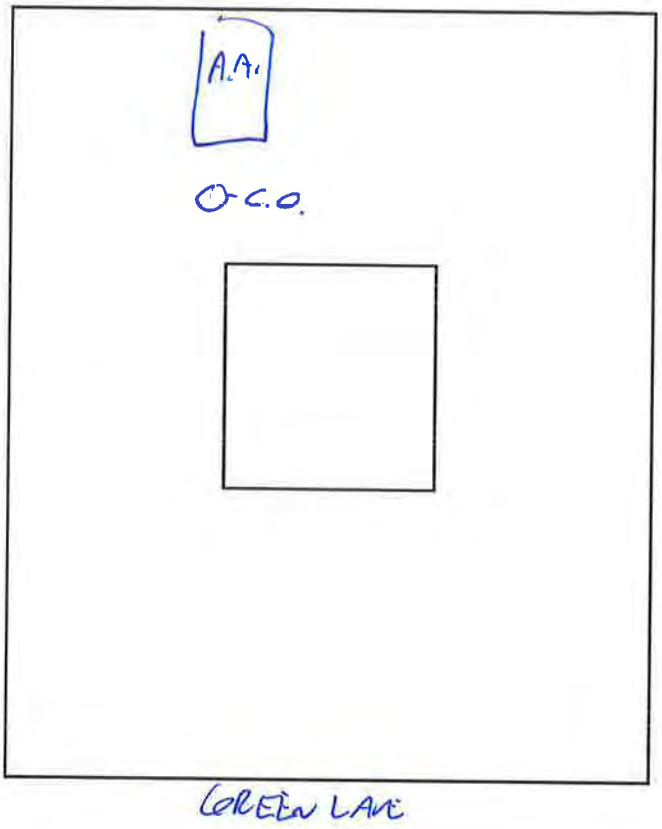
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68NW1-47

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .5 AC No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

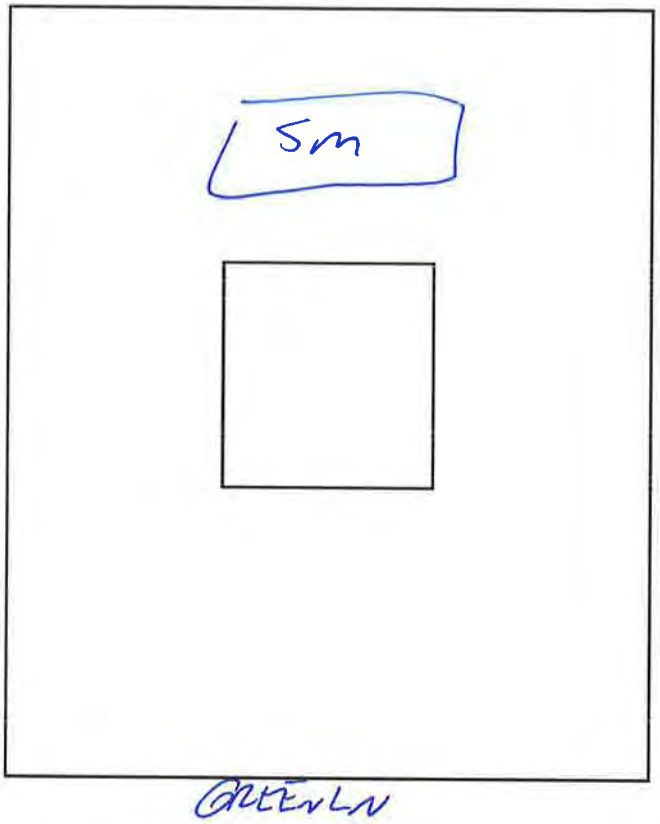
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GBNW1-5-6

Name: _____ _____ Phone: _____

Address: ___ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ .3 AC _____ No. of dwelling units:_____ 1
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

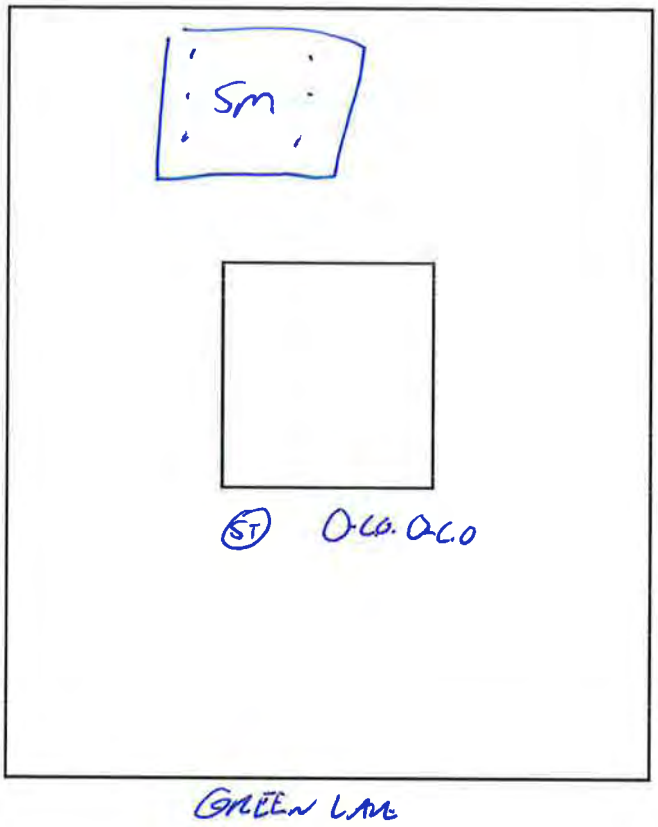
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GBNW1-5-7

Name: [illegible] Phone: 484-541-3234

Address [illegible], JENNER, PA. 15942

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER NO
Was the water ever tested: Y / N When? ?
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: ? No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system? NOT 28 YRS Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

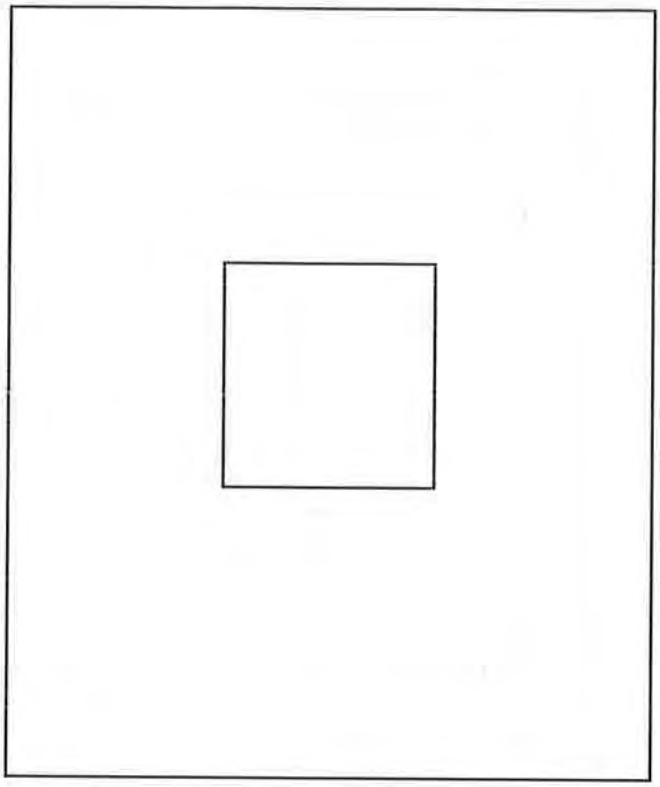
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
I have only lived here for 1 year.
I bought the house July, 2018

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68Nw2-1-1

Name: _____ Phone: 610 863-5628

Address: Pen Argyl, Pa. 18072-

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? not sure
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 90 X 167 No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 40 yrs Was it permitted: (Y) / N When: 1979

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 yrs Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Pump-Tank

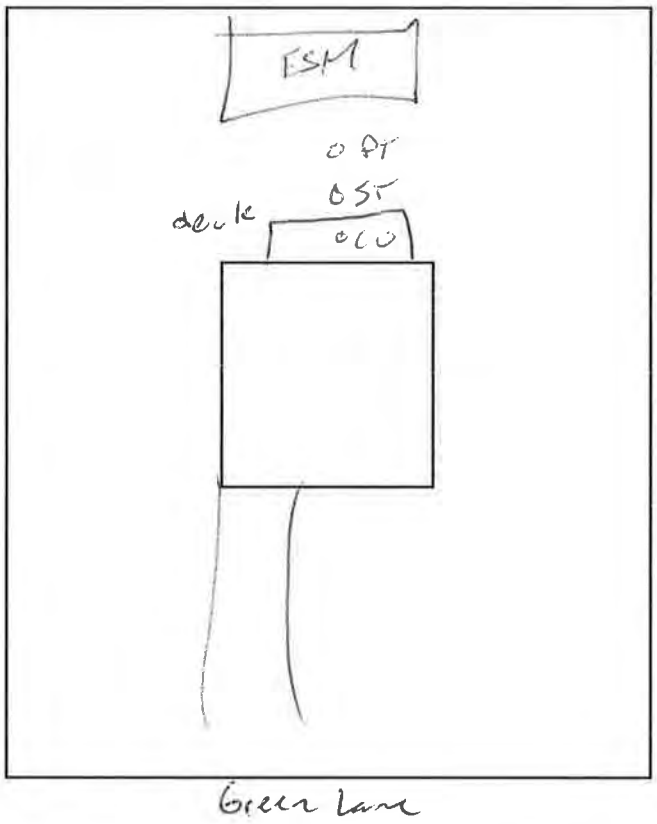
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GSNW 2-1-2

Name: ____ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_1_
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

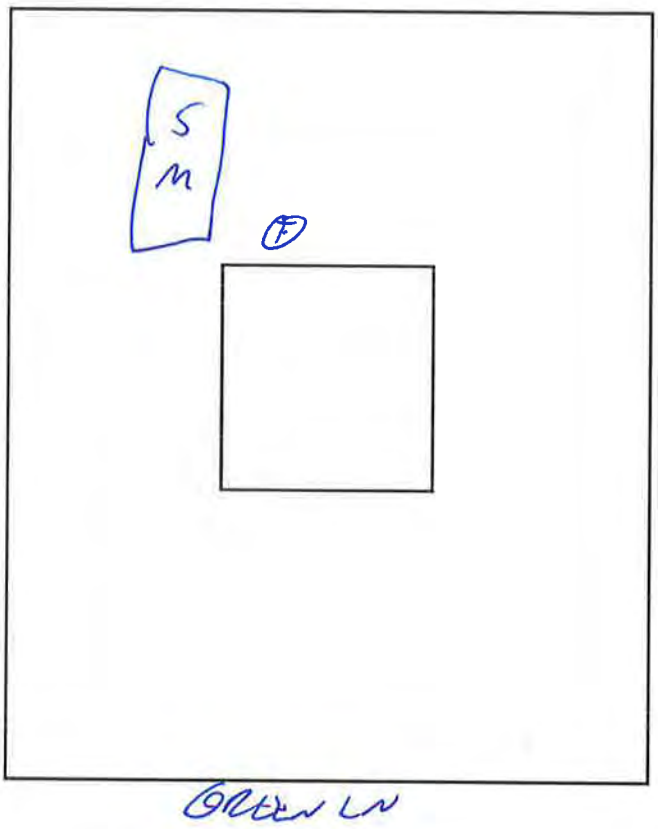
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68Nwd-13

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

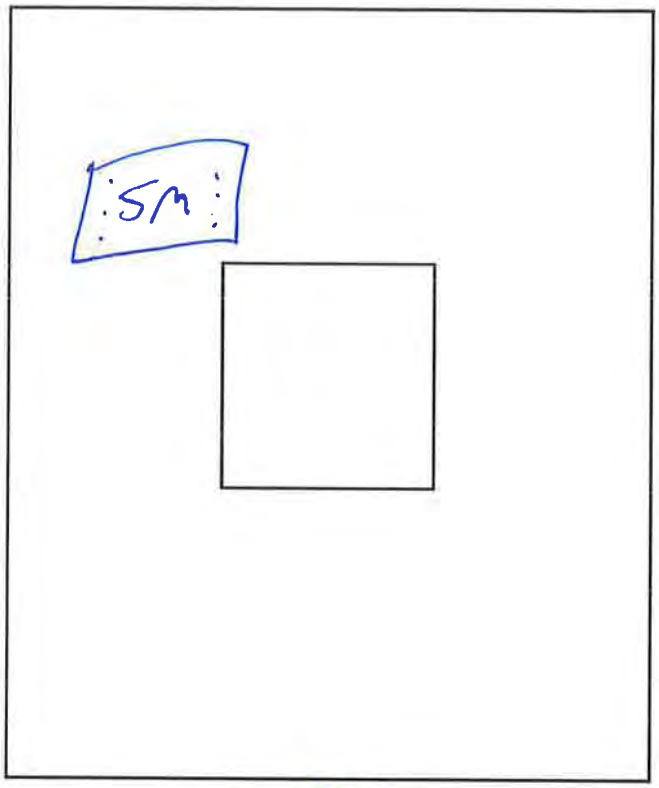
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-24-SA-17

Name: ___ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot: 5+AC No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

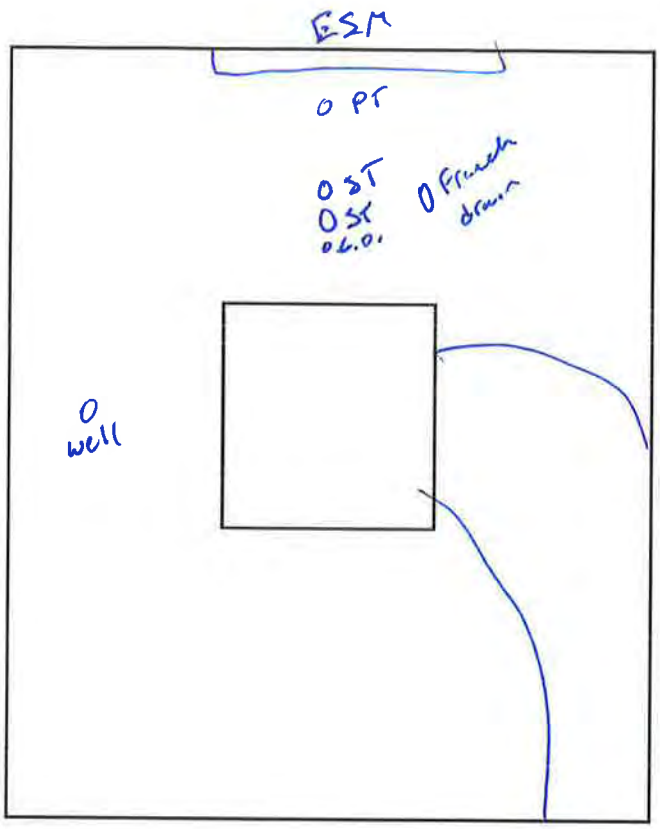
Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/29/19 WEATHER: 50° Cloudy



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-24-SA18

Name: [redacted] Phone: 6103310237

Address: [redacted]

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ft. Is the well UP or ~~DOWNHILL~~?

Do you treat your water: Y / N How? ~~CL~~/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 2-3 YEARS AGO
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: ~1.8 AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / ~~RESIDENTIAL~~?
In reference to the house, where is the septic system located? ~~FRONT~~ BACK ~~SIDE YARD~~

What kind of sewage system do you have: *(Circle all that apply)*

→ SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
→ ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

→ SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
→ ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____
HOUSE BUILT 2007, SEPTIC SYSTEM IS ORIGINAL

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: ANNUALLY Date last pumped: Summer 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

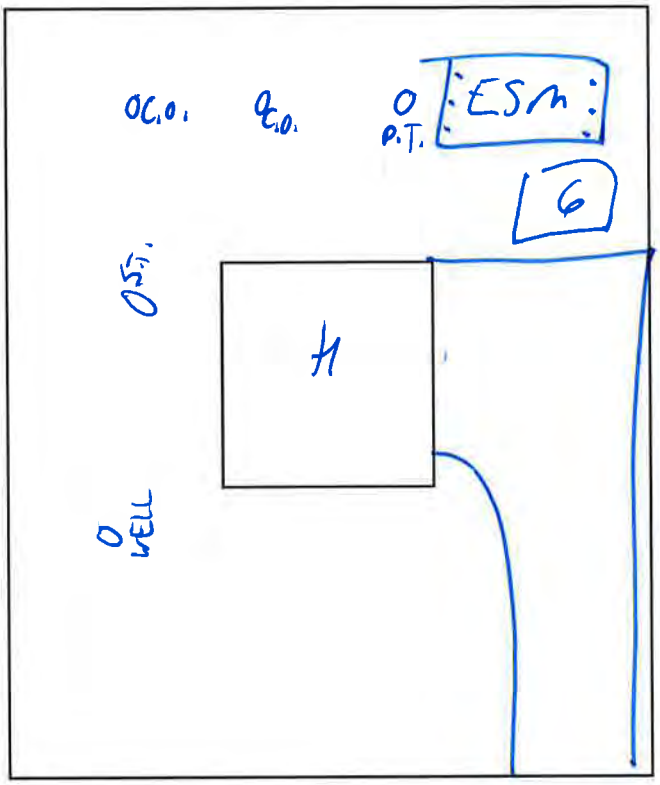
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
ORIGINAL SYSTEM, STANDARD TANK TO SAND MOUND AS WAS SPEC IN 2007

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/12/19 WEATHER: 30°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

FORM @ OFFICE

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 240 ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-21-SA-15

Name: ___ Phone: ___

Address: ___

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: —
If you have a well, is it: DUG or DRILLED How Deep: Unknown ft. Cased: Y / N
How far is the well or spring from the drain field: 125 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER —
Was the water ever tested: Y / N When? —
Any contamination: Y / N What (TC, FC, N, etc.) —

How large is your lot: 1AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

How old is your system: 2005 Was it permitted: Y / N When: 2005

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER ___
If you noticed any of the above, is it seasonal or year-round? ___

Have you ever had your system pumped out: Y / N How often: 3-5 yrs Date last pumped: 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ___

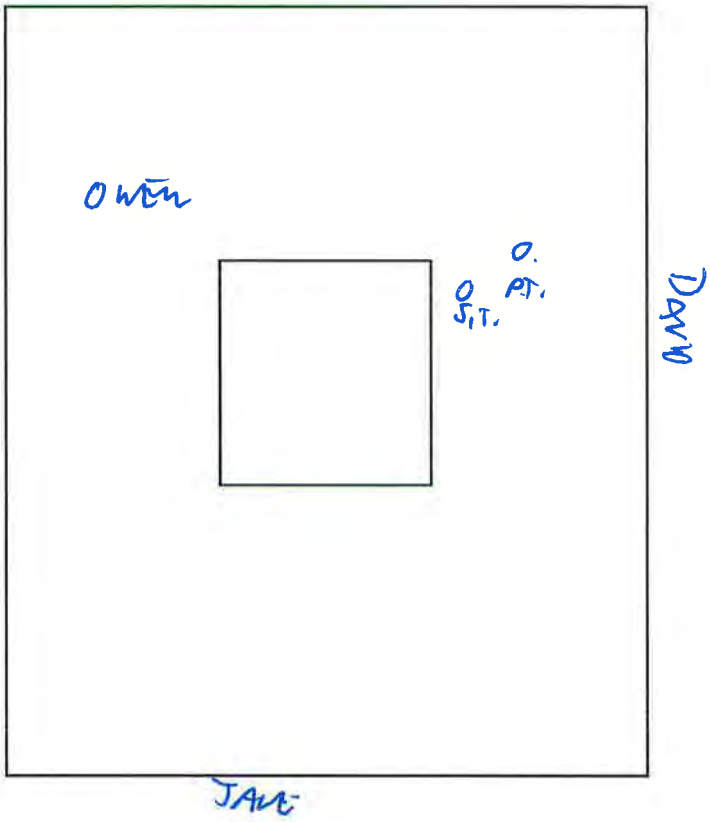
Has the system ever been repaired: Y / N When: — By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/12/19 WEATHER: 30°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-24SA20

Name: _____ Phone: 267-446-1762

Address _____, Pen Argyl Pa. 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 180 ft. Cased: (Y) N

How far is the well or spring from the drain field: Approx 100 ft. Is the well (UP) or DOWNHILL? slite grade

Do you treat your water: (Y) N How? CL/UV DISINFECTION (SOFTENER / ION OTHER)

Was the water ever tested: Y / N When? 2018

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1 1/2 Acres No. of dwelling units: 1

One or more sewage systems? (1) COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 14 years Was it permitted: (Y) N When: 2005

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / (N) How often: 0 Date last pumped: —

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-24-SA-12

Name: ____ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: UNKNOWN ft. Cased: Y / N
How far is the well or spring from the drain field: 135 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER —
Was the water ever tested: Y / N When? —
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

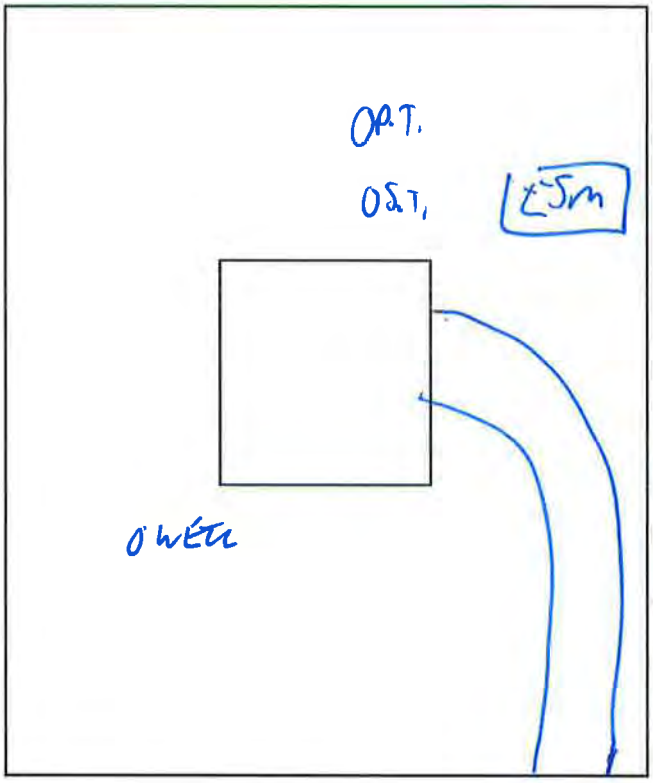
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/12/19 WEATHER: 30°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-245A-11

Name: __ Phone: 610-217-7461

Address: Penn Argyl PA 18072

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 200 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 2004
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.5 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER /

How old is your system: 15 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out Y / N How often: Yearly Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: All

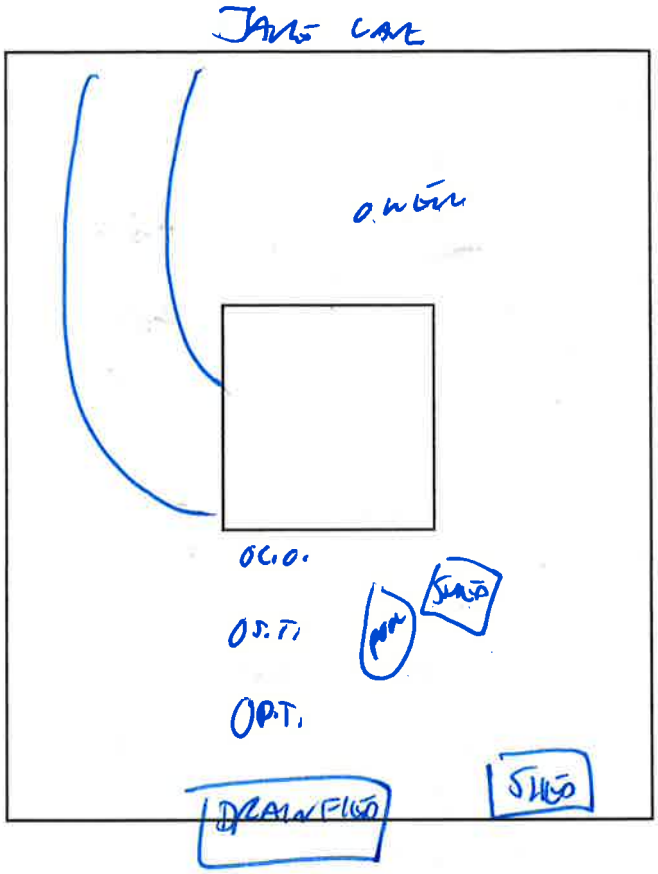
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/8/19 WEATHER: 30° SUNNY



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

NEIGHBOR HOME
SAMPLE TAKEN

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 18-21-5A-22

Name: ___ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: 5

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 125 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1. AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2yrs Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

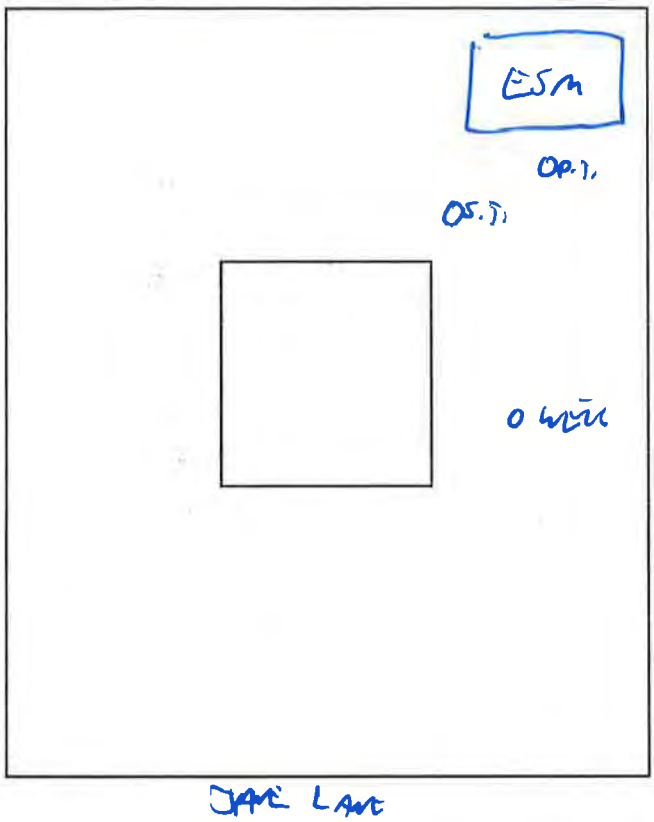
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/19 WEATHER: 40's Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: WATER PUMP 4 YEARS
ORGANIC WATER
WATER CONDITIONING POLE/
WATER HEATER

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-24 5A10

Name: _____ _____ Phone: _____

Address: _____ _____

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 420 ft. Cased: Y / N
How far is the well or spring from the drain field: 200 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 2AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 2006 Was it permitted: Y / N When: 2006

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2-3 Date last pumped: 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

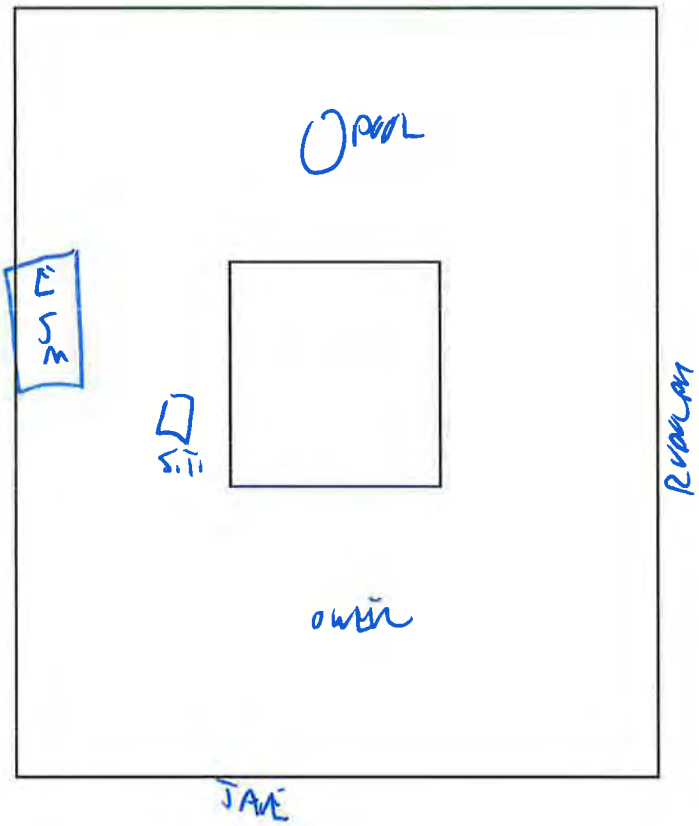
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 4/12/19 WEATHER: 30°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☑	☐	ODORS (ATTAWIC)
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 78-15-16

Name: _ Phone: 610-863-5282

Address _____ Pen Argyl, Pa 18072

(Own) or Rent No. of Residents: 6

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 200+ ft. Cased: (Y) N

How far is the well or spring from the drain field: 200 FT ft. Is the well UP or (DOWNHILL)?

Do you treat your water: (Y) / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / (N) When? _____

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 2.2 acres No. of dwelling units: 1

One or more sewage systems? one COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 40+ YRS Was it permitted: (Y) N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER none

If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out: (Y) (N) How often: every 5 years Date last pumped: 6/23/16

If it was pumped, was it inspected for cracks or broken baffles: Y / N ? What part: Ecke Septic Service

Has the system ever been repaired: Y / (N) When: — By permit? Y / N

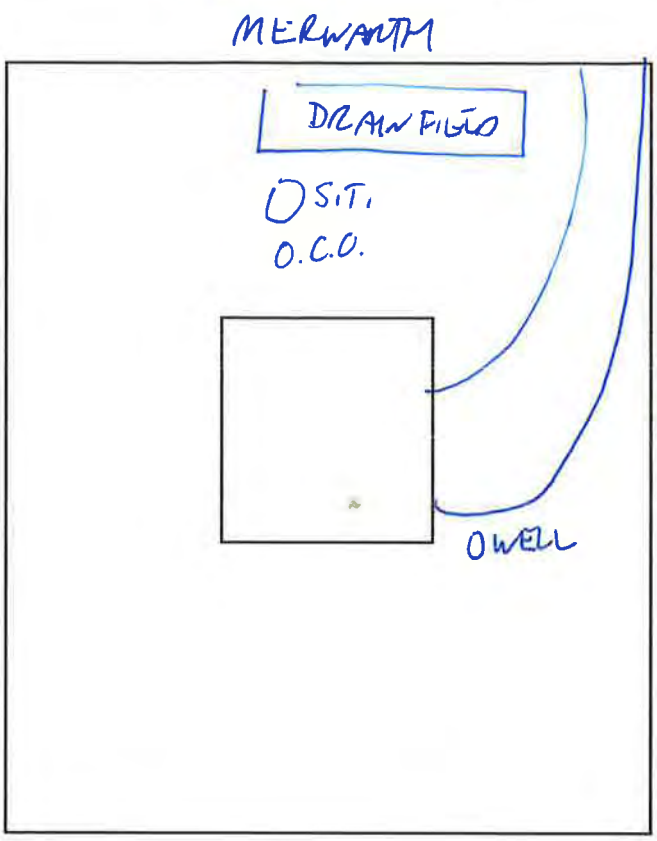
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/24/19 WEATHER: 40°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GfNw1-3-5

Name: _____ _____ Phone: _____

Address: _____ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

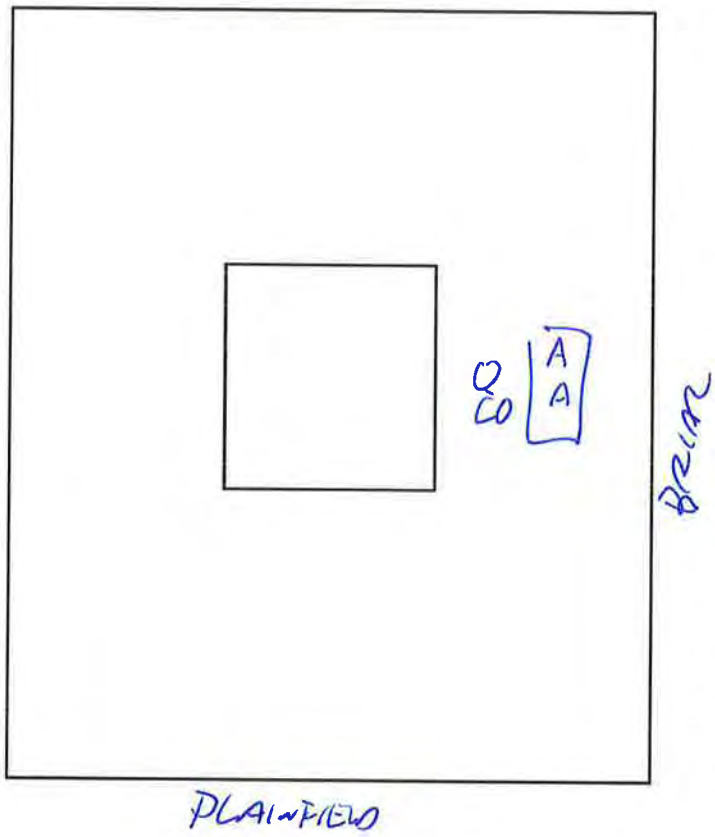
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GSNW 4-3

Name: ___ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

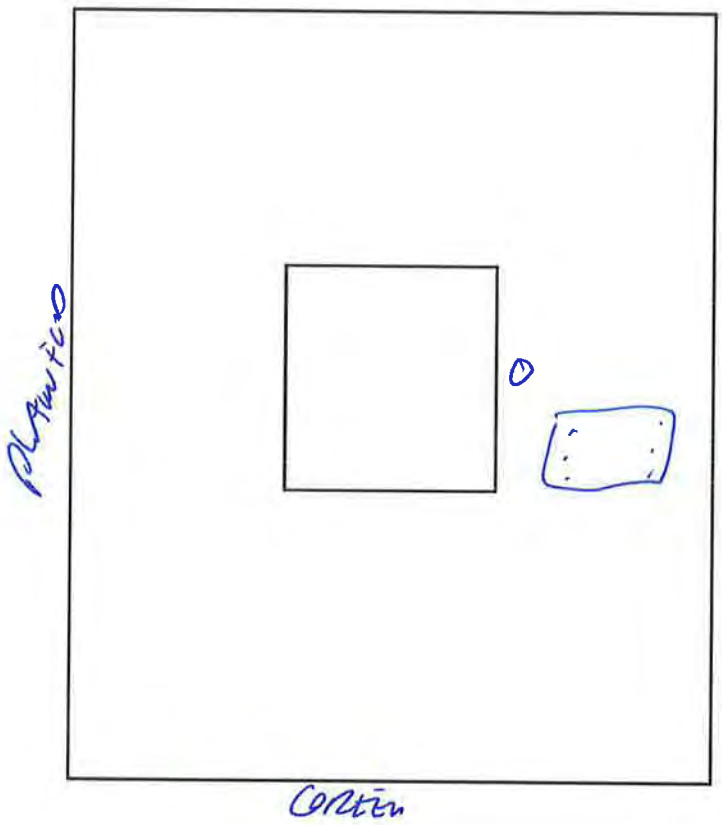
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GSNW1-32

Name: :

Phone: 610-863-7159

Address. [redacted], PEN ARGYL, PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 0.95 ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: APPROX 25 YEARS Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 5 YRS Date last pumped: 2015
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

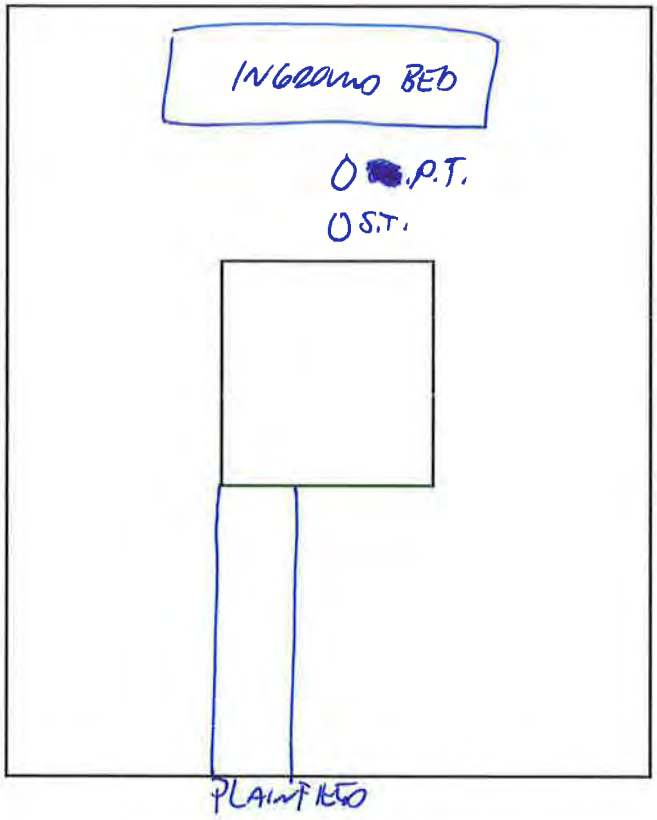
Has the system ever been repaired: (Y) / N When: APPROX 1995 By permit? (Y) / N
What part: TANK: Repaired/(Replaced) LINE: Repaired/(Replaced) DRAIN FIELD: Repaired/(Replaced)

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/21/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: STORMWATER FROM METZ AMUSEMENT FLOWS TOWARDS SEPTIC SYSTEM / HOUSE

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GNW1-41

Name: _ Phone: 6108636369

Address: Pen Argyl, PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 40 Plus Was it permitted: Y / N When: When Built

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: Every 2 or 3 yrs Date last pumped: 7/18/19
If it was pumped, was it inspected for cracks or broken baffles: (Y) N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-24-SA1

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: Unknown ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER —
Was the water ever tested: Y / N When? —
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1 Ac. No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 20+ Was it permitted: Y / N When: Unknown

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: — Date last pumped: 2017
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

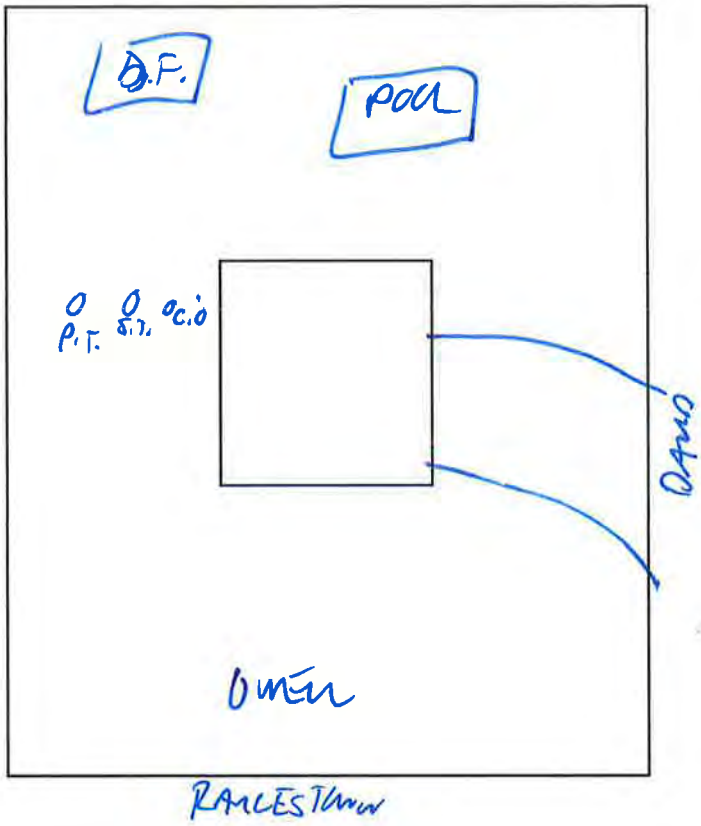
Has the system ever been repaired: Y / N When: — By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Lived here for 2 years

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/12/19 WEATHER: 30°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: CRACKED LIDS

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-24SA-2

Name: __ Phone: 570-236-2840

Address: Dunkgyl PA 18072

(Own) or Rent No. of Residents: 1

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: ? ft. Cased: (Y) / N
How far is the well or spring from the drain field: _____ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 2016
Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 1 3/4 acre No. of dwelling units: 1
One or more sewage systems? one. COMMERCIAL / (RESIDENTIAL)
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 2003 Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER ∅

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out (Y) / N How often: 1 Date last pumped: 2016
If it was pumped, was it inspected for cracks or broken baffles (Y) / N What part: Baffles.

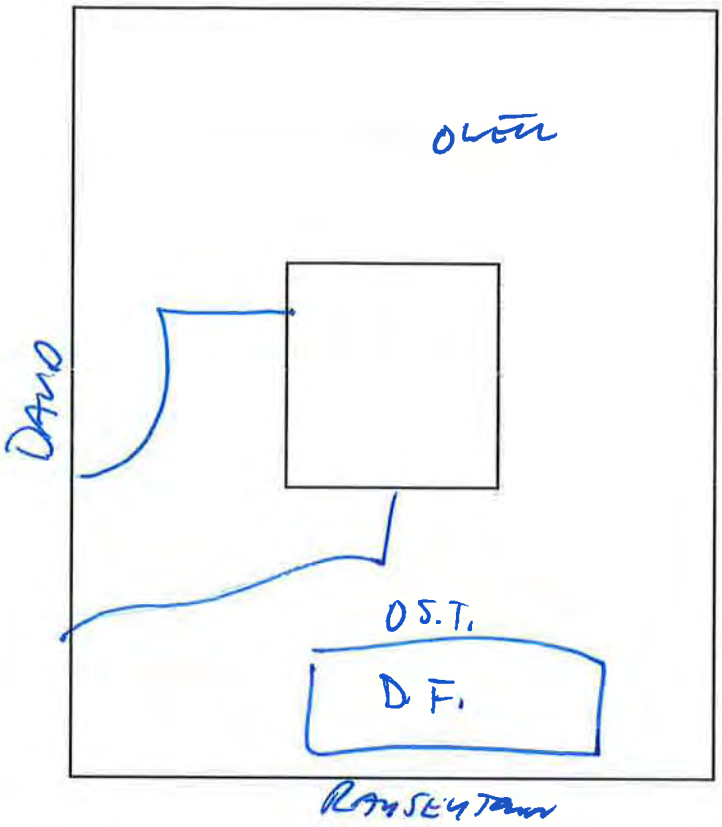
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/7/19 WEATHER: 40° RAINING



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FB-JA-SA-9

Name: ____ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: UNKNOWN ft. Cased: Y / N
How far is the well or spring from the drain field: 25 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER —
Was the water ever tested: Y / N When? —
Any contamination: Y / N What (TC, FC, N, etc.) —

How large is your lot: 1.5 AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 15? Was it permitted: Y N When: HOUSE BUILT

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

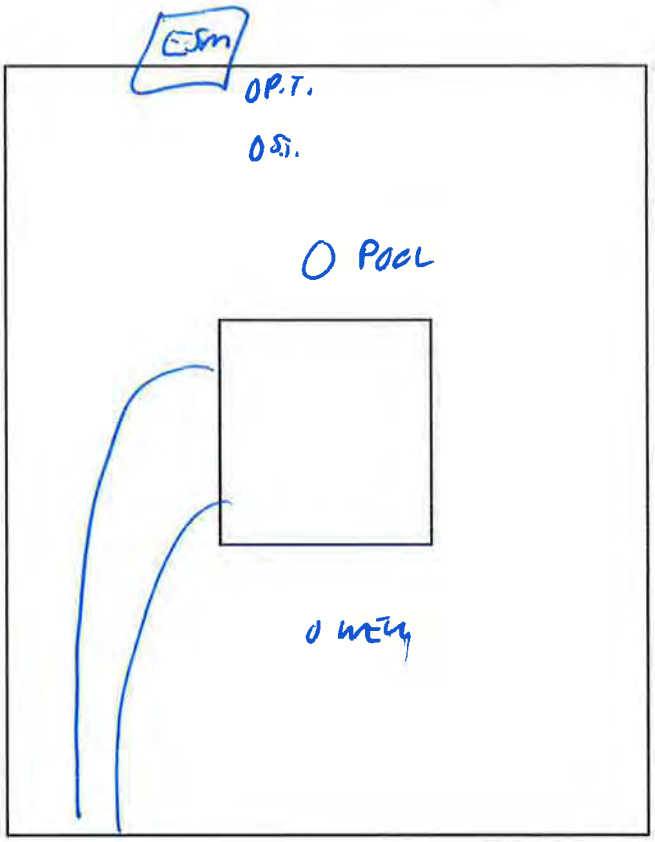
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 1/12/16 WEATHER: 30'



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☑	☐	ODORS (AT TANK)
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-24-5A-30-0606

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

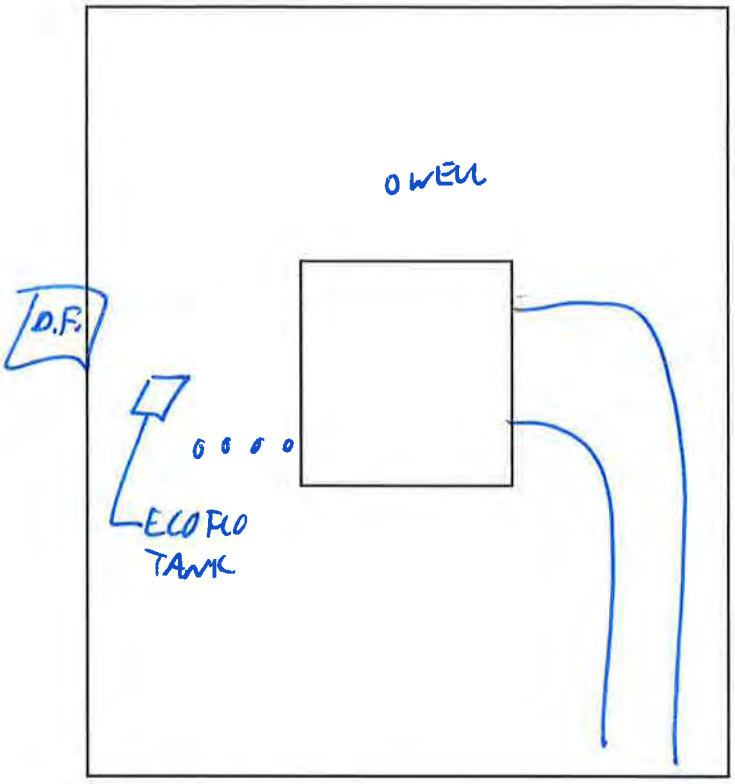
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/12/16 WEATHER: 30'



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F-245A28

Name: _____ Phone: 484-241-6007

Address: Pen Argyl Pa. 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: 178 ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y (N) When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.5 Acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 12yrs. Was it permitted (Y) / N When: 2008

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out: (Y) / N How often: 5yrs. Date last pumped: 12/5/18

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: N/A By permit? Y / N

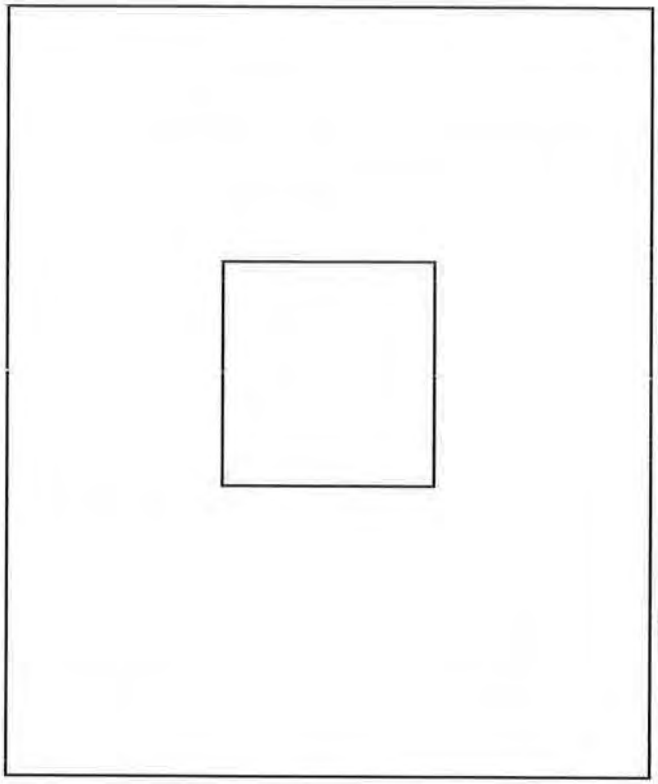
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

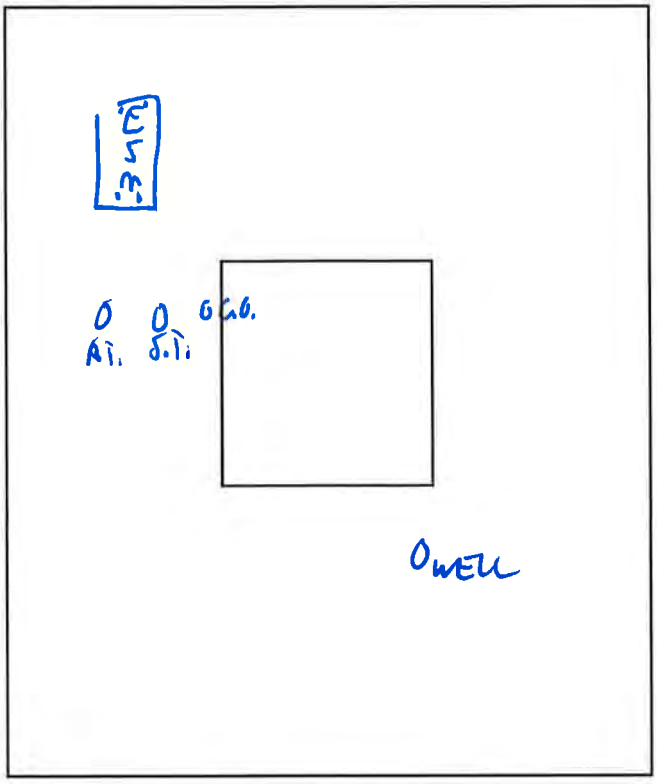
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/12/19 WEATHER: 30°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____ FILL & OFFILL

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-24-5A-29

Name: _____ Phone: 610-863-1761

Address: Pen Argyl, PA 18072

(Own) or Rent No. of Residents: 5

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 250? ft. Cased: Y / (N)

How far is the well or spring from the drain field: 800 or More ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER 5 micron filter

Was the water ever tested: (Y) / N When? 10+ years ago

Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.65 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ~13 years Was it permitted: (Y) / N When: 2006

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* NONE

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out: (Y) / N How often: 2-3 years Date last pumped: last year

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Tanks

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

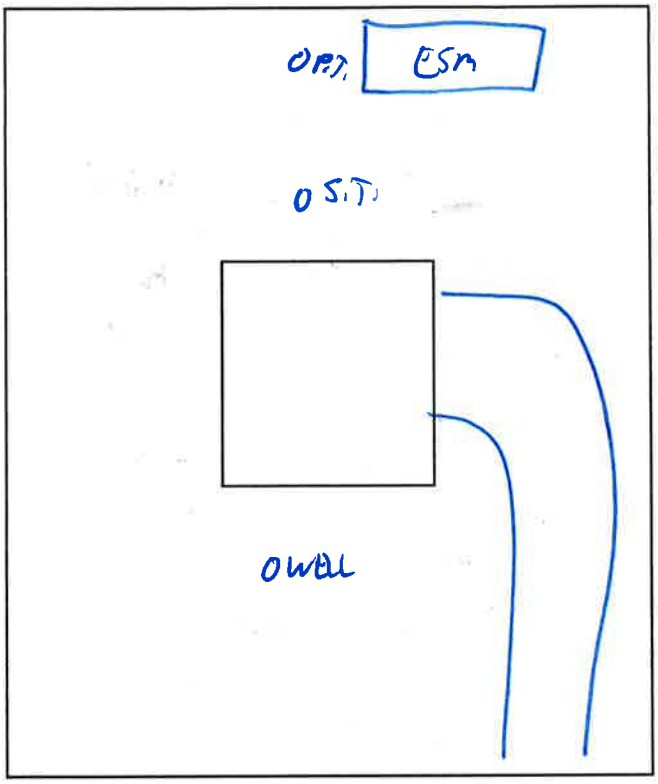
General Comments:

System functions perfectly

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/7/19 WEATHER: 40° clear



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

FORM EMAILED WELL SAMPLE

Yes	No	
☑	☐	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-245A-16

Name: !

Phone: 610-863-7133

Address.

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER:
If you have a well, is it: DUG or (DRILLED) How Deep: 200 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 100 +/- ft. Is the well UP or (DOWNHILL)?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER
Was the water ever tested: (Y) / N When? 2007 ?
Any contamination: Y / (N) What (TC, FC, N, etc.)

How large is your lot: 1.85 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

How old is your system: 13 yrs Was it permitted: (Y) / N When: 2006 when house was built

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER

If you noticed any of the above, is it seasonal or year-round?

Have you ever had your system pumped out: (Y) / N How often: 3-5 yrs Date last pumped: Aug 2018
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: inside tanks

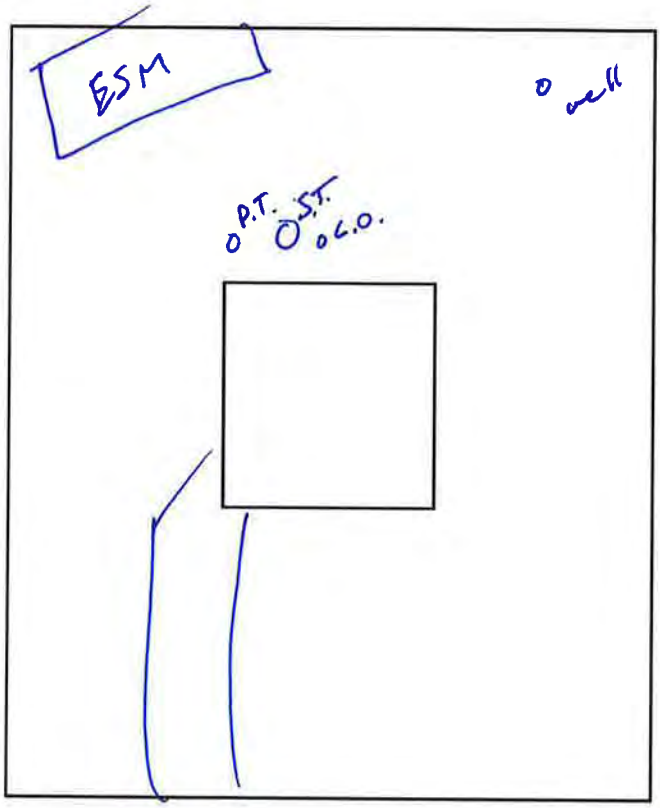
Has the system ever been repaired: (Y) / N When: Aug 2018 By permit? (Y) / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced *

General Comments:
* Pump replaced

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/29/19 WEATHER: 50° Cloudy / Rain



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: ____ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FB-23-1A

Name: [redacted] Phone: 484-542-7180

Address: [redacted], PEN ARGYL, PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 253 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 220 ft. Is the well UP or (DOWNHILL)?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 2016
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 40.3 ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 33 yrs Was it permitted: (Y) / N When: 1986

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? NONE

Have you ever had your system pumped out: (Y) / N How often: EVERY 3 YRS. Date last pumped: 2017
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

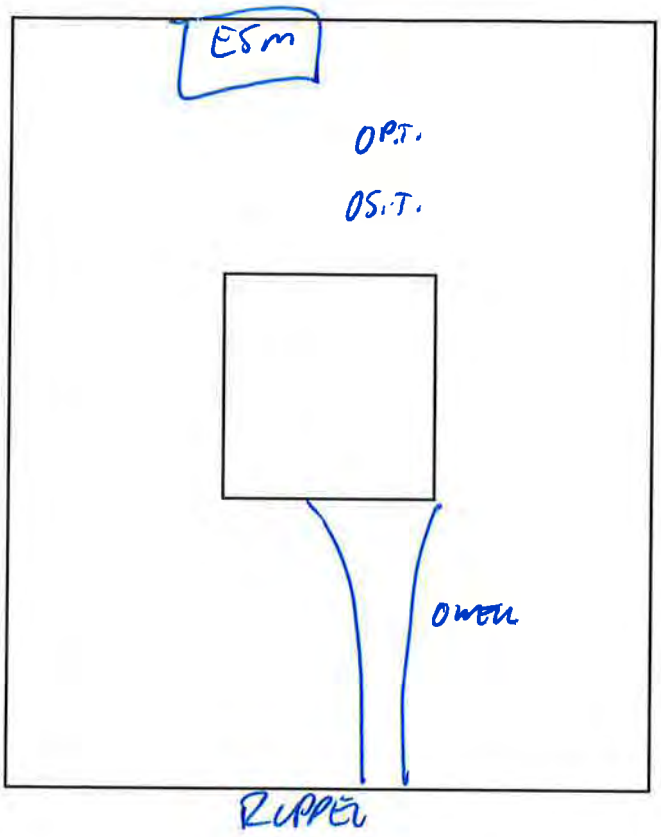
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/7/19 WEATHER: 40° Clear



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

FORM EMAILED

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: Cof-13-18

Name: _ Phone: 570 242 1711

Address: Red Argyl PA 18072

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: 180 ft. Cased: Y / N

How far is the well or spring from the drain field: 125 ft. Is the well UP or DOWNHILL? SIDE GRADIENT

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? 2008

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: ~2.75 No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ~13 Was it permitted: Y / N When: Installed

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: Sept 2018

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

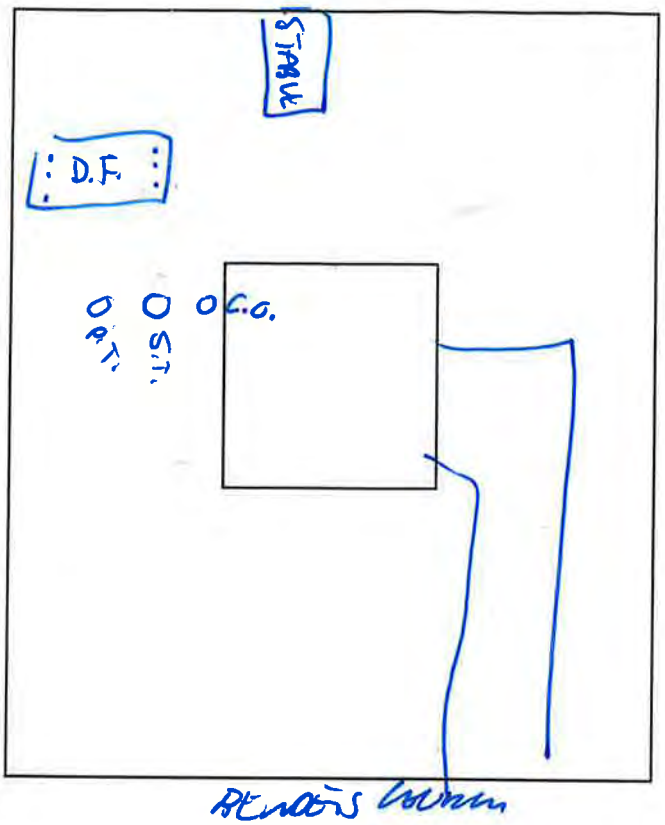
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/8/19 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____ Plan @ office

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-13-1A

Name: _____ Phone: 484-602-0321

Address. _____

(Own) or Rent No. of Residents: 1

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 140 FT ft. Cased: (Y) / N
How far is the well or spring from the drain field: 60 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 2002
Any contamination: Y / N What (TC, FC, N, etc.) _____
HIGH IN SULFOR

How large is your lot: 1 3/8 ACRE No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	(INGROUND BED)	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: UPGRADED 2000 Was it permitted: (Y) / N When: 2000 KNITTEL & SON

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / (N) How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

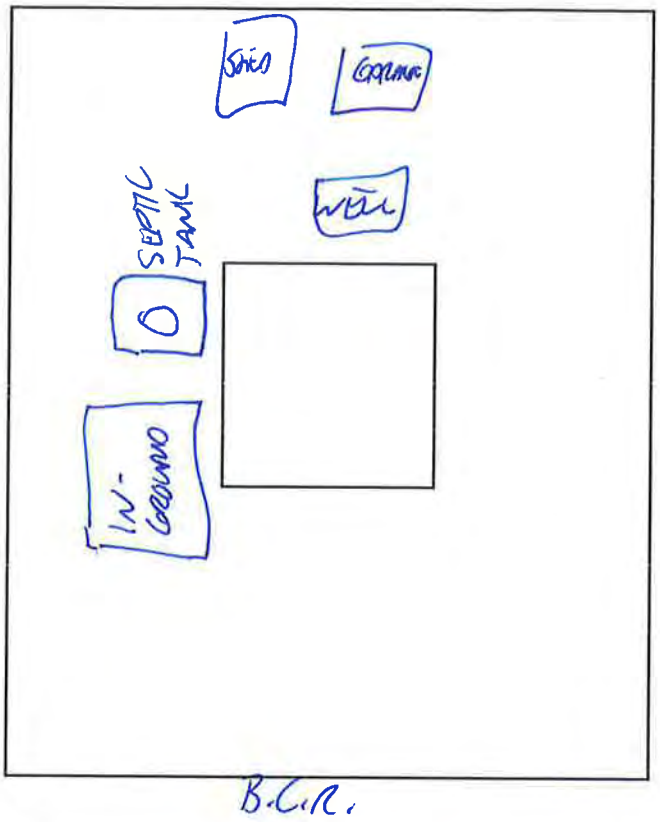
Has the system ever been repaired: Y / N When: 2000 By permit? (Y) / N
What part: TANK: Repaired/Replaced ? LINE: Repaired/(Replaced) DRAIN FIELD: Repaired/(Replaced)

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/15/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: RV HOOKUP @ TANK

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: G8-13-13

Name: _____ Phone: 484-695-2544

Address: [redacted] PEN ARGYL, PA.

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 400 ft. Cased: (Y) / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or (DOWNHILL?)

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER

Was the water ever tested: (Y) / N When? 1990

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 232' x 322' 2.3 ACRE No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 34 YRS. Was it permitted: (Y) / N When: 1985

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: EVERY 2 YR. Date last pumped: 3/19/18

If it was pumped, was it inspected for cracks or broken baffles: (Y) N What part: _____

Has the system ever been repaired: (Y) / N When: 3/18 By permit? Y / N

What part: TANK: Repaired/Replaced LINE: (Repaired)/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

[redacted]

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GMS 68-13-3A

Name: _ Phone: 610-759-1663

Address: Pen Argyl PA

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 160 ft. ft. Cased: (Y) / N

How far is the well or spring from the drain field: 150 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? _____

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 10 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 12 yrs Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 1 Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

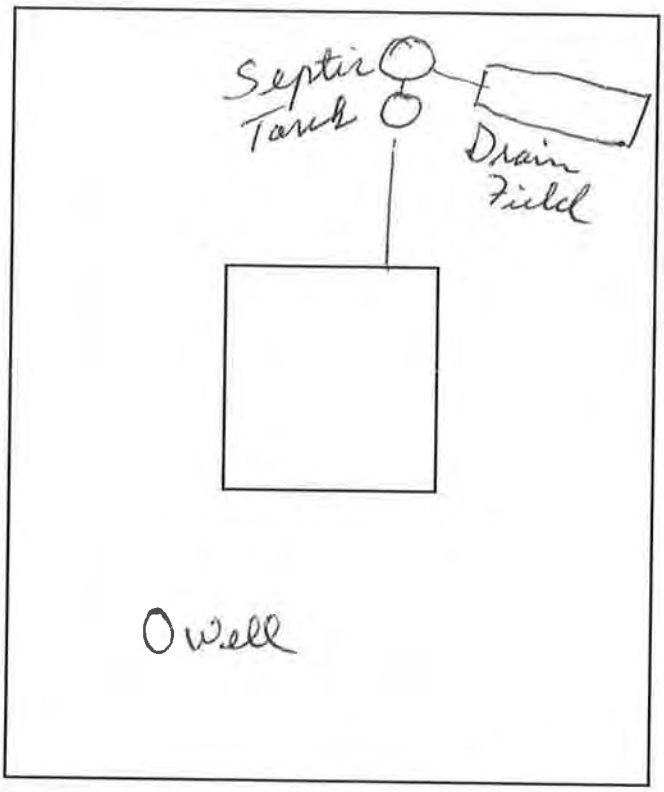
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

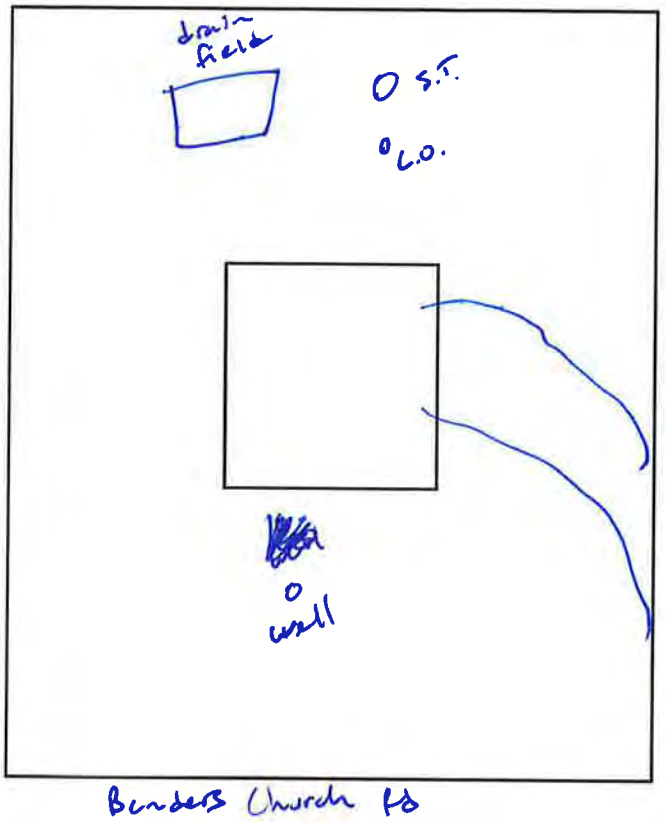
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/24/19 WEATHER: 50° Rain



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: ___ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-26-3

Name: ___ ___ Phone: 610-863-5897

Address: [redacted] GLEN ARGYL, PA 18072

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: ___

If you have a well, is it: DUG or DRILLED How Deep: 26 ft. Cased: Y / N

How far is the well or spring from the drain field: 75 yds ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER ___

Was the water ever tested: Y / N When? ___

Any contamination: Y / N What (TC, FC, N, etc.) ___

How large is your lot: 100 acres No. of dwelling units: 2

One or more sewage systems? NO COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

How old is your system: 49 yrs. Was it permitted: Y / N When: 1970

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER ___

If you noticed any of the above, is it seasonal or year-round? ___

Have you ever had your system pumped out: Y / N How often: 5 yrs Date last pumped: 10/14

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ___

Has the system ever been repaired: Y / N When: ___ By permit? Y / N

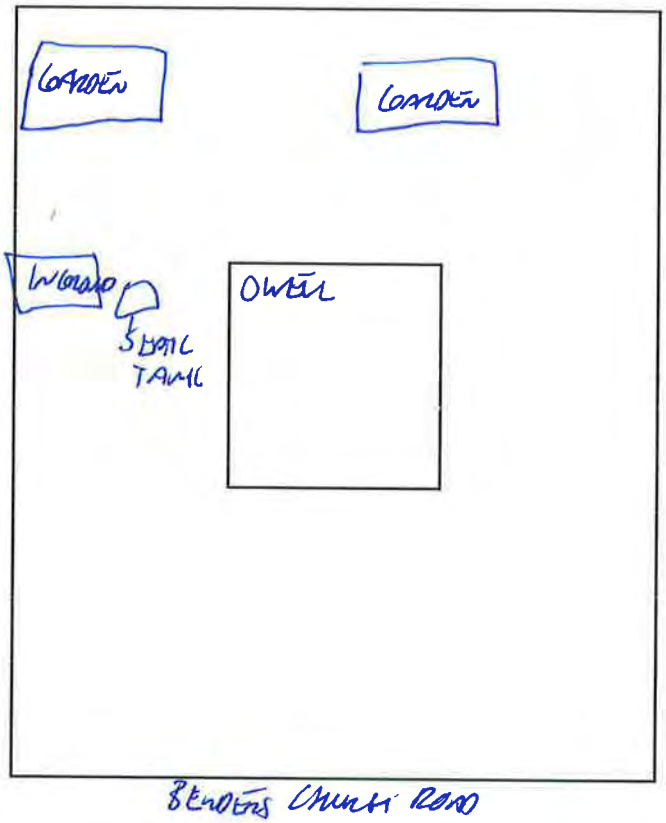
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Never had any Problems

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/15/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: WELLIN HOUSE

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-28-1

Name: [redacted] Phone: 610 863 0542

Address _____

(Own) or Rent No. of Residents: 1

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 500 ft. Cased: (Y) / N
How far is the well or spring from the drain field UP HILL 300 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 10 YEARS AGO WHEN I BOUGHT HOUSE
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 2.85 No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1982 Was it permitted: (Y) / N When: 1982

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 5 Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

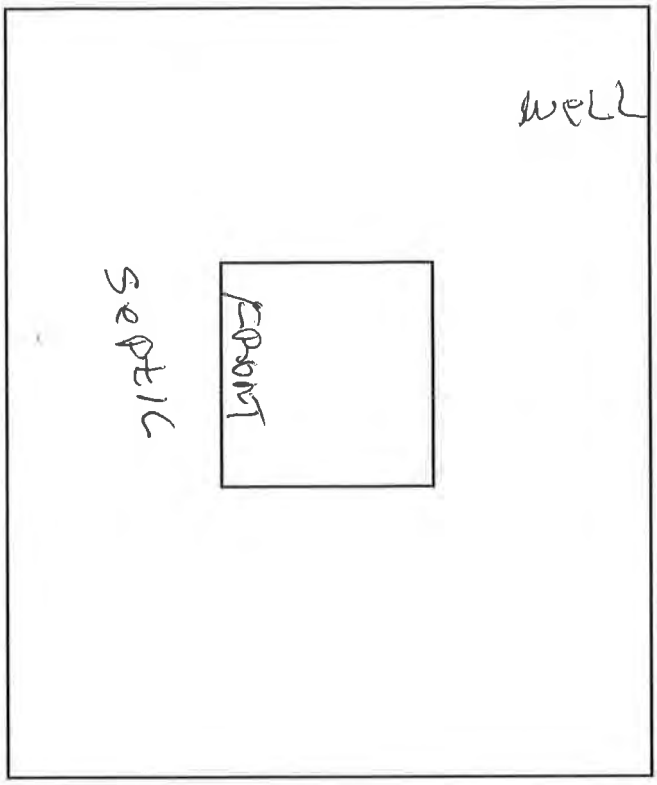
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: SCALE

OBSERVATIONS:

Yes	No	
☐		GREEN RUSH GRASS
☐		WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: TF-18-6

Name: _ Phone: 610-863-9278

Address: Pen Argyl, PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 350 ft. Cased: (Y) / N

? How far is the well or spring from the drain field: 60 Ft ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 1992

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 6.6 ACRES No. of dwelling units: 1

? One or more sewage systems? 2 cesspools COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

? How old is your system: unknown Was it permitted: Y / N When: unknown

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* NO

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3-5yrs Date last pumped: 9/18/19

? If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

? Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

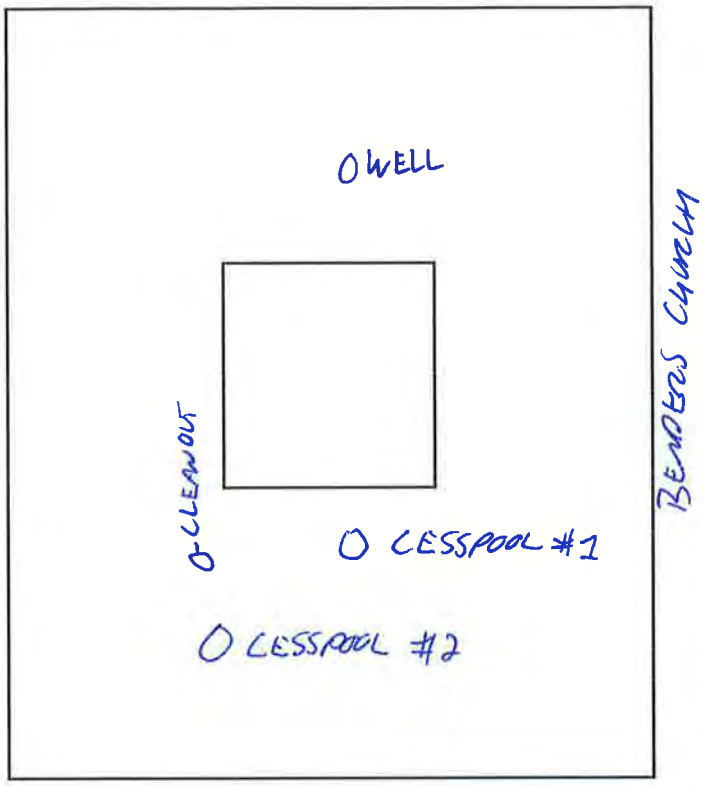
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/15/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

#1= BATH/KITCHEN

#2= LAUNDRY

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-18-5

Name: _ Phone: 410 863 9114

Address: Pen Argyl Pa 18072

(Own) or Rent No. of Residents: church 45 to 50 attend Sun morn 10-12 wed night

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: 75 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 70 ft. Is the well UP or DOWNHILL? about the same

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 2017

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____

One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: Don't Know Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: DO on't Know Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

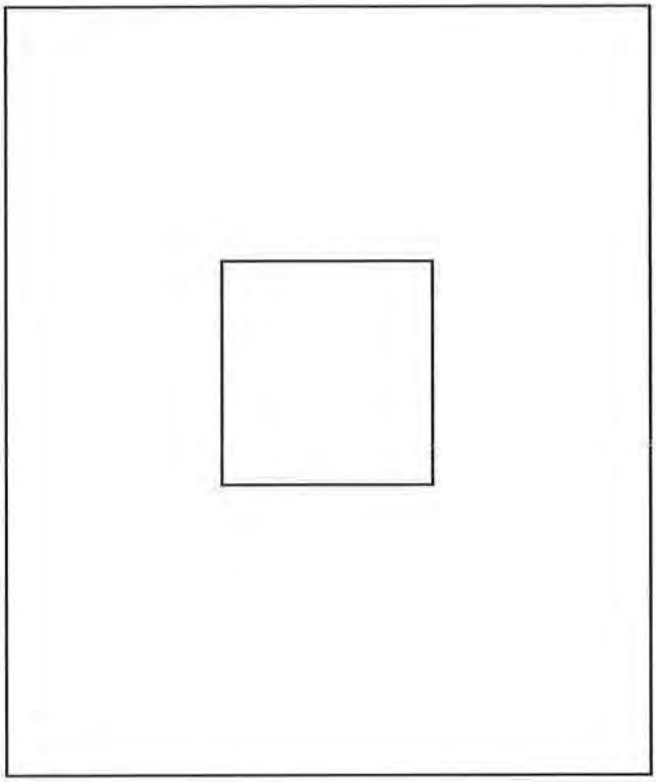
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FG-617

Name: _____ Phone: 610-588-7029

Address PEN ARGYL PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 350 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 110 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/(UV) DISINFECTION / SOFTENER / ION OTHER AQUASANA WHOLE HOUSE SYSTEM
Was the water ever tested: Y / N When? 2016
Any contamination: (Y) / N What (TC, FC, N, etc.) BACTERIA, NITRATES, ATRAZINE HARDNESS

How large is your lot: 2.03 ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD
DRAINAGE BED TANK

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 2012
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

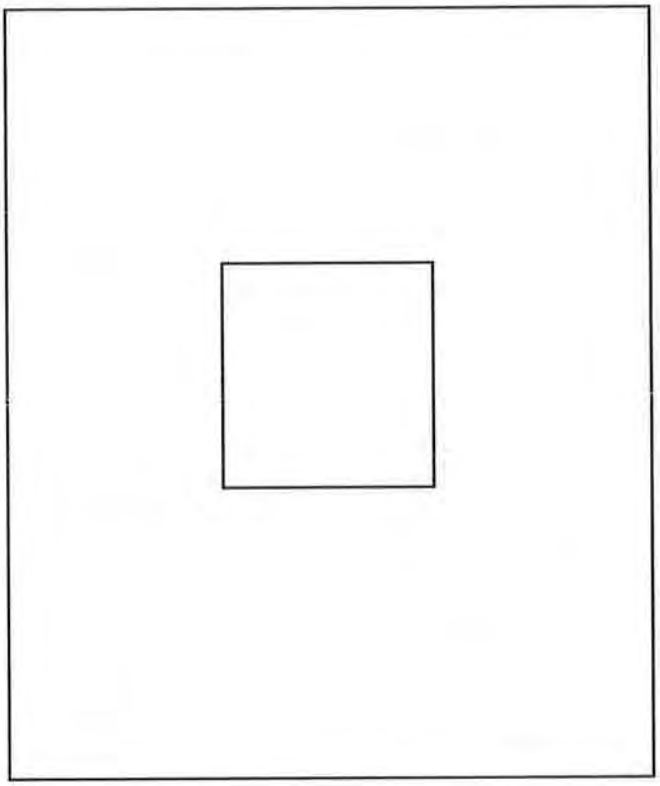
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
WILL HAVE THE TANK PUMPED IN 2019

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: EQ 18-3

Name: __ _____ Phone: 610-704-1900

Address: _____ PEN ARGYL, PA 18072

(Own) or (Rent) No. of Residents: 4

FARM HOUSE HAS TENANTS

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: (Y) / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested: (Y) / N When? 1990

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 92 ACRES No. of dwelling units: 2

One or more sewage systems? 2 (COMMERCIAL) / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 30 YRS Was it permitted: (Y) / N When: 1987

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3/4 YRS Date last pumped: 2018

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

KNOW NOTHING ABOUT FARMHOUSE SEPTIC

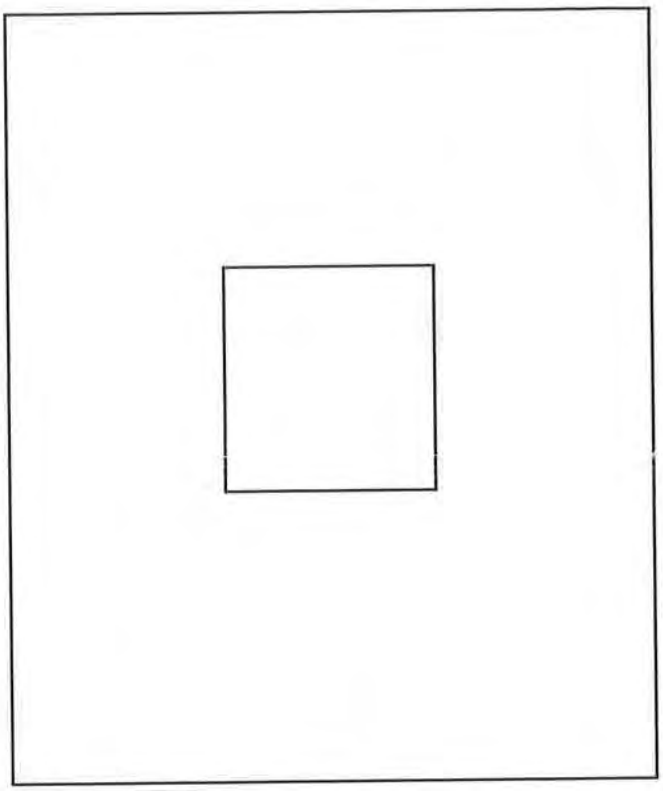
FARM HOUSE HAS DRILLED / CASED WELL

DO NOT KNOW SPECIFICS

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-B-10E-1

Name: _) Phone: 610 597 5743

Address: Glen Argyl PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 600 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 150 ft. Is the well UP or (DOWNHILL)?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 4 Acres No. of dwelling units: 1
One or more sewage systems? No COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 23 yrs Was it permitted: Y / N When: yes 1996

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

(GREEN, LUSH GRASS)	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? year round

Have you ever had your system pumped out: (Y) / N How often: 1X Date last pumped: 2013?
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-18-101

Name: _____ Phone: 610-863-4540

Address: Pen Argyl PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: Unknown ft. Cased: (Y) / N
How far is the well or spring from the drain field: 65FT ft. Is the well UP or DOWNHILL?
Well Looks Even with Field

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? MAYBE 15 YRS.
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1/2 acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: Unknown Was it permitted: Y / N When: Unknown

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: 2 YRS Date last pumped: 2 yrs
If it was pumped, was it inspected for cracks or broken baffles: Y / N DONT KNOW What part: _____

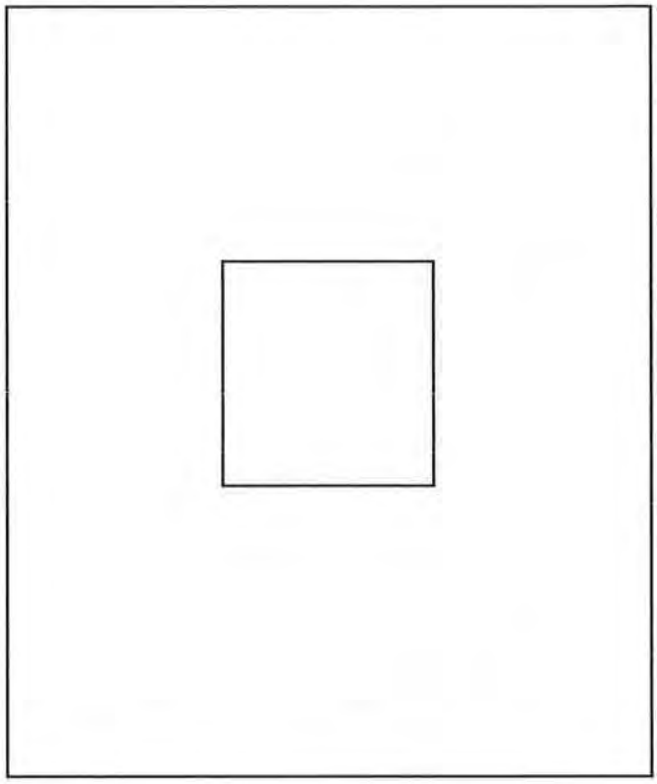
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced (LINE: Repaired/Replaced) DRAIN FIELD: Repaired/Replaced

General Comments:
HAD A TREE ROOT IN THE LINE TO TANK HAD DUG UP AND CONNECTED NEW PVC TO CAST IRON W/ Fernco Coupling, Worked Great No Problems. WAS Done BY A PRO, Don't Remember THE DATE or permit Situation

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

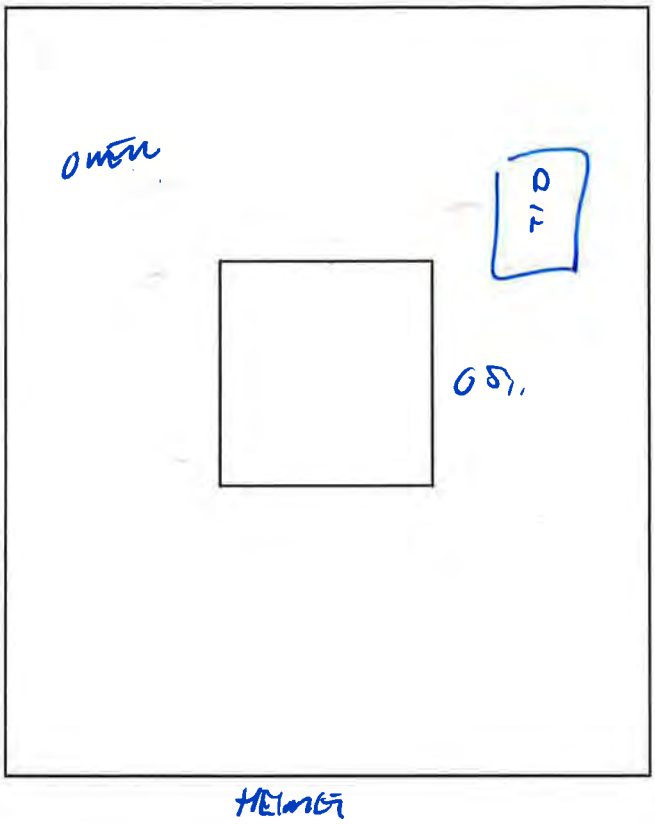
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-18-9

Name: __ Phone: 610-863-6049

Address: _____, Pen Argyl, PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 90 ft.? Cased: (Y) / N ?

How far is the well or spring from the drain field: 110 ft. Is the well UP or DOWNHILL?

same level

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 2019 - May

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 12 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____ before

How old is your system: 7 yrs Was it permitted: (Y) / N When: Dec. 6, 2012 — date of installation - zoning officer was here when installed

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER none

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out (Y) / N How often: every 2 years Date last pumped: 9/2018

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

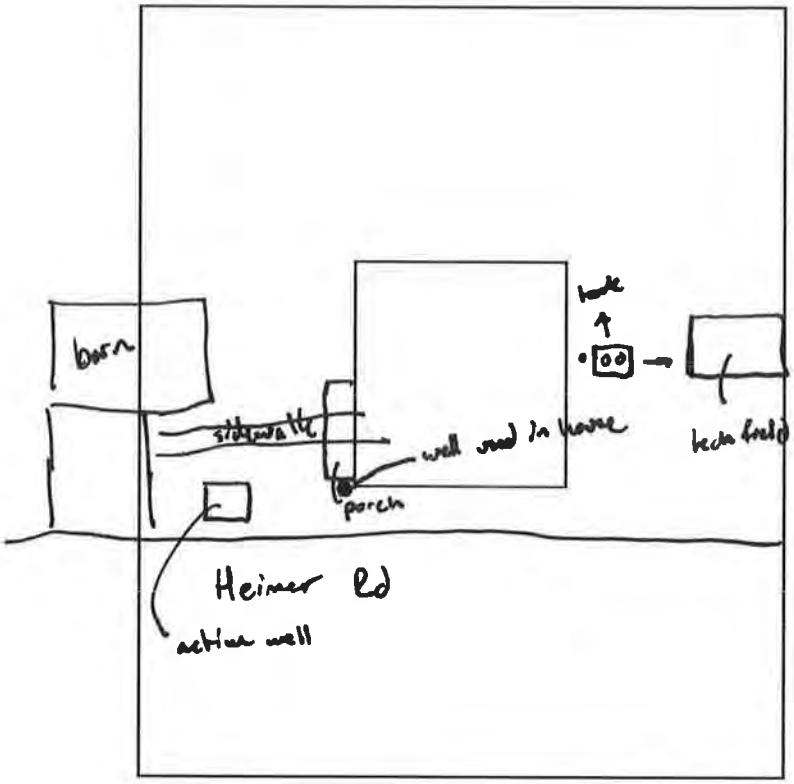
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-23-2019 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:
- was told septic system was leak tree)
- tank was replaced

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#. FS-2616

Name: _____ Phone: 610-6006-1495

Address: PEN ARGYL

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep 180 ft. Cased. Y / N

How far is the well or spring from the drain field 300 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? 2001

Any contamination Y / N What (TC, FC, N, etc.) _____

How large is your lot. 1.85 Acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system 19 years Was it permitted: Y / N When. 2001

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 5 years Date last pumped. 4 years ago

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

What part. TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments.

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-1A-2-12

Name: _____ Phone: (908) 432-9285

Address: Pen Argyl PA 18072

(Own) or Rent No. of Residents: 5

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER Filter

Was the water ever tested: Y / (N) When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.7 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

Behind Swing Set

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 11 years Was it permitted: (Y) / N When: When house was built

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: Every 2 years Date last pumped: July 2018

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Inside the tank

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-16-2-12

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100' + ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot: 1 AC No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

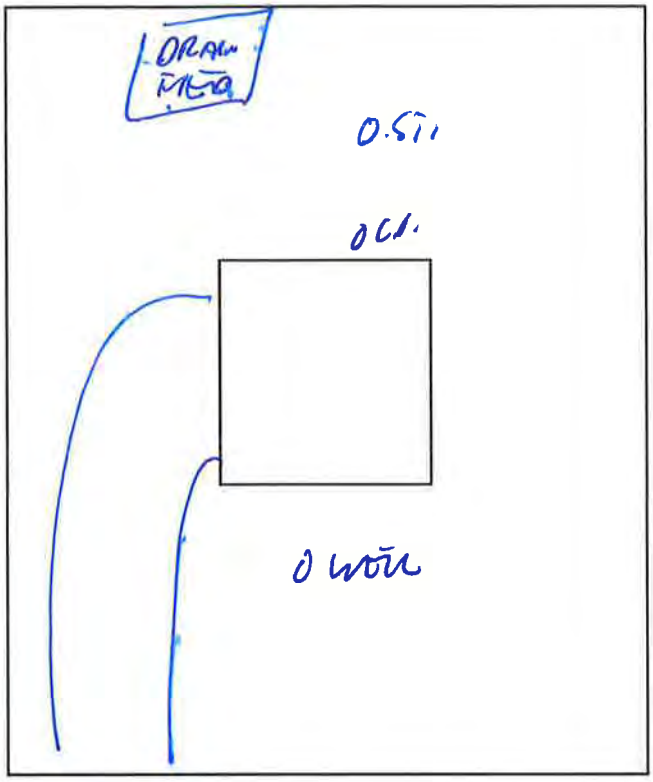
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/30/15 WEATHER: Rain SS



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-182-23

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot: 1AC No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

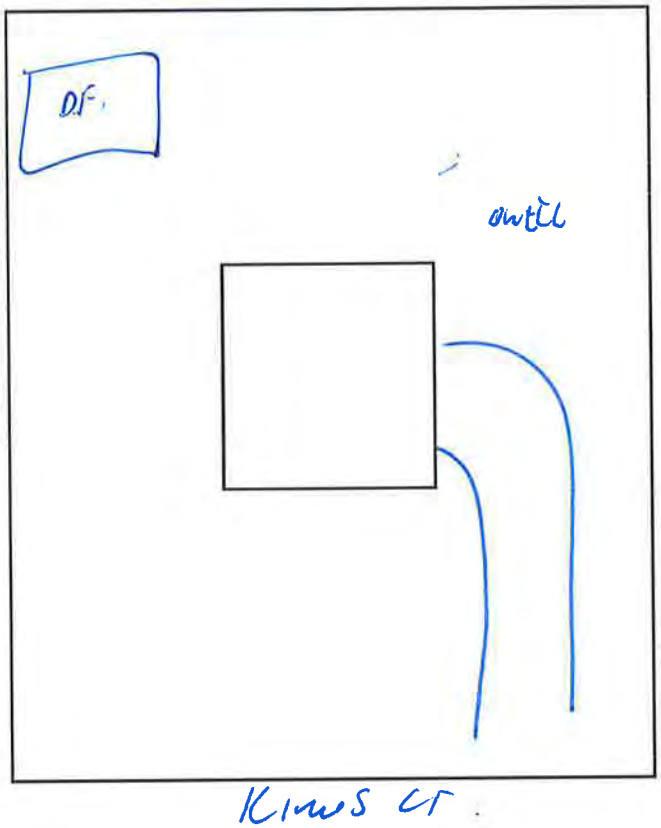
Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/13/14 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-18-2-22

Name: _____ Phone: 610-599-0429

Address: _____ 1, PA 18072

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 2 acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 4yr Date last pumped: Oct 2017
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

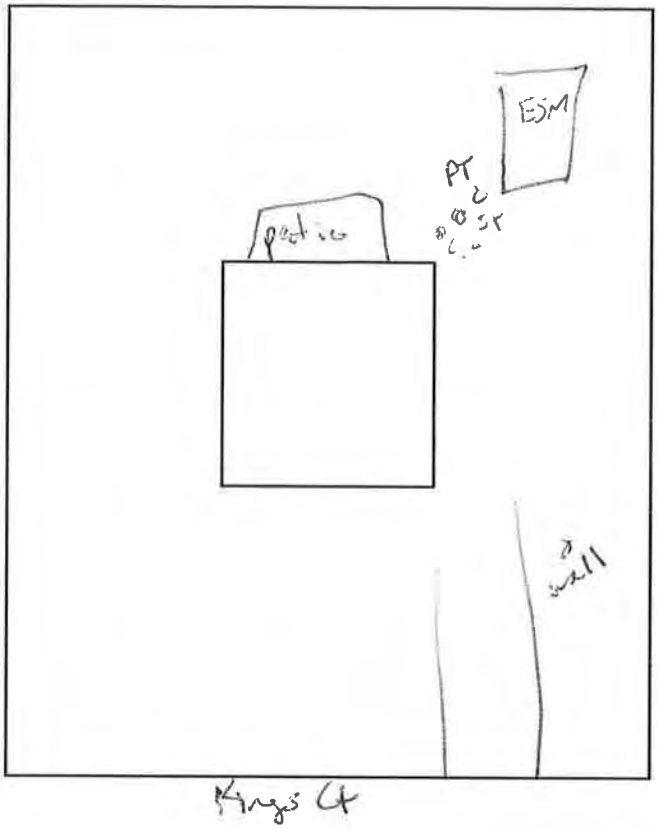
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 1/1/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF- 18-2-15

Name: ___ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot: 1AC No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

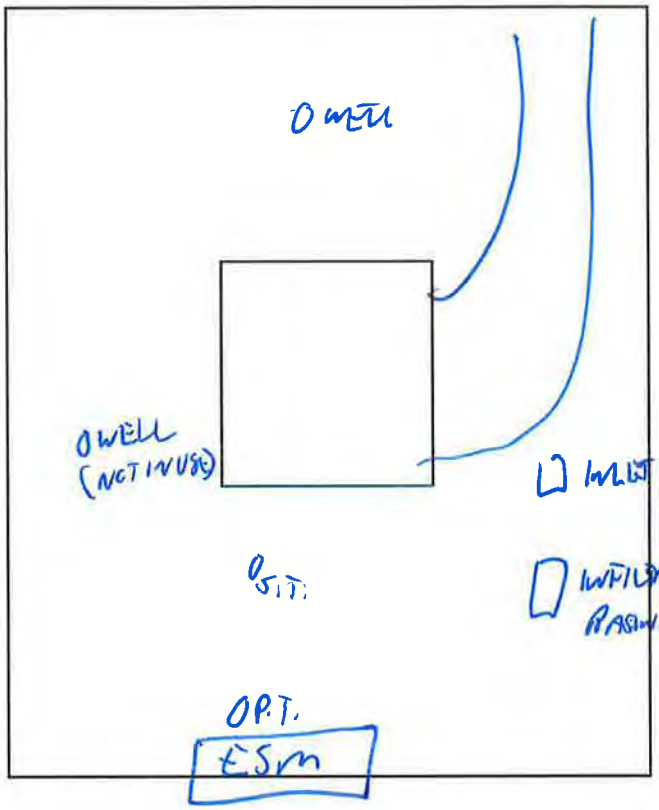
_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/13/19 WEATHER: 20°

KINLOCH CT.



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 1ST WELL TOO CLOSE TO NEIGHBORS SEPTIC

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-8-2-21

Name: [redacted] Phone: 717-497-2066

Address [redacted] PA 18072

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 2014
Any contamination: Y / N What (TC, FC, N, etc.) Fecal Col. form, Iron

---

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 10 yrs Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3yrs Date last pumped: May 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

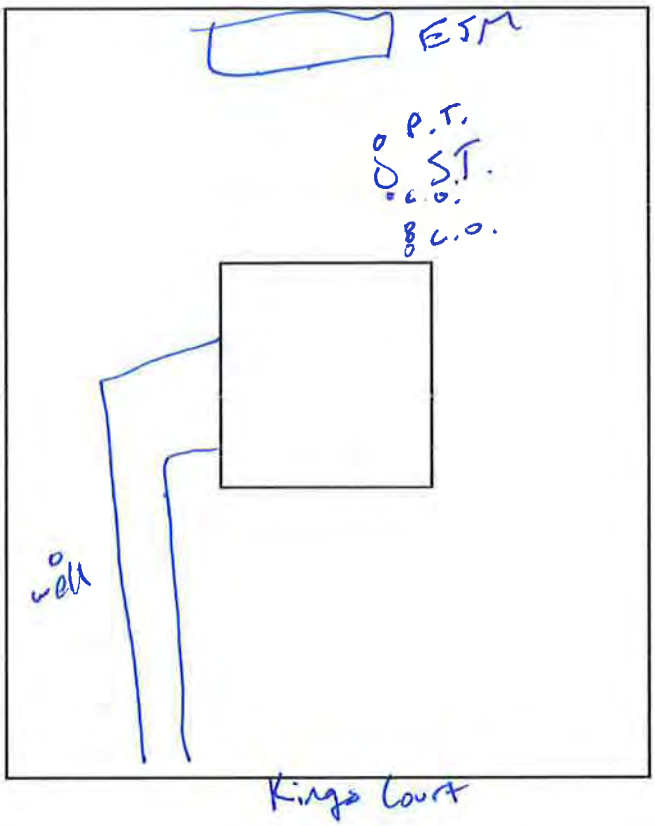
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/29/19 WEATHER: 50° Rain



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-B-216

Name: [redacted] Phone: _____

Address: [redacted] PENNARGYL, PA 18072

Own or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 600 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 100+ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____
Was the water ever tested: (Y) / N When? 2012
Any contamination: (Y) / N What (TC, FC, N, etc.) TOTAL COLIFORM (140)

How large is your lot: 1.75 AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 11 Was it permitted: (Y) / N When: 2008

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2-3 Date last pumped: 2017
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: TANK

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-18-2-17

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

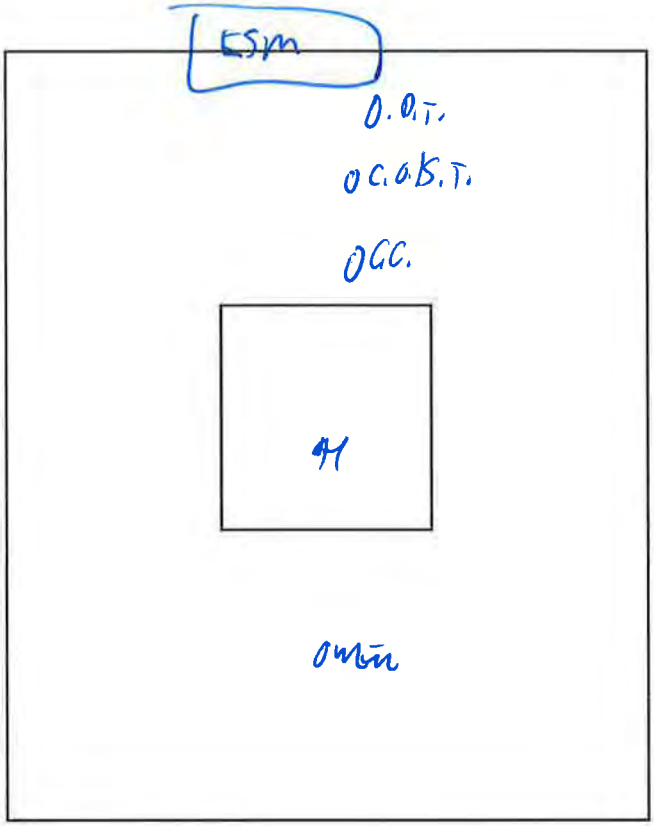
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/13/16 WEATHER: 82°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-18-218

Name: __ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

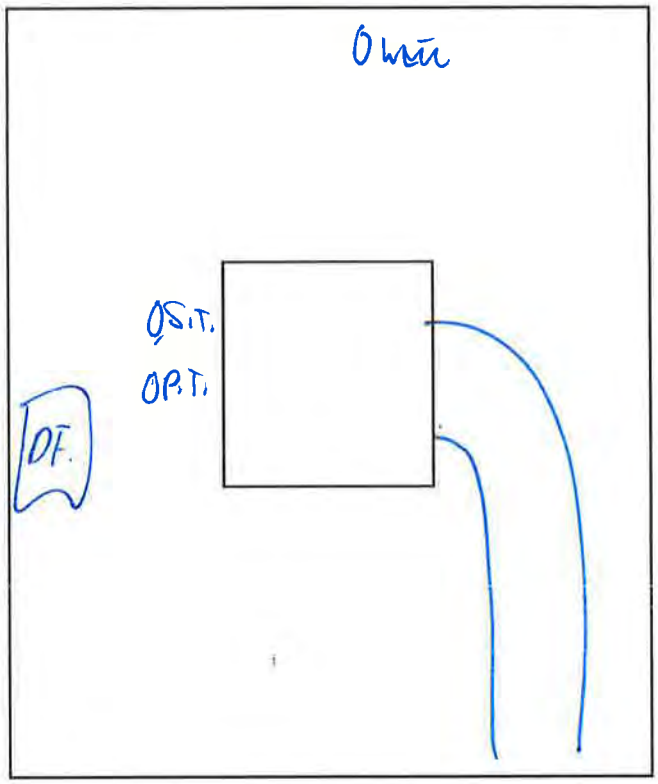
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/13/14 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 78-8-4

Name: _____ Phone: 610-588-5295

Address _____, Argyl, PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: ? DUG or DRILLED How Deep: ? ft. Cased: Y / N
How far is the well or spring from the drain field: 70-80 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 1993, spring
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: @0.6 acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	(INGROUND BED) - laundry	COMMUNITY SEWER	PRIVY
(CESSPOOL) - sinks	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER laundry NOT currently hooked up.

How old is your system: ? Was it permitted: Y / N When: _____
passed inspection when bought house in 1993

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	NONE
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: once Date last pumped: Dec 2000
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: All

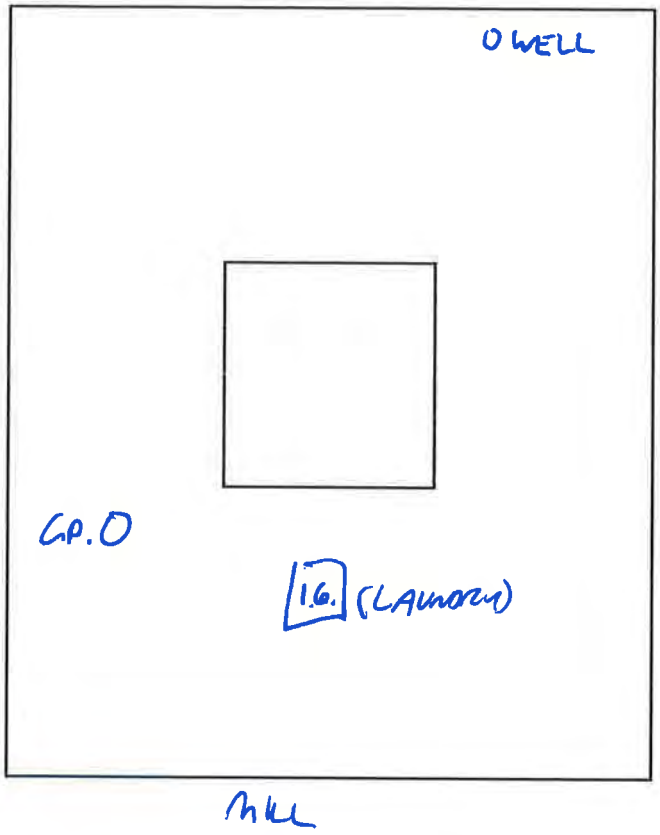
Has the system ever been repaired: (Y) / (N) When: @2000 By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: House to cesspool replaced terracotta pipe with modern

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FG-L-9

Name: ___ Phone: 610-216-5303

Address: _____

(Own) or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 8 years
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 12 acres No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / (N) How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FG-1-78

Name: Phone: 610-588-3451

Addres Argyl, PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: Well

If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: 50-75 ft. Is the well UP or DOWNHILL? UP

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER N

Was the water ever tested: (Y) / N When? 1980

Any contamination: Y / N What (TC, FC, N, etc.) N

How large is your lot: 10 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 12 years Was it permitted: (Y) / N When: 2007

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

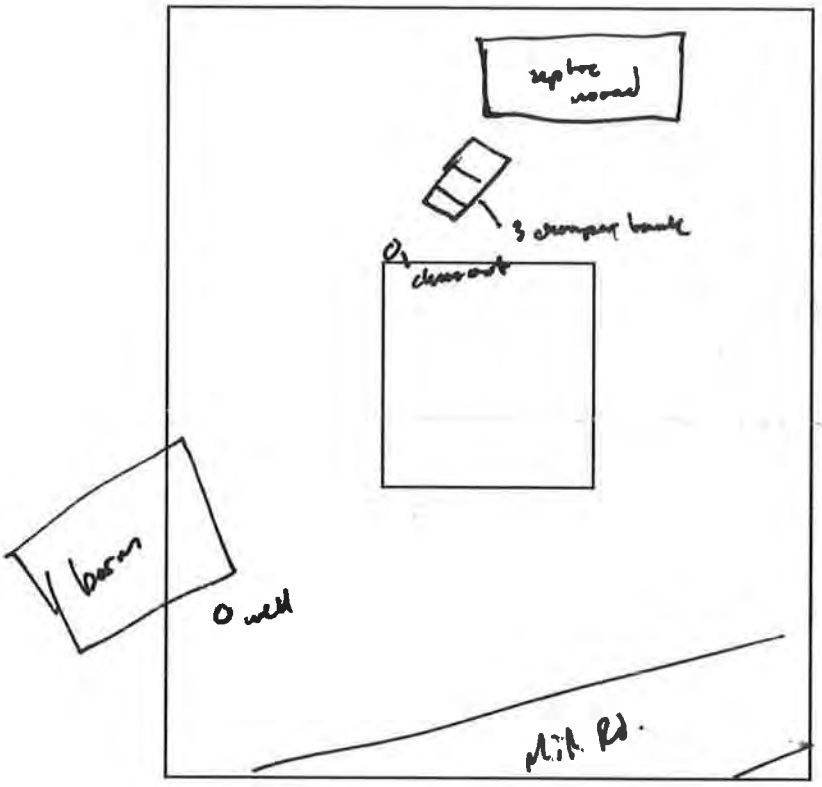
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-23-2019 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:
- 3 compost bins
- bins & portion of mound covered w/ garden

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FG-7-1

Name: _____ Phone: 610-588-2806

Address _____ PA 18072

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: Well
If you have a well, is it: DUG or (DRILLED) How Deep: 240 ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER Reverse Osmosis
Was the water ever tested: (Y) / N When? Feb. 2018
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 6 acres No. of dwelling units: 1
One or more sewage systems? One COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 23 yrs Was it permitted: Y / N When: Yes

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS (None)
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: Every 3 yrs Date last pumped: 12/2/17
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

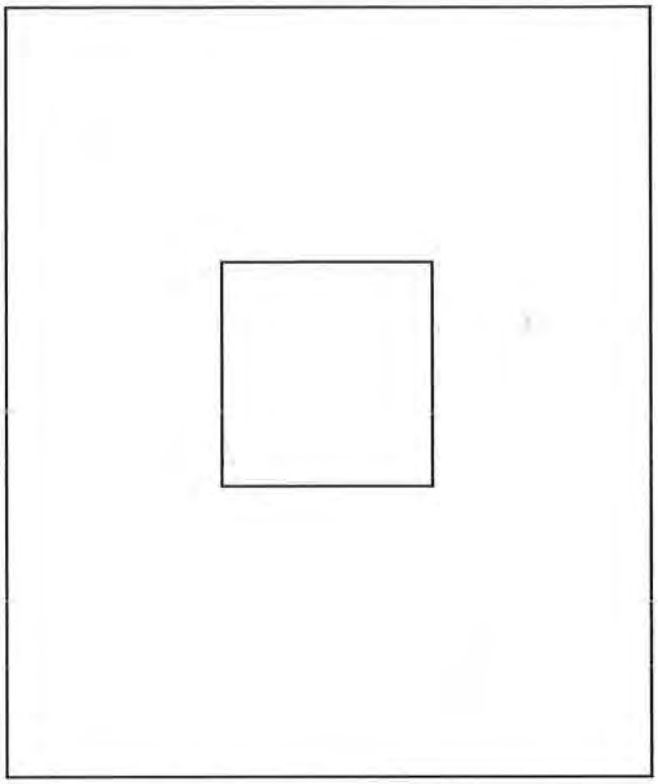
General Comments:
Longs Water Takes care of the inside System & Checks the Water
allstate Septic Pumps the outside & Keeps us on a 3yr Plan

** OVER**

My Cell Number is 610-442-7177 if any questions (Joe)

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

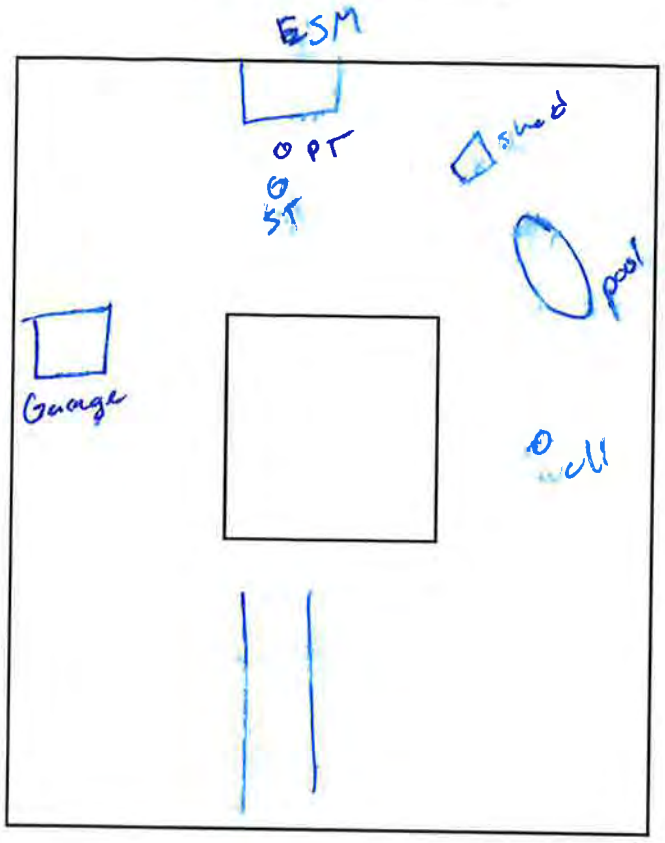
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/22/14 WEATHER: 50° Rain



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FG 219A-1

Name: ___ Phone: 610-657-3364

Address: Pen Argyl, PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: well

If you have a well, is it: DUG or (DRILLED) How Deep: 150 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 50 ft. + Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL (UV) DISINFECTION / (SOFTENER) / ION OTHER Reverse Osmosis

Was the water ever tested: (Y) / N When? 2015

Any contamination: Y / N What (TC, FC, N, etc.) N Nitrate = 15.8mg/L

No Coliform Bacteria including E.Coli in Water

How large is your lot: 1.5 A No. of dwelling units: 1

One or more sewage systems? one COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

How old is your system: 35 Was it permitted: Y / N When: ___

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER No

If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out: (Y) / N How often: ___ Date last pumped: 12/2016

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: ___

Has the system ever been repaired: (Y) / N When: 10/2015 By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

Purchase home in 2015, outlet Baffle was Fixed before purchase

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FG7-22A

Name: _____ Phone: 610-533-9927

Address: PEN ARGYL PA 18072

(Own) or Rent No. of Residents: one

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: 100 ft ft. Is the well UP or DOWNHILL? ?

well front house to right, drain field back house to left

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / (N) When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.4933ACRES No. of dwelling units: one

One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1983 Was it permitted: (Y) / N When: 1983

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: DONT KNOW

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced (DRAIN FIELD: Repaired/Replaced)

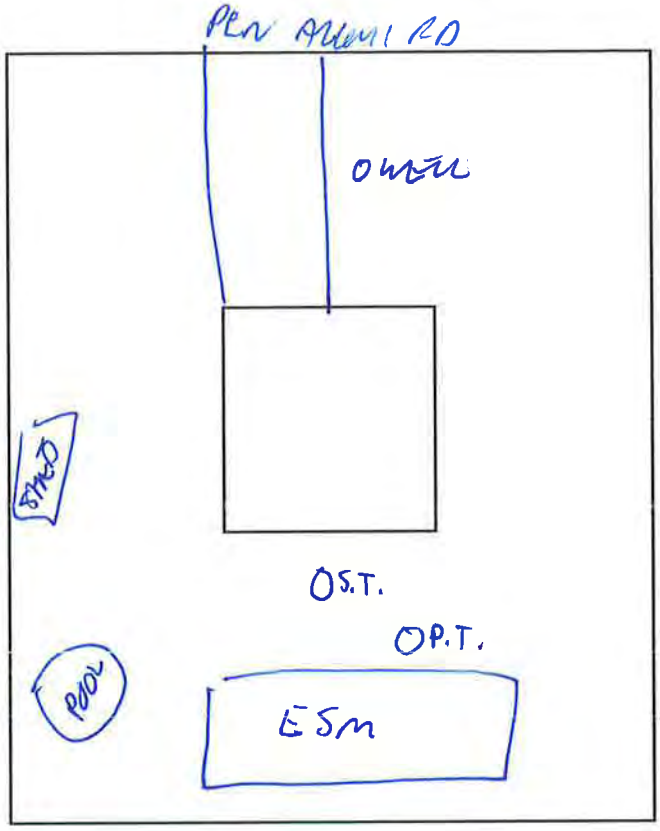
General Comments:

Collura / Danner / Wentzell

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/24/19 WEATHER: 50



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FG-602

Name: [redacted] Phone: 610-393-0562

Address: [redacted] Pen Argyl PA 18072

(Own) or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: 180 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 150 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER PH neutralization

Was the water ever tested: (Y) / N When? [redacted] 12-2018

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 4.5 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 14 years Was it permitted: (Y) / N When: 10-2004 New Construction

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: every 4-5 yrs Date last pumped: 8-31-2017

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Tanks

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: PB-8-20

Name: _____ Phone: (610) 863-8103

Address: _____ Pen Argyl, PA. 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 175 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 150 ft ft. Is the well UP or (DOWNHILL)?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested (Y) / N When? 2006

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 4.05 Ac No. of dwelling units: 1

One or more sewage systems? One COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 12yrs 10mos Was it permitted (Y) / N When: 2006

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER N/A

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out (Y) N How often: 4yrs Date last pumped: 10/10/19

If it was pumped, was it inspected for cracks or broken baffles: (Y) N What part: See comment

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N

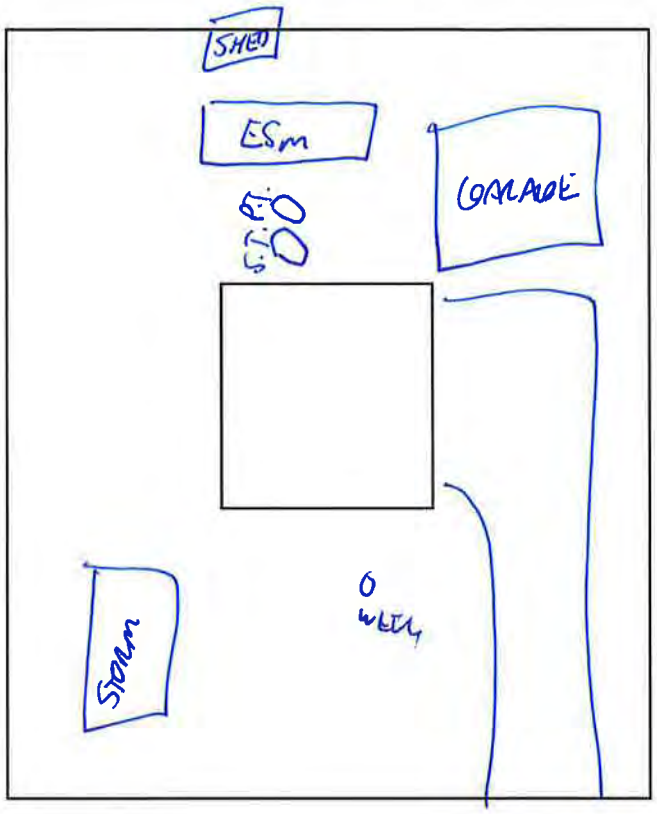
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Baffels & TANKS were visually checked when pumped and both OK!

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/21/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ____ _____ Phone: _____

Address: ___ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS 18-2-7

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ 1Ac _____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

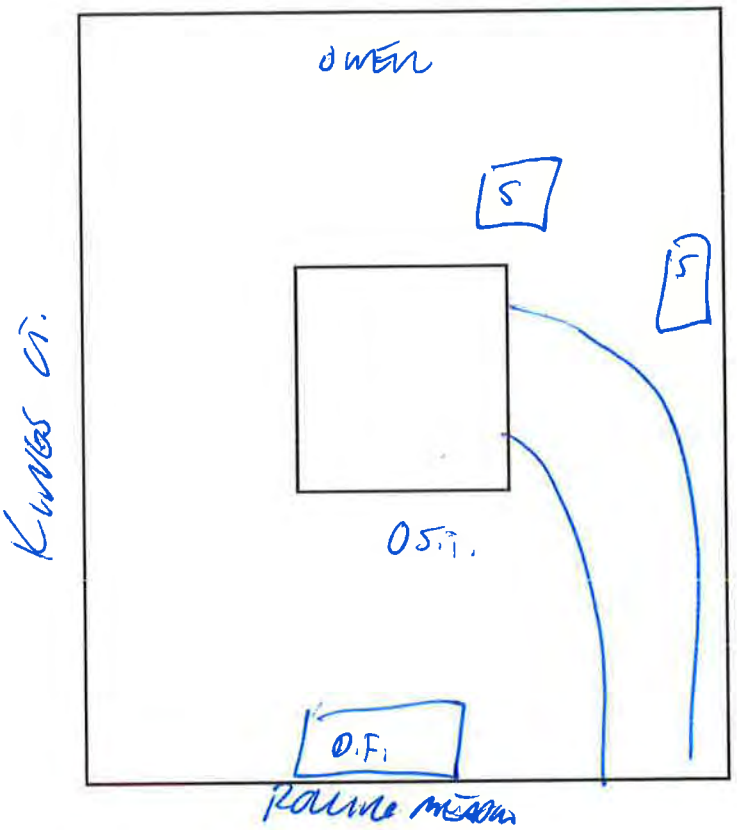
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/8/19 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-18-2-5

Name: _ Phone: 610-588-4487

Address: New Argyl PA. 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 235 ft. Cased: Y / N

How far is the well or spring from the drain field: 120 ft. Is the well UP or DOWNHILL?

DOWN hill

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 2018

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.8 Acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 11 years Was it permitted: (Y) / N When: 2008

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 years Date last pumped: 06/2017

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: whole system

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

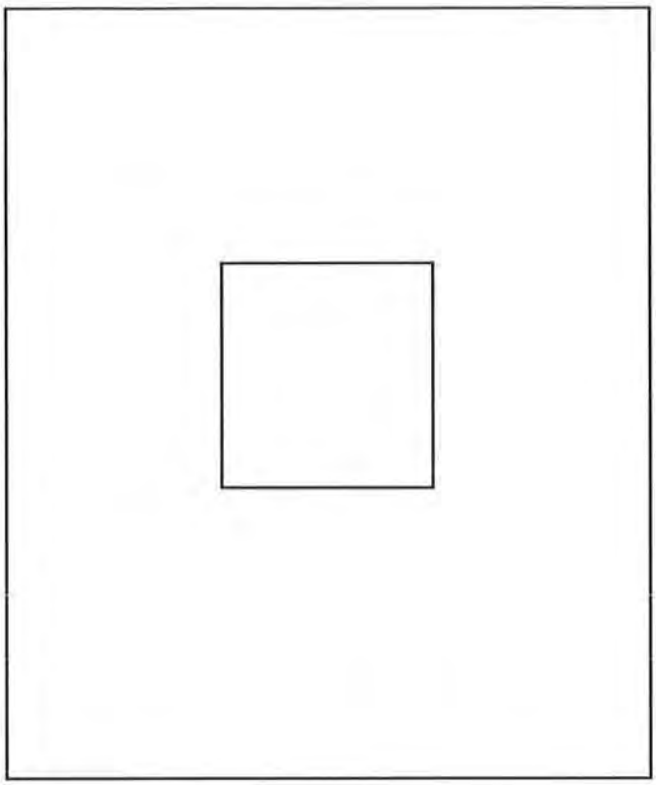
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

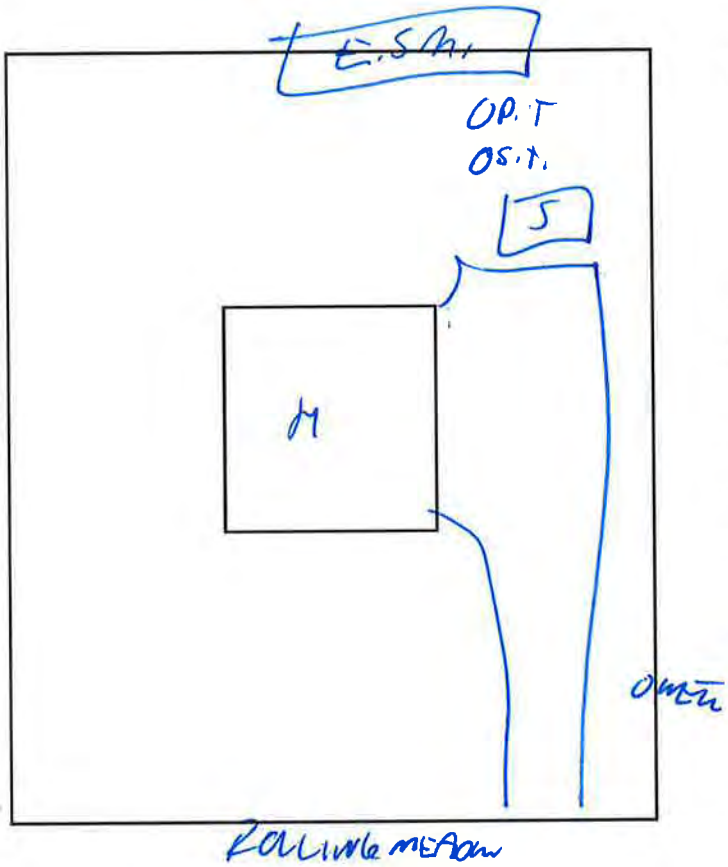
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/13/19 WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS: FROM OFFICE

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: AF-18-2-24

Name: [redacted] Phone: 570-350-8244

Address: [redacted] Pen Argyl

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 220 ft. Cased: (Y) / N (21 ft)

How far is the well or spring from the drain field: 150 ft. Is the well (UP) or DOWNHILL?

15 gal/min

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION (OTHER) Sediment filter

Was the water ever tested: (Y) / N When? 2008

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.88 Ac. No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 11 yrs. Was it permitted: (Y) / N When: New Development

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* N/A

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 5 yrs. Date last pumped: 8/16/16

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Tank

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

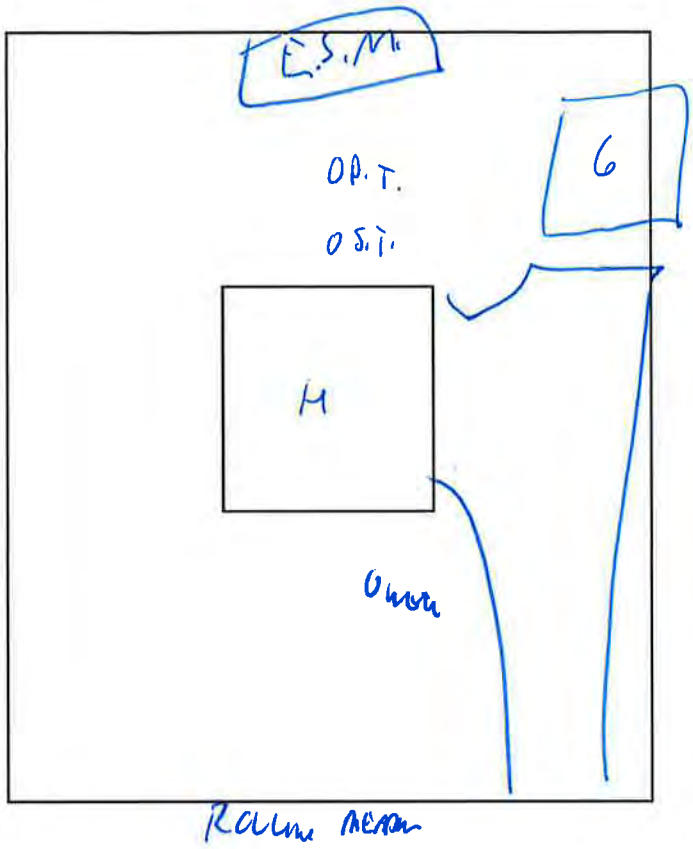
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/13/14 WEATHER: 26°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-18-23

Name: _____ Phone: 610-588-4112

Address _____

(Own) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 330 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 260 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? June 2019
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 2.59 Ac No. of dwelling units: 1
(One) or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT BACK (SIDE) YARD
→ EAST SIDE OF HOUSE

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 11 yrs Was it permitted (Y) / N When: 2008

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE OF THE ABOVE
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: EVERY 3 YRS Date last pumped: June 2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Visually inspected everything

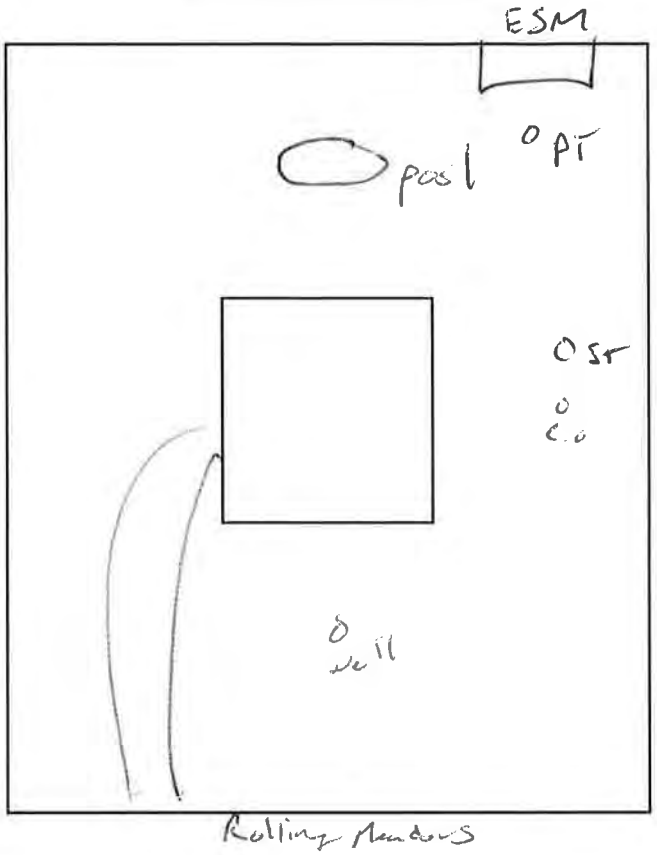
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
System is well maintained, we do not flush wipes, grease or unsuitable material to the system. It has always functioned as designed with no issues.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: __ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-8-2-25

Name: _ Phone: 484-223-6376

Address Pen Argyl PA 18072

(Own) or Rent No. of Residents: 5

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: (Y) / N
How far is the well or spring from the drain field: 250 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 7/29/2009
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.69 acres No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 10yrs Was it permitted: (Y) / N When: 2009

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2-3 yrs Date last pumped: 11/27/2017
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

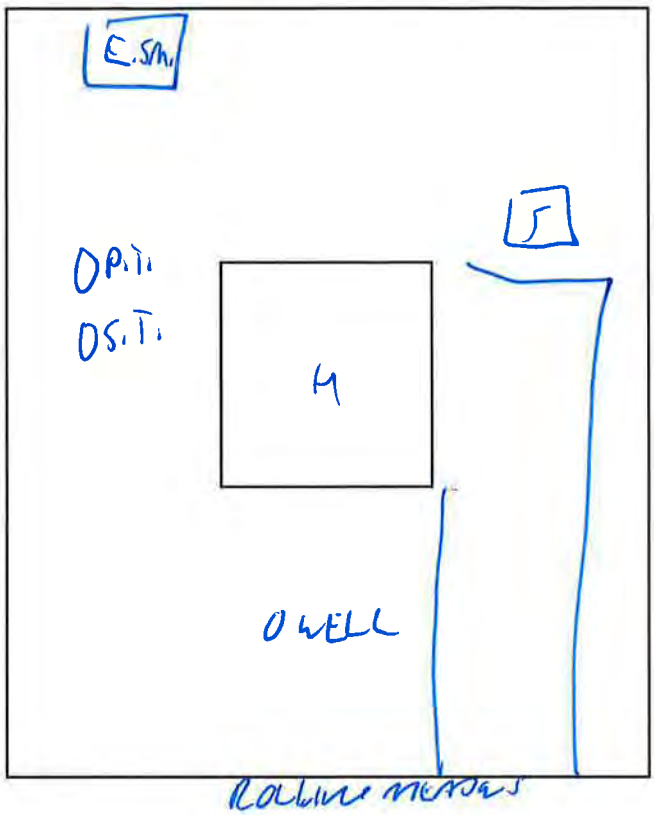
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/13/19 WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-8-2-1

Name: _

Phone: 610-654-4495

Address: [redacted] Pen Argyl, Pa 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 225 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 250 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 2014
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 2 Acres No. of dwelling units: 1
(One) or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 6 yrs. Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 4 yrs Date last pumped: 2015
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FS-8-2

Name: [redacted] Phone: 315-382-0065

Address: [redacted], PEN ARGYL, PA 18072

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 212 ft. Cased: Y / N
How far is the well or spring from the drain field: 100+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? OCT 2009 and April 2014
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.7 ACRE No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 10 YRS Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

NONE

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

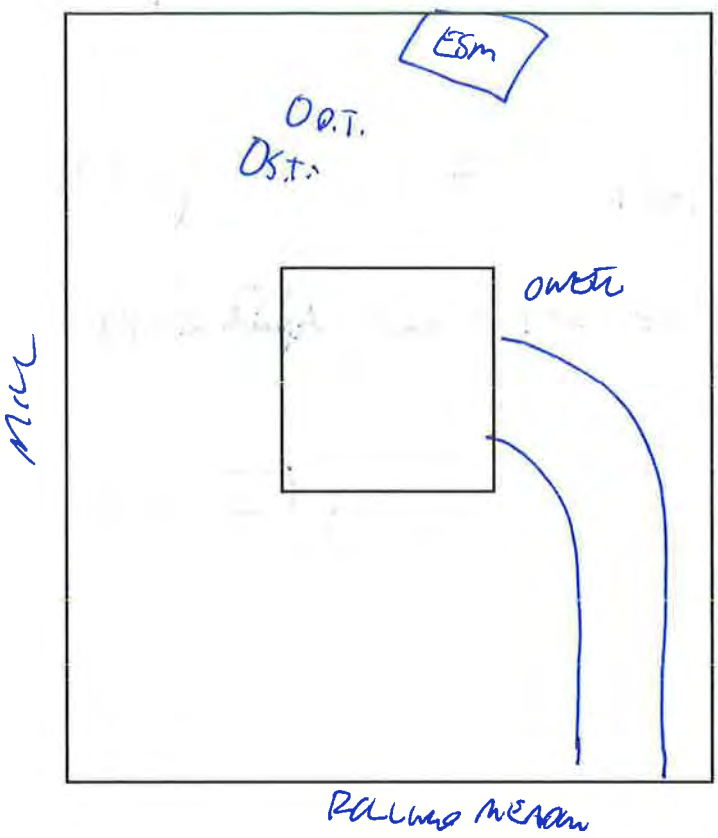
Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____
LAST "SERVICED" IN 2017 AND EVERY 3 YRS.
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
HAVE SURVEY MAPS FROM 2009 SHOWING LOCATIONS OF SEPTIC TANK, SAND MOUND AND DRYWELL (RAW WATER)

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 30° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GF-17-1

Name _____ Phone: 570-460-0928

Address _____, Penn Argyl

(Own) or Rent No. of Residents: 3

This sheet for 1027 Bookshill. No. 1 of 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: ? ft. Cased: (Y) N

How far is the well or spring from the drain field: 120 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested: (Y) / N When? 2006

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot 10 acre No. of dwelling units: 2

One or more sewage systems? 2 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system 32 yrs Was it permitted: Y / N When: 1987 ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* none

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 2006

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Septic ?

Has the system ever been repaired: Y / N When _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Purchased property in 2006.

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: C08-B-168-1

Name: _ Phone: 610-248-4725

Address: New Argyl 12072

Own/or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: ± 200' ft. Cased: Y / N

How far is the well or spring from the drain field: 300-400 ft. Is the well UP or DOWNHILL?

WARNER WELL Drilling - USED DOWNING Rig

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? NOT SURE

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 12 ACRES No. of dwelling units: 1

One or more sewage systems? ONE COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER 2 1200 GAL SEPTIC TANKS in LINE - USED NATURAL SAND FOR MOUND

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 27 years old Was it permitted: Y / N When: 1991-1992

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: ± 6 yrs Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: Don't Know

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

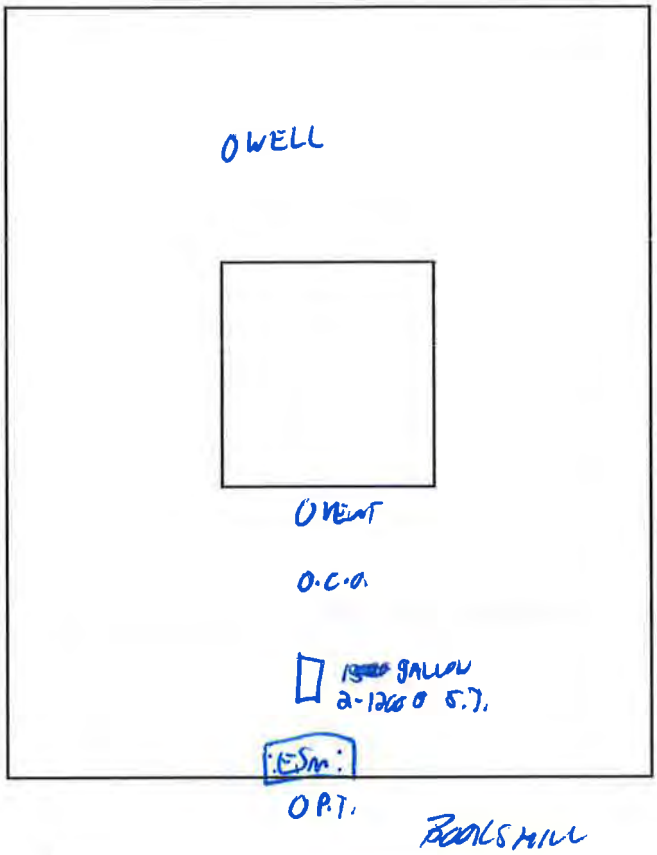
General Comments: I HAD THE PUMP REPLACED 7 YEARS AGO.

MOWER DAMAGE TO P.O.C. RISER OVER MOUND I HAVE REPAIRED MYSELF AS NEEDED

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes. _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: Cof-13-16A

Name: _ Phone: (610) 863-5506

Address: _____, Penn Argyl, PA 18072

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: 220 ft. Cased: Y / N

How far is the well or spring from the drain field: approx 95 ft. Is the well UP or DOWNHILL? Level

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / SOFTENER / ION Filter For Sulphur Removes

Was the water ever tested: Y / N When? Approx. 4yrs ago

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1½ acres No. of dwelling units: 1

One or more sewage systems? One COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1974 Was it permitted: (Y) / N When: 1974

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* ND

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: Every 3yrs Date last pumped: 5/11/17

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

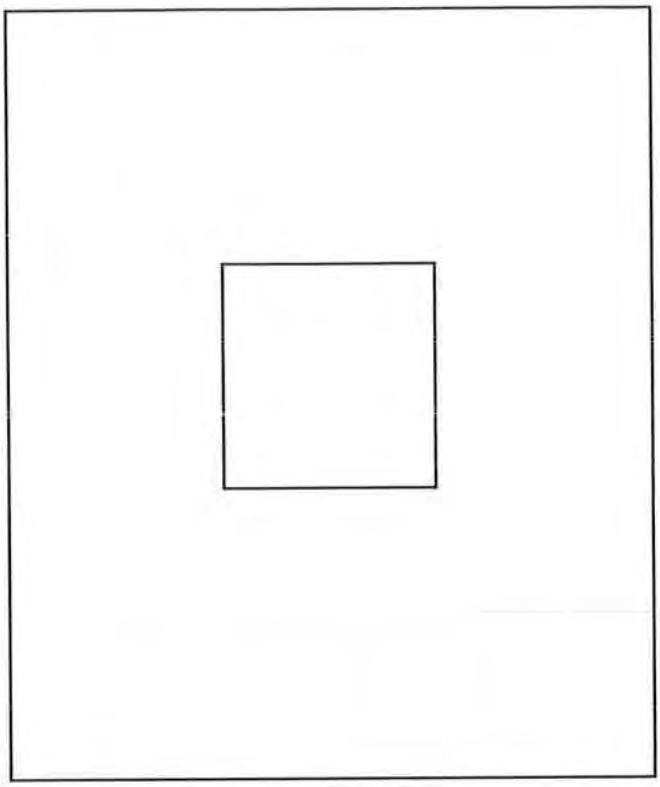
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

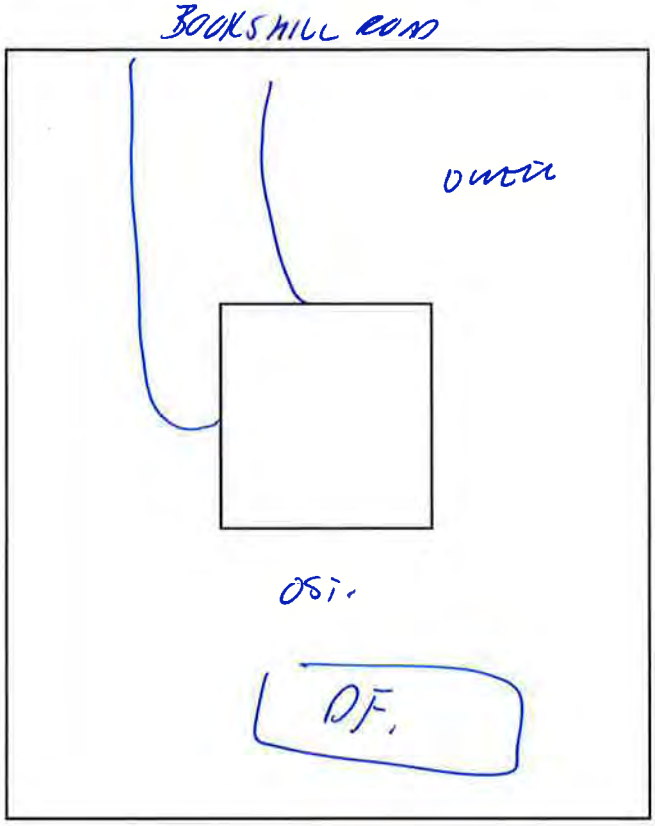
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/28/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

WELL SAMPLE

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FQ-15-18 0626

Name: __ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100'+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot: 1.5AC No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

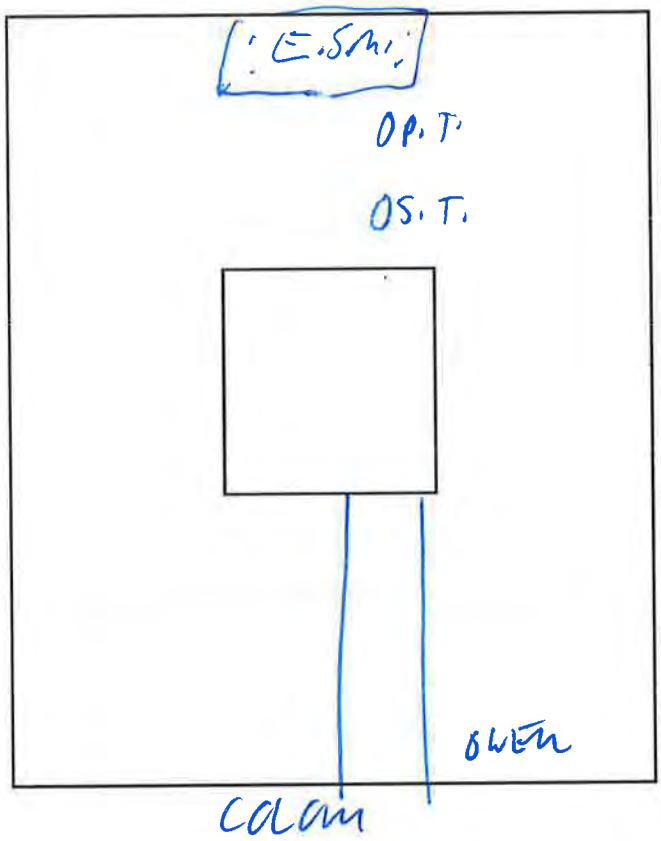
Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/14/14 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FG-15-1-22 0626

Name: ___ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot: 1.5 AC No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

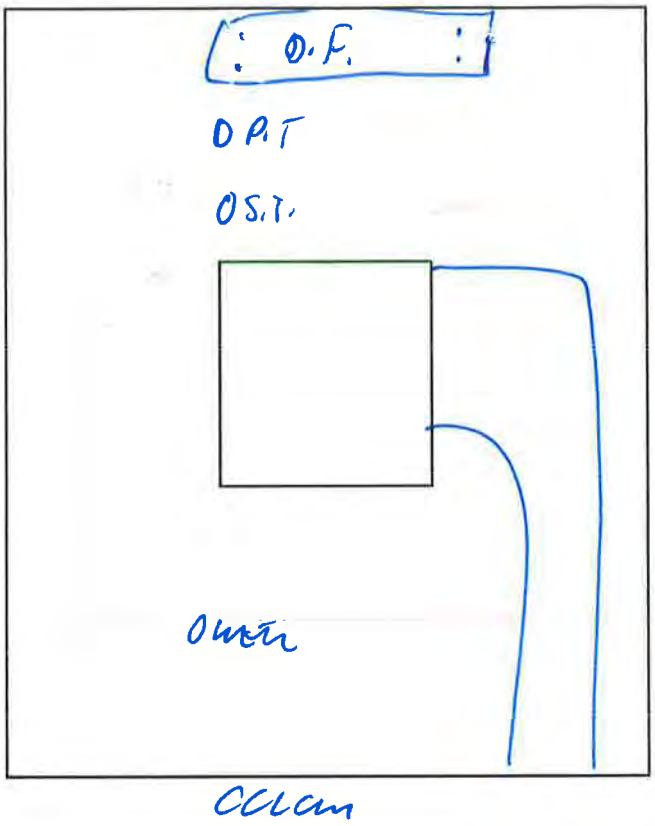
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/14/19 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FQ-15-1-13-0026

Name: _____ Phone: 614 477 2440

Address: Pen Argyl PA 18072

Own or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 225 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 120 ft. Is the well UP or (DOWNHILL)?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested: (Y) / N When? 2019

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.69 Ac No. of dwelling units: 1

One or more sewage systems? one COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What ~~kind of~~ sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND) MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 3 years Was it permitted (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	(ODORS)
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y (N) How often: _____ Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

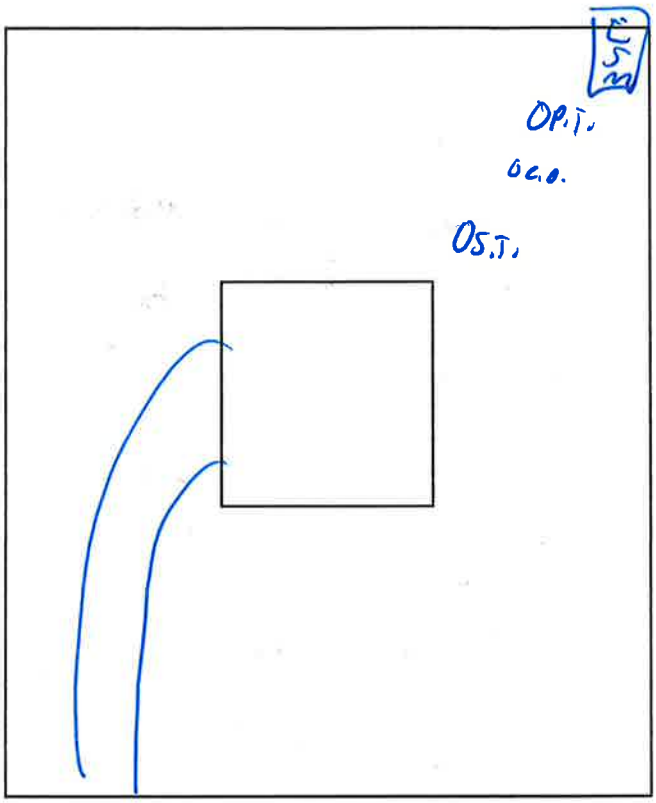
General Comments:

Had odors ground tanks, Removed lid and put gasket on. No more odor

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/14/19 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS: Form @ office

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F9-15-LD-0606

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot: 1.6 No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system: 1 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

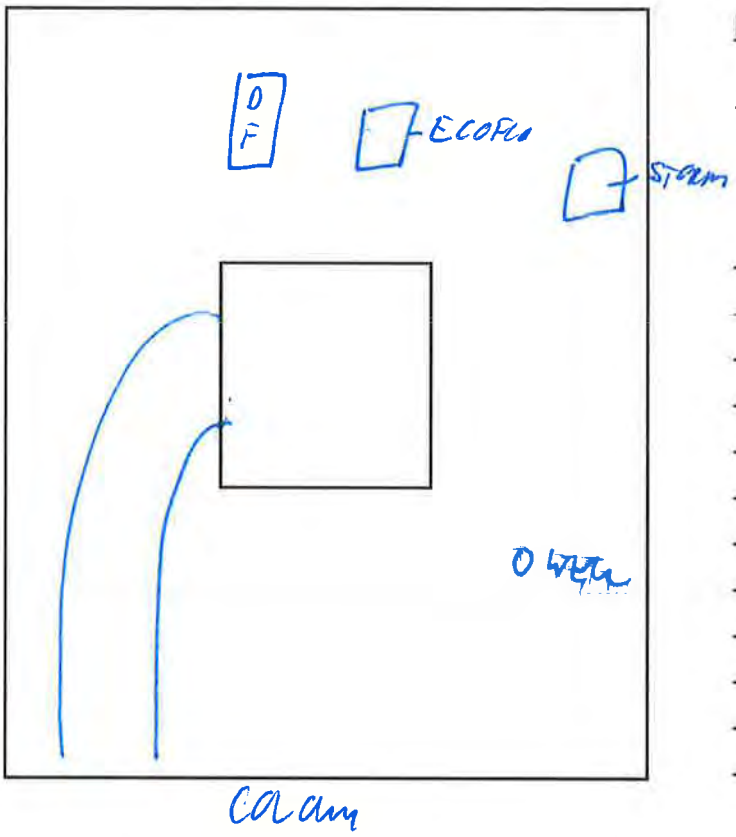
Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/14/19 WEATHER: 29°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FG-15-1-9-0606

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.7 AC No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

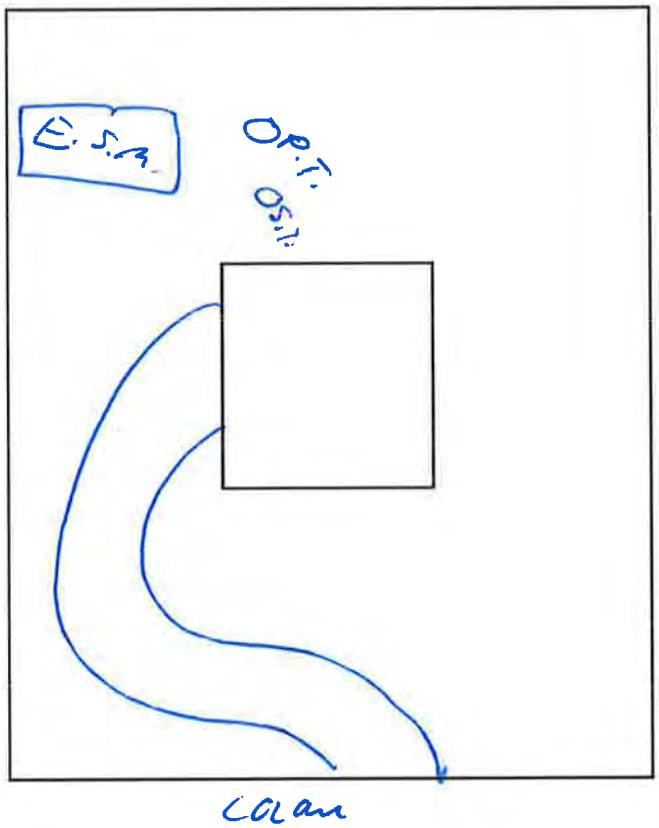
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: Fig-15-1-2008

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 3.4 AC No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

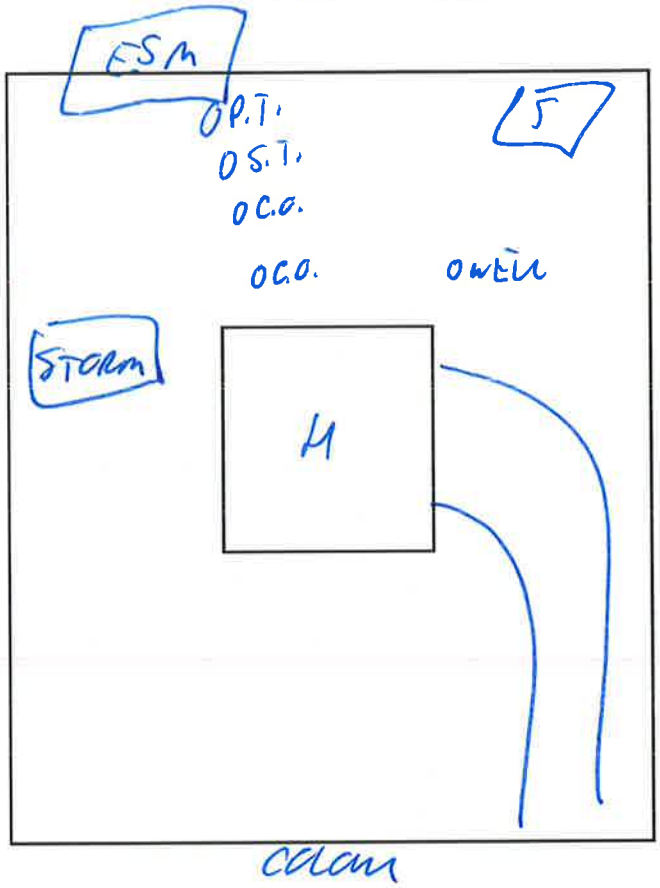
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/14/19 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FG-15-1-26

Name: _____ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100'+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.5 No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

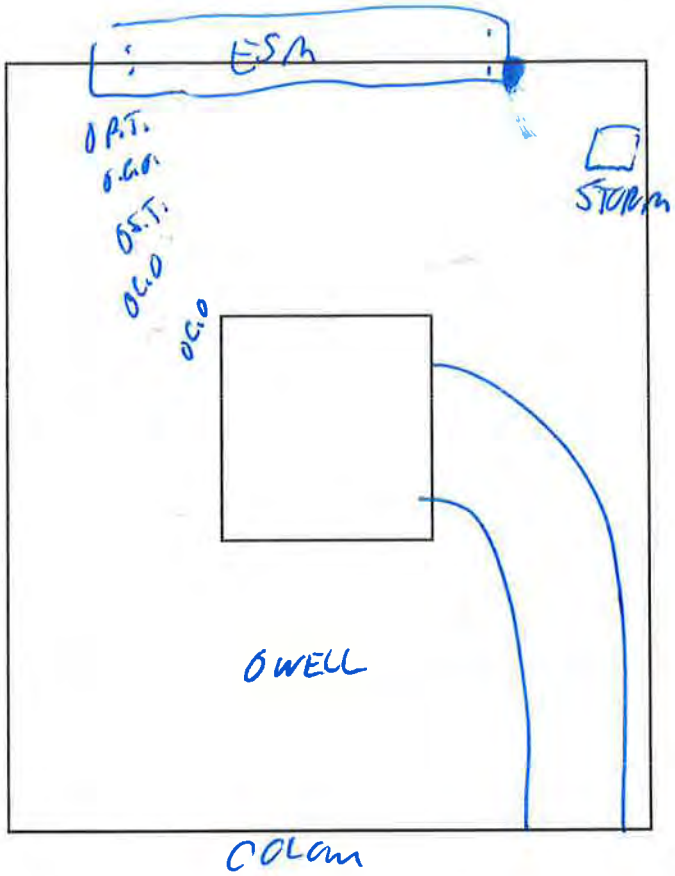
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/14/19 WEATHER: 30°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FG-15-1-4

Name: _____ Phone: 610-654-4301

Address: Pen Argyl PA 18072

(Own) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: Unknown ft. Cased: (Y) / N

How far is the well or spring from the drain field: 125 ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) / N How? CL/(UV DISINFECTION) /(SOFTENER)/ ION OTHER _____

Was the water ever tested: (Y) / N When? 2018

Any contamination: Y /(N) What (TC, FC, N, etc.) Not in 2018 - only before move in and UV light/Softener/filter added.

How large is your lot: 1.6 acres No. of dwelling units: 1

One or more sewage systems? _____ COMMERCIAL /(RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 4 years Was it permitted: (Y) / N When: 2015

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 yrs Date last pumped: 2016

If it was pumped, was it inspected for cracks or broken baffles: Y /(N) What part: _____

Has the system ever been repaired: Y /(N) When: _____ By permit? Y / N

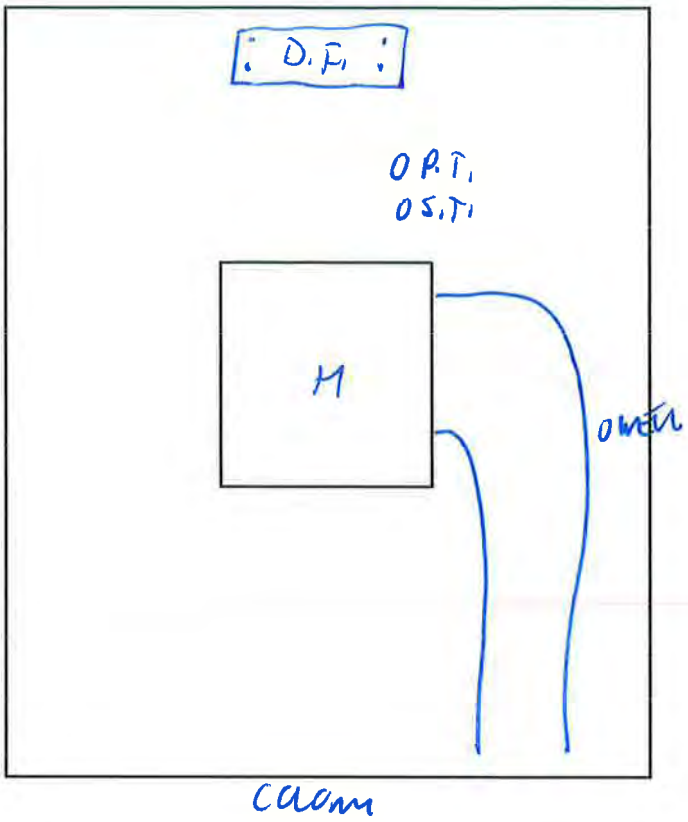
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/14/14 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FG-5-1-3

Name: _____ _____ Phone: _____

Address: ___ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot: 1.5 AC No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

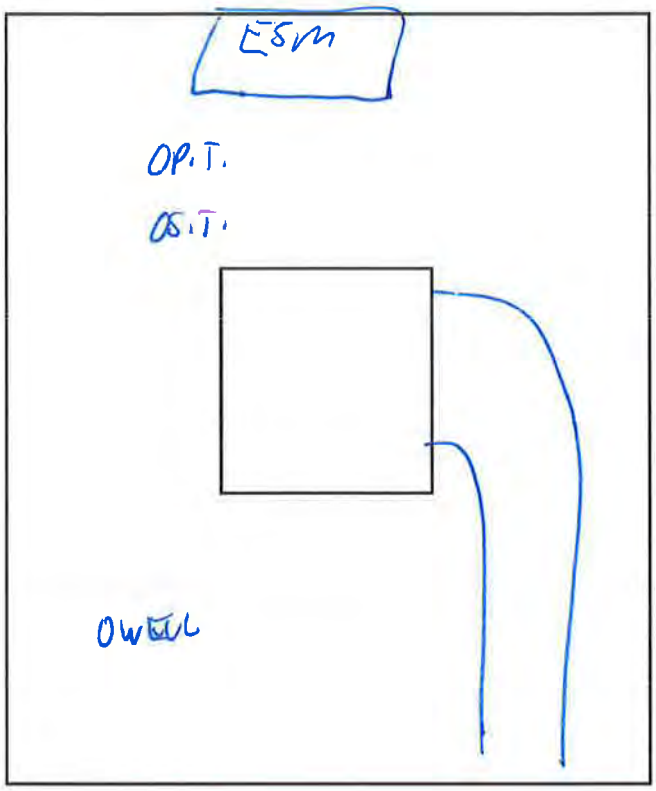
Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/14/19 WEATHER: 20s



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FG-15-1-30

Name: ___ Phone: 908-619-5368

Address: Pen Argyl PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? yearly

Any contamination: (Y) / N What (TC, FC, N, etc.) _____

How large is your lot: 1.6 Acres No. of dwelling units: _____

One or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	(STORM SEWER)	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 6 years old Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2yrs Date last pumped: March 2018

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

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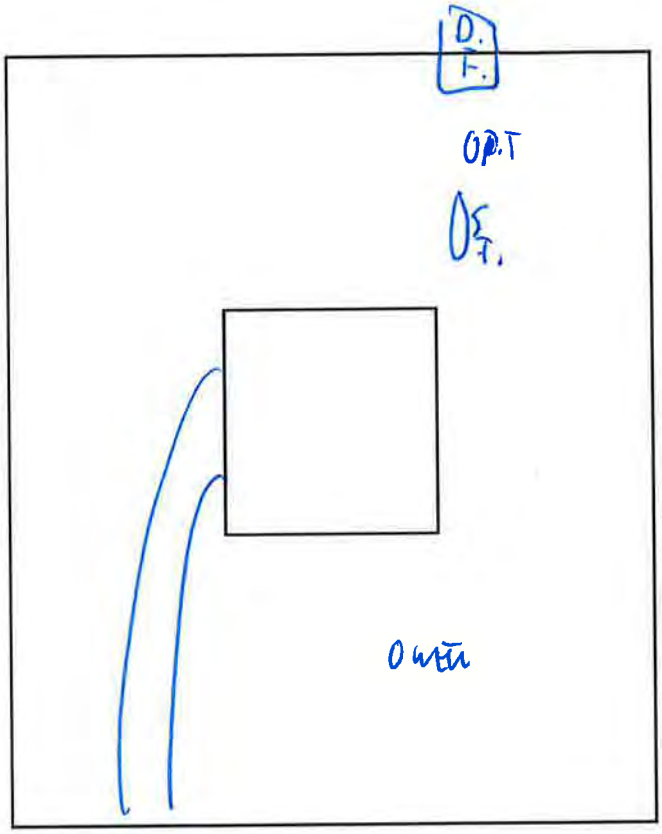
*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/14/19 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FG-15-1-1

Name: ___ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot: 1.64C No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

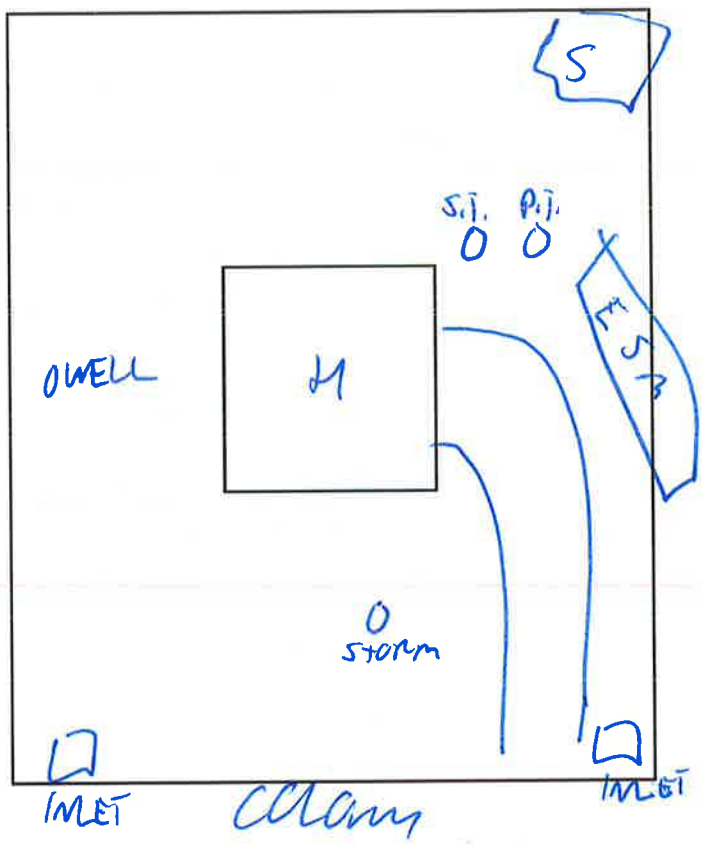
Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/14/19 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 6-1-11

Name: _____ Phone: 610-762-6125

Address KEN ARGYL PA 18072

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 190 ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 6/25/19
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.5 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 24 years Was it permitted: Y / N When: 1995

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* NO

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: 2013
If it was pumped, was it inspected for cracks or broken baffles: Y / N 2" What part: _____

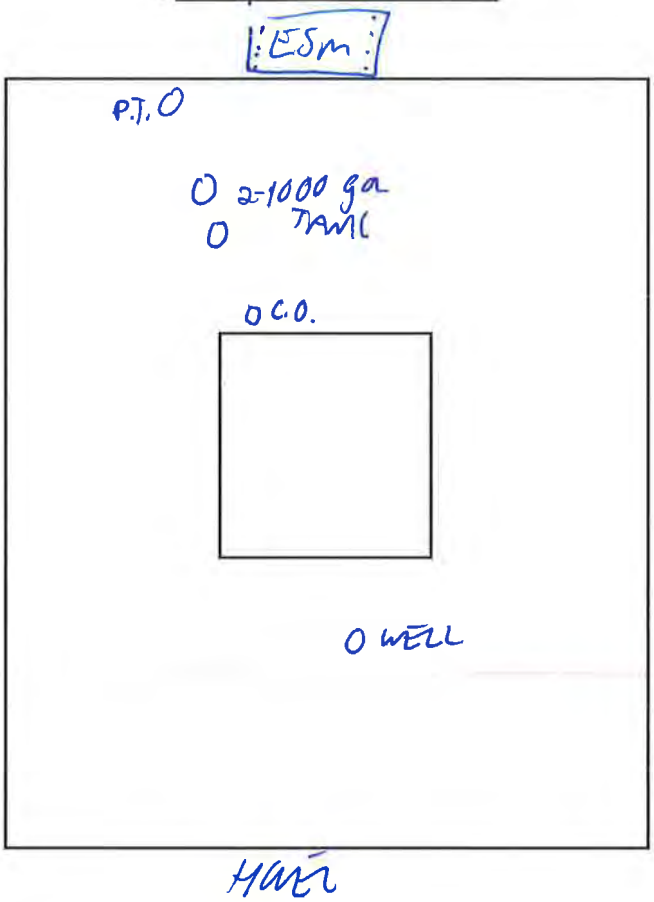
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/21/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69-1-1C

Name: _____ Phone: 610-504-2253

Address Pen ARGYL PA 18072

(Own) or Rent No. of Residents: 6

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 180 (ft) Cased: Y / N

How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL? Level

---

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested: Y / (N) When? _____

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.5 Acre No. of dwelling units: 1

One or more sewage systems? one COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 24 yrs - Was it permitted: (Y) / N When: 1995

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO.

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2 YRS Date last pumped: 2018

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: all

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

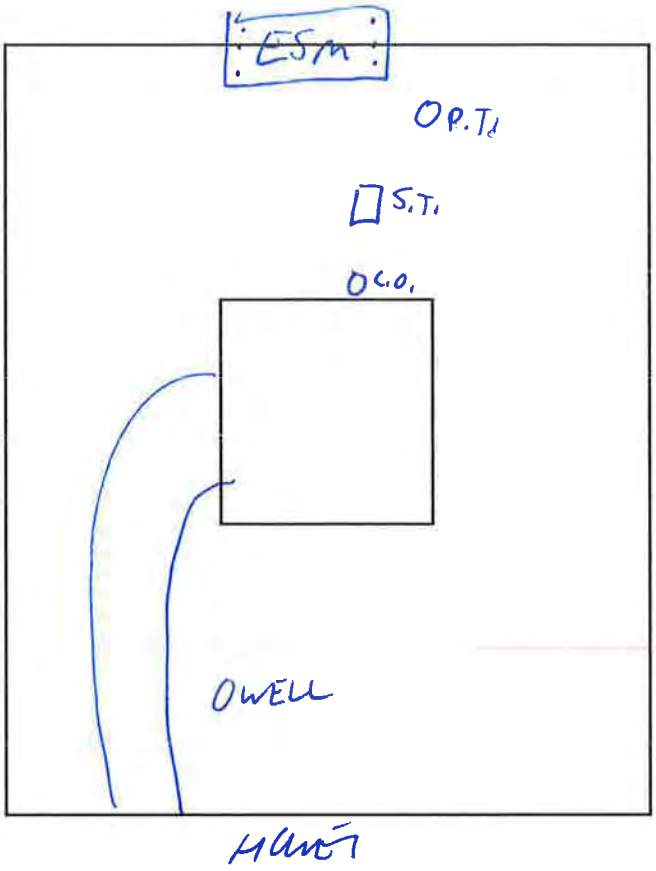
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Everything is good!

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/21/19 WEATHER: 45°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69-1-13

Name: _

Phone: 610-554-2101 610-588-7310

Address: Penargyl PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 180 ft. Cased: (Y) N

How far is the well or spring from the drain field: 100 + ft. Is the well (UP) or DOWNHILL?

uphill

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION (OTHER) acid neutralizer

Was the water ever tested: (Y) (N) When? only for PH levels

Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.69 acres No. of dwelling units: 1

One or more sewage systems? No COMMERCIAL / (RESIDENTIAL)

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

side

What kind of sewage system do you have: *(Circle all that apply)*

• (SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
• (ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
• (HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 16 yrs Was it permitted: (Y) / N When: 2003

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? No

Have you ever had your system pumped out: (Y) / N How often: 5 yrs Date last pumped: 2014

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: tank

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

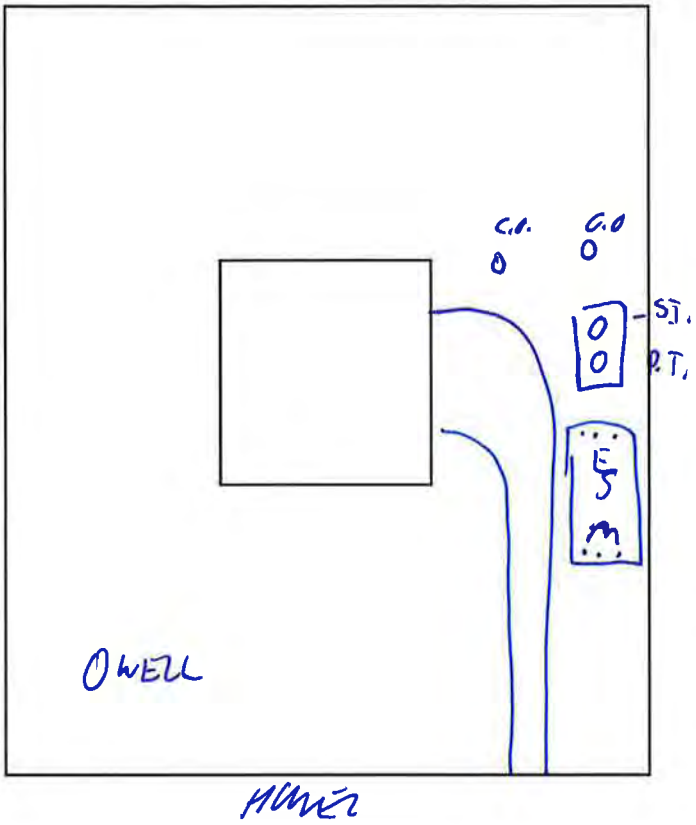
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/21/19 WEATHER: 45°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 1000 GALLON TANKS

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _ (FARM EMAIL) _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 08-13-58

Name: _ Phone: 610-863-6148

Address: PEN ARGYL, PA

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 125 ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? ?
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1 1/2 acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE RIT	PIPE TO STEAM	

OTHER W / drain field

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1973 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3 YR Date last pumped: 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

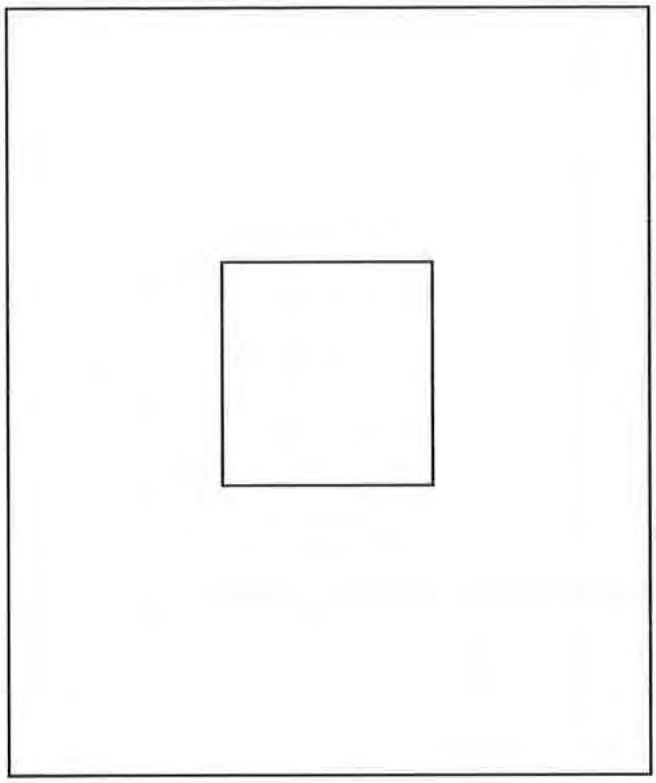
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

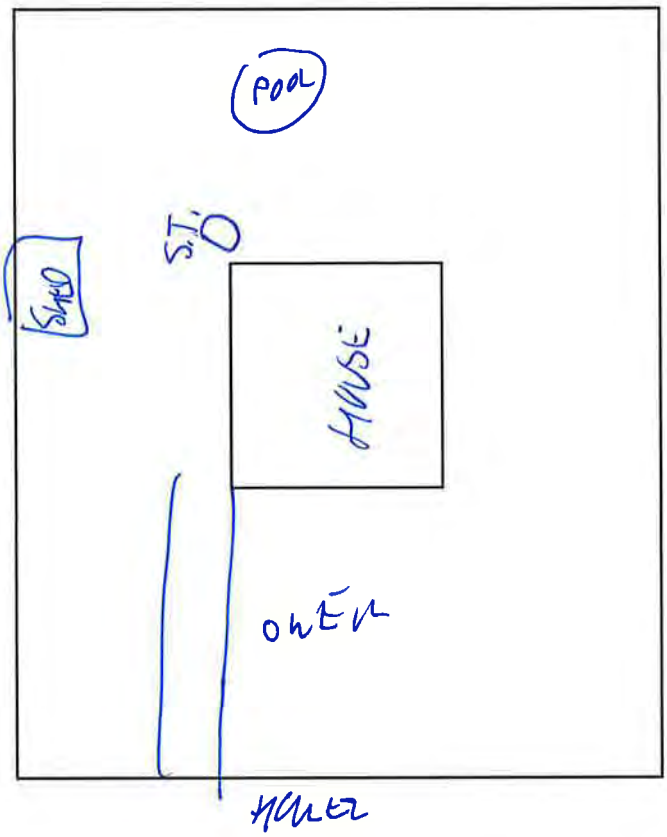
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/24/14 WEATHER: 40°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____

_____

_____

_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 65-15-14N

Name: __

Address: _____ Phone: _____

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1/4 AC No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 Date last pumped: 2017
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

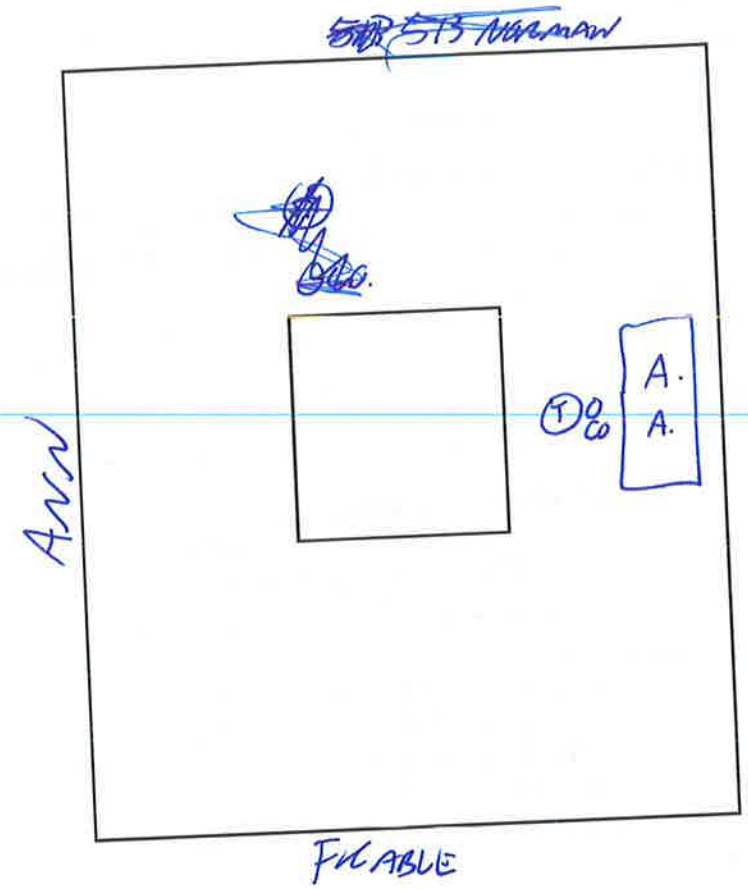
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/12/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: (2) [illegible]

Name: ____ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .33 AC No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 40 YEARS Was it permitted: Y / N When: NO

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2 Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

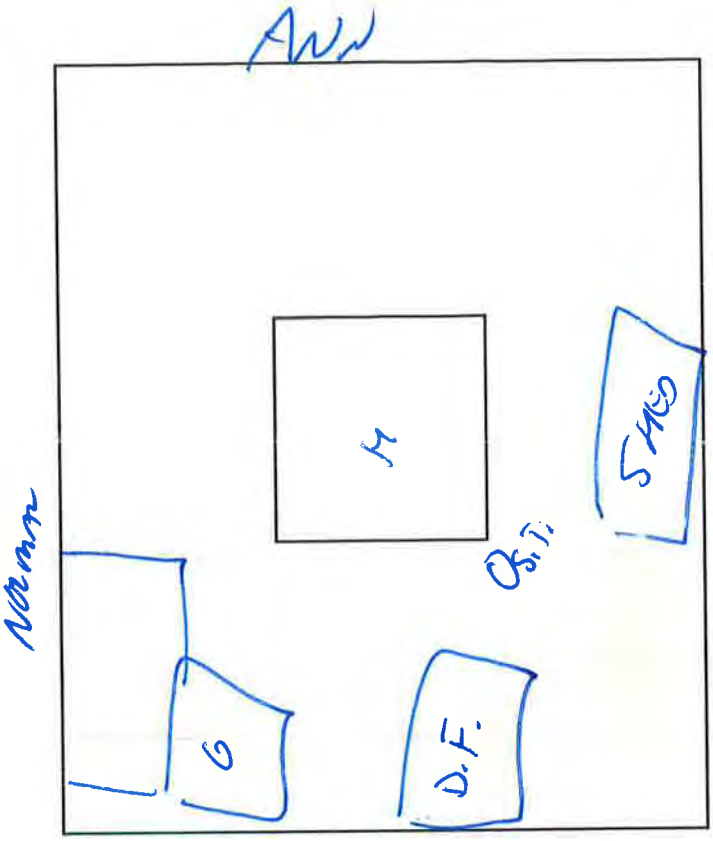
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY

INSPECTION DATE: 11/5/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON LOT SEWAGE SYSTEM SURVEY

FID#: MANE1-5-5

Name: K

Address [redacted] NAZARETH PA 18064 Phone: 9736876213

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: 1992

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: 8-2017
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

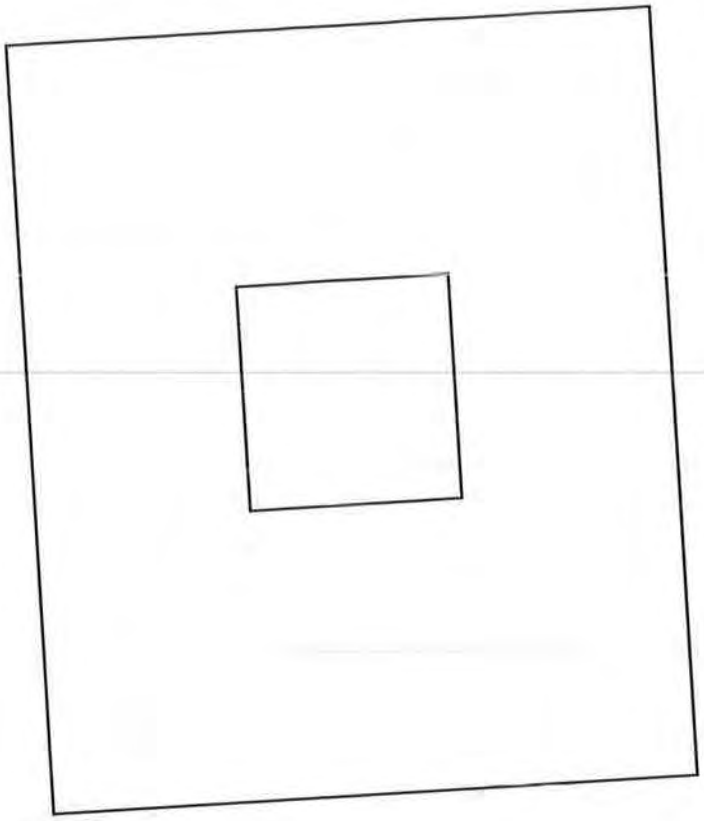
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-9-11

Name: _____ Phone: 740 739 6269

Address: _____

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? Should be !!
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .75 No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: was told late 90's Was it permitted: Y / N When: don't Know

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3yr Date last pumped: This Year
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: All, even camera-by Borgers Septic

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____

_____

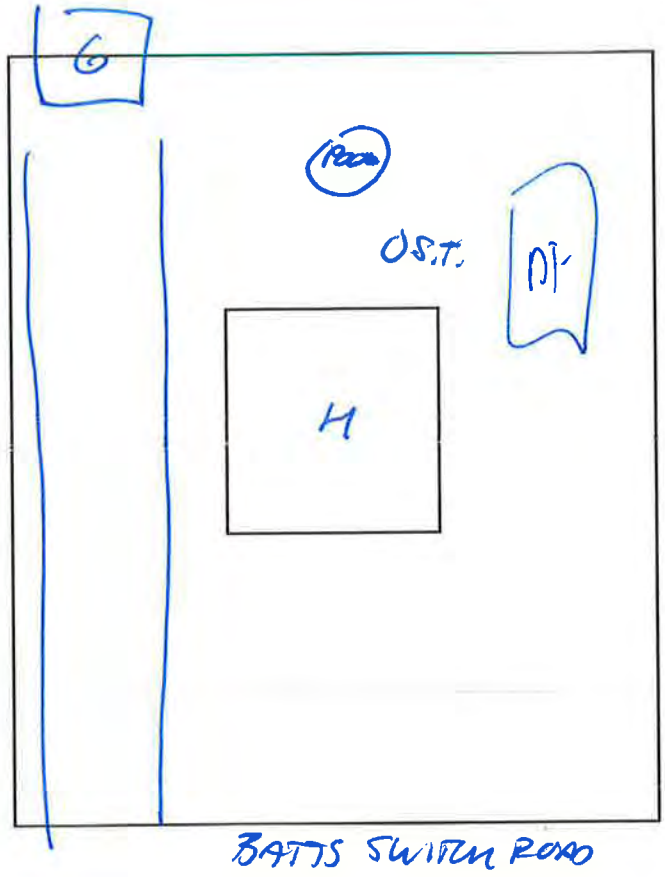
_____

_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 50° SUNNY



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 08-10-1

Name: _ Phone: 610-759-3125

Address: NAZARETH, PA. 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 200+ ft. Cased: (Y) / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? ?

Any contamination: Y / (N) What (TC, FC, N, etc.) ?

How large is your lot: 150 x 160 ? No. of dwelling units: _____

One or more sewage systems? CESSPOOL ONLY COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 70 + Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2-3 yrs Date last pumped: 11-4-19

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

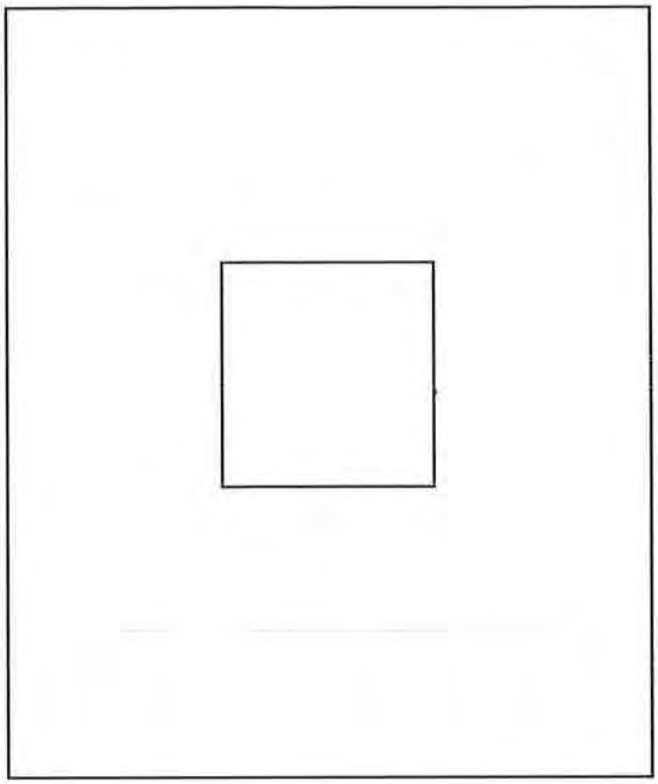
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

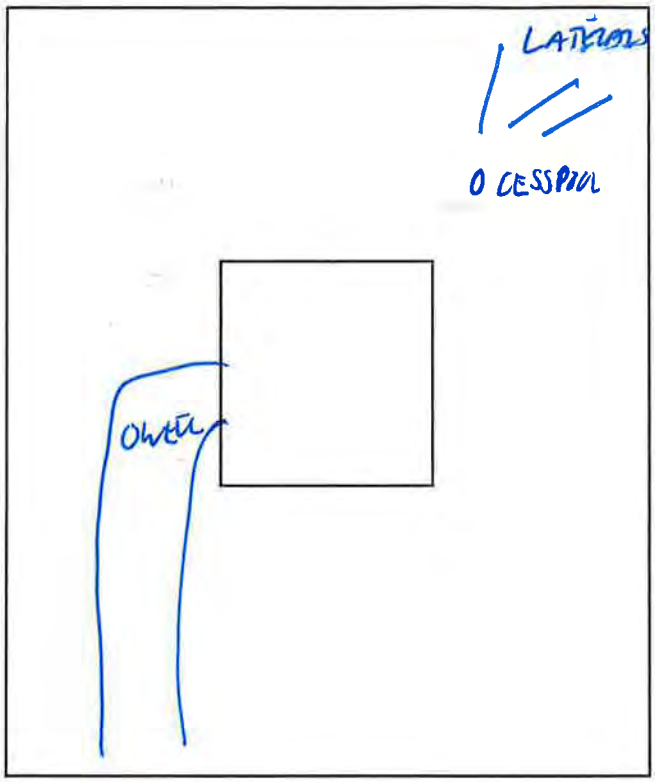
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/19 WEATHER: 40's SUNNY



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 1000 Gallon Tank

SOIL TYPES: _____

1½ Ac.

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: _____ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: C8-10-38

Name: _____ Phone: 610-217-8044

Address: _____ Nazareth PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 300 ft. Cased: Y (N) ?

How far is the well or spring from the drain field: 175 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested: (Y) N When? 2003

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.3 Acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	(SEEPAGE PIT)	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	(SEEPAGE PIT) ?	PIPE TO STEAM	

OTHER _____

How old is your system: 18 yrs Was it permitted: (Y) N When: 2001

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

(GREEN, LUSH GRASS)	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? Seasonal

Have you ever had your system pumped out: (Y) N How often: 5yrs Date last pumped: 2017

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

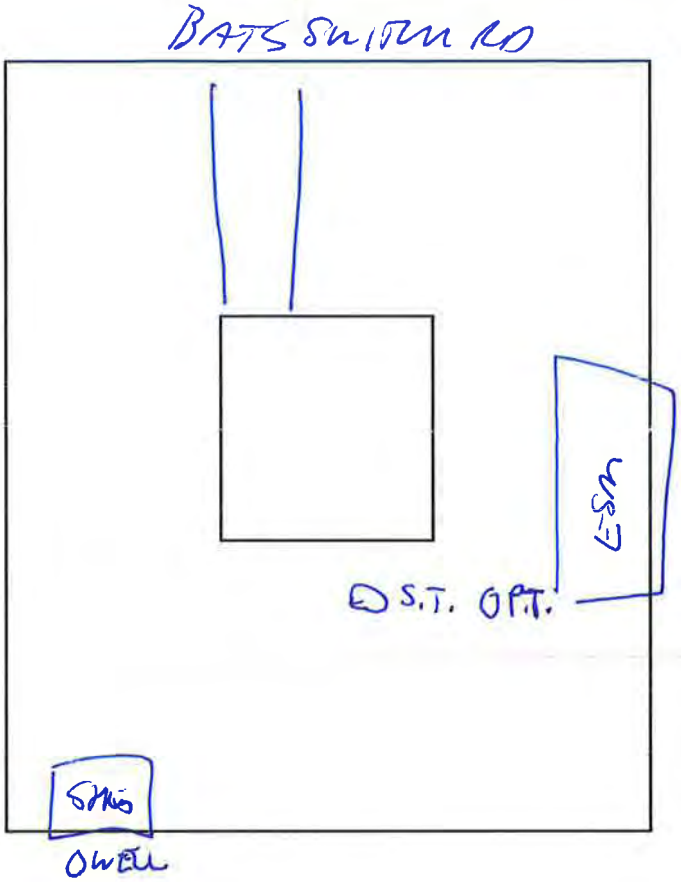
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 50° sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: C08-10-3C

Name: _____ Phone: (H) 908-370-4694 (C) 610-759-2896

Address: _____ Nazareth PA 18064

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 150 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 2003
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1 acre No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 18 yrs Was it permitted: Y / N When: 2001

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 4 yrs Date last pumped: 2015
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

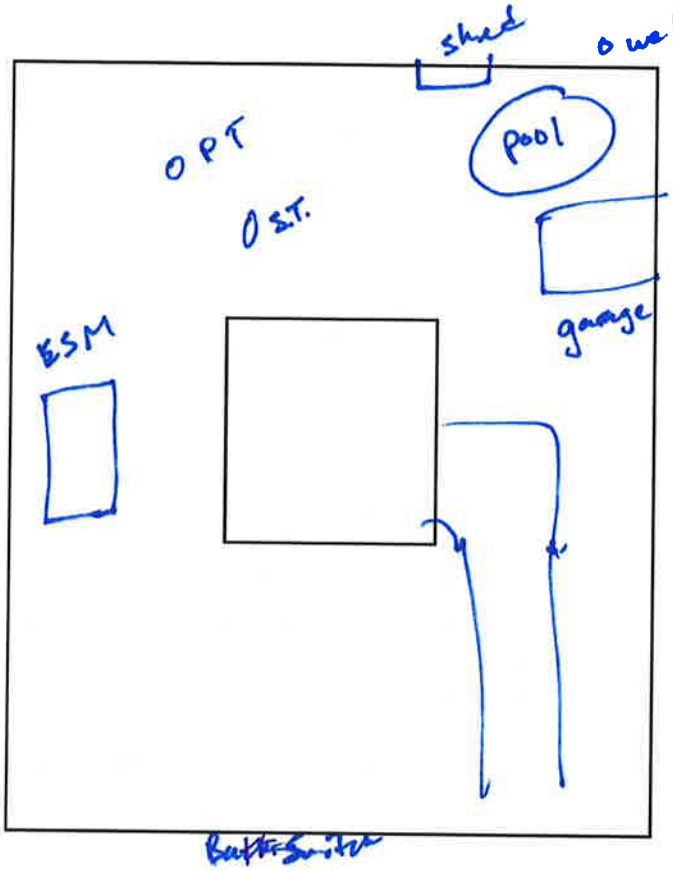
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/29/19 WEATHER: 50° Rain



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER: _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____

_____

_____

_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 06-11-13A

Name:

Phone: 610 746-3916

Address: PEN ARGYL, PA 18072

(Own) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: (Y) / N
How far is the well or spring from the drain field: 120 ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 2009
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.67 ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1995 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: EVERY 2 YRS Date last pumped: 02/06/2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: TANKS & BAFFLE SYSTEM

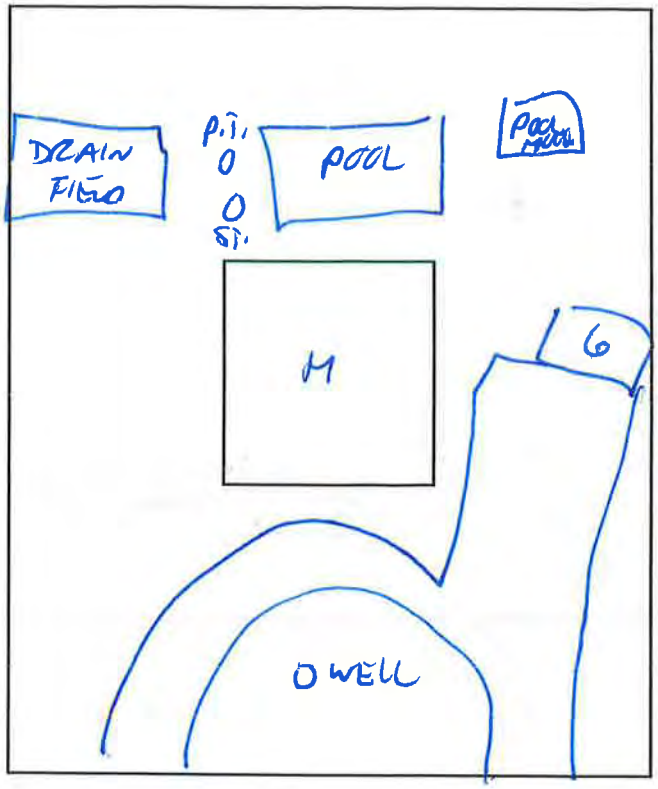
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/19 WEATHER: 40° SUNNY



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 6f-98C

Name: J Phone: 484-894-8106

Address [redacted], Penargy, PA 18072

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: Unknown ft. Cased: Y / N
How far is the well or spring from the drain field: 100+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) high iron

How large is your lot: 1.5349 acres No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 16 Was it permitted Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: June 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

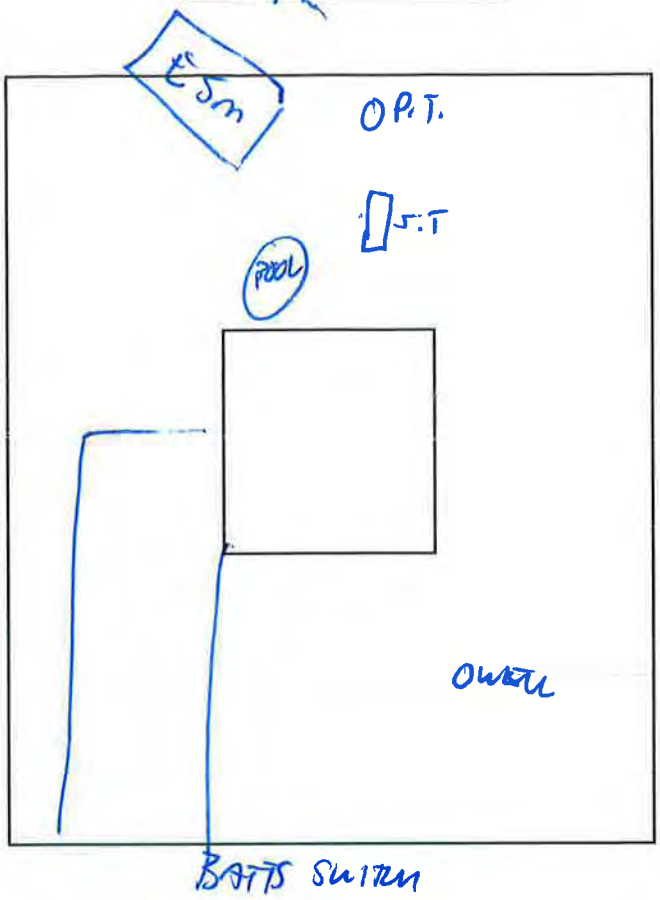
Has the system ever been repaired: Y / N When: June 2019 By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: pump replaced twice

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☑	☐	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: C8-9-7

Name: ___ ___ Phone: 484-541-2953

Address: PEN ARGYL PA

Own or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: ___

If you have a well, is it: DUG or (DRILLED) How Deep: 170 ft. Cased: Y / N

How far is the well or spring from the drain field: 115 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER ___

Was the water ever tested: (Y) / N When? 2004 OR 2005

Any contamination: Y (N) What (TC, FC, N, etc.) ___

How large is your lot: 2.1 ACRES No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

How old is your system: [redacted]35+ Was it permitted: Y / N When: UNKNOWN

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER ___

If you noticed any of the above, is it seasonal or year-round? ___

Have you ever had your system pumped out: (Y) / N How often: 2-5 YRS Date last pumped: 10/15

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ___

Has the system ever been repaired: Y (N) When: ___ By permit? Y / N

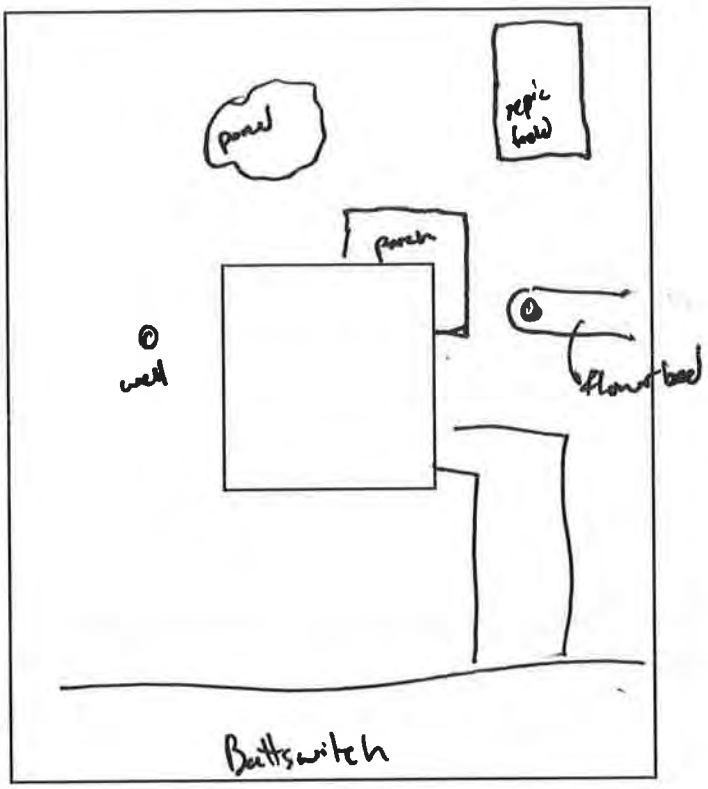
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____
• In-ground leach field

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-11-14A

Name: _____ Phone: 610-759-0679

Address: _____ Penn Argyl PA 18072

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: Deep ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? Sept. 2019

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 15 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / ~~RESIDENTIAL~~?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 40 yrs Was it permitted: Y / N When? Nov. 1979

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: every 3 yrs Date last pumped: 2017

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

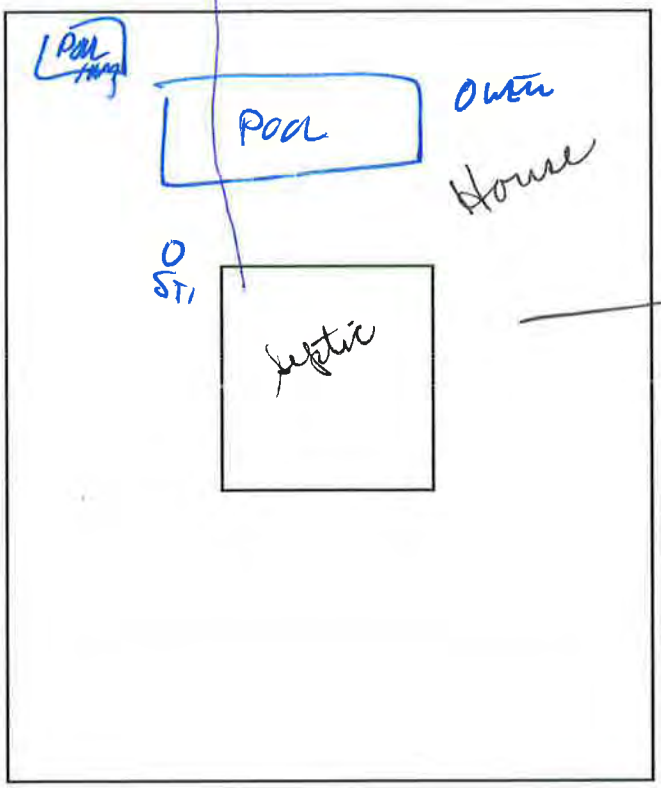
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/19 WEATHER: 40° Sunny



Sorry

Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Gazebo

Notes: Well

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-11-16

Name: _____ Phone: 610-554-4638

Address Bangor, Pa. 18013 Pen Argyl, Pa. 18072

(Own) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 140 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 100 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested: (Y) / N When? 2009

Any contamination: Y (N) What (TC, FC, N, etc.) Lot of IRON

How large is your lot: 1/2 of acre No. of dwelling units: 1

One or more sewage systems? one COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	(PIPE TO DITCH)	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: Unknown Was it permitted: Y / N When: _____

due to septic already there when purchased in 1993

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER none

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 2 yrs Date last pumped: Aug. 2019

If it was pumped, was it inspected for cracks or broken baffles: (Y) N What part: none noted

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N

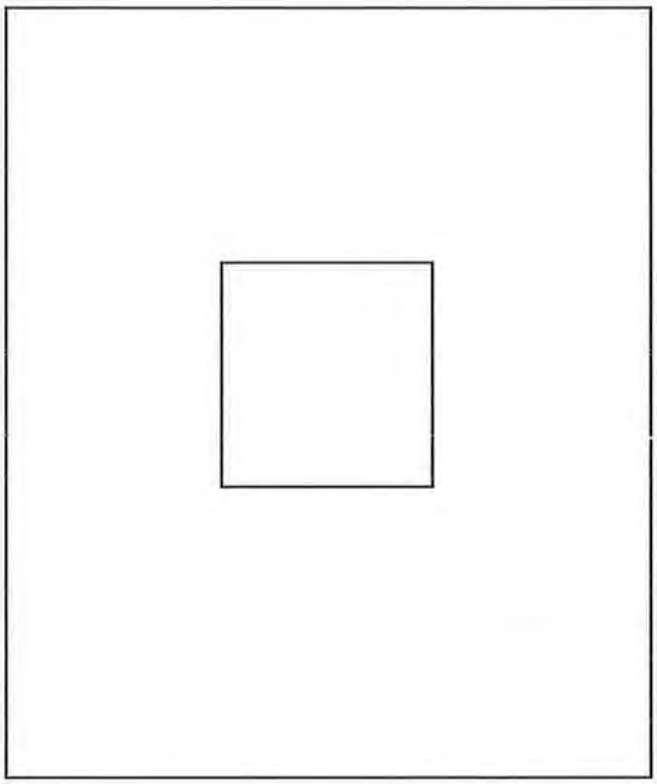
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

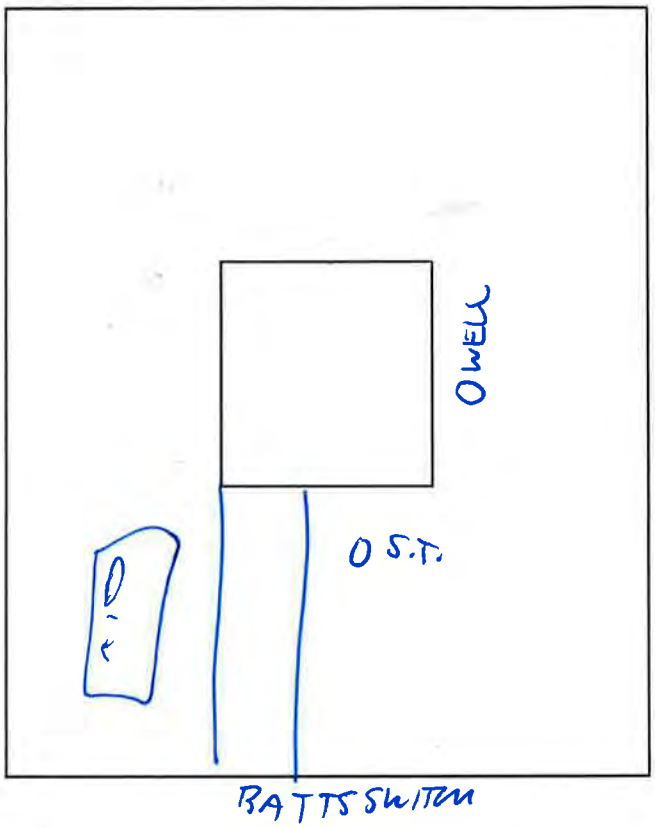
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/4 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:

SOIL TYPES:

NO WELL SAMPLE

OBSERVATIONS:

FAN @ TMP.

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE:

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____

_____

_____

_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-4-5A

Name: [redacted] Phone: 610-984-3796

Address: [redacted] Pen Argyl, PA 18072

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL? LATERAL

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) unknown

How large is your lot: 4.82 acres No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER Septic tank is primary; seepage bed is secondary treatmen

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 33 yrs. Was it permitted Y / N When: 1986

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None
If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out Y / N How often: _____ Date last pumped: 2016
If it was pumped, was it inspected for cracks or broken baffles Y / N What part: _____

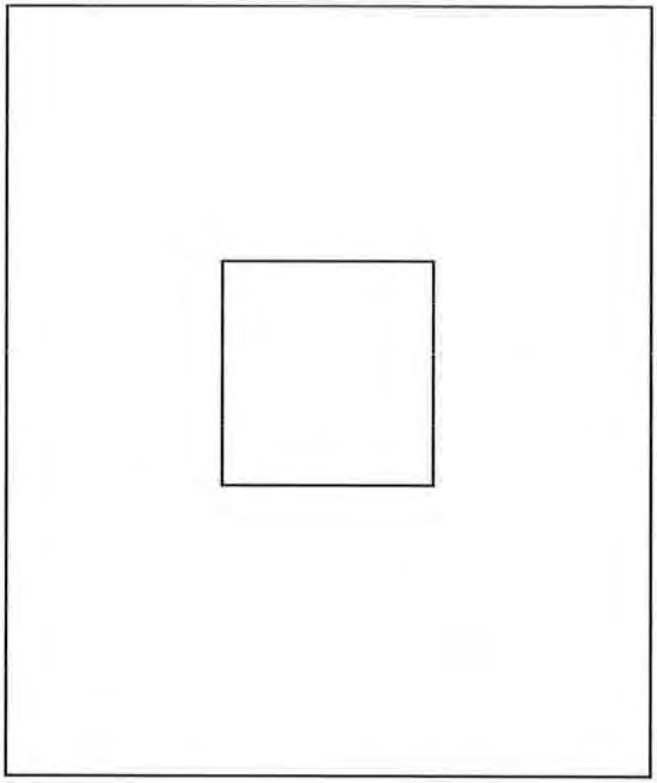
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

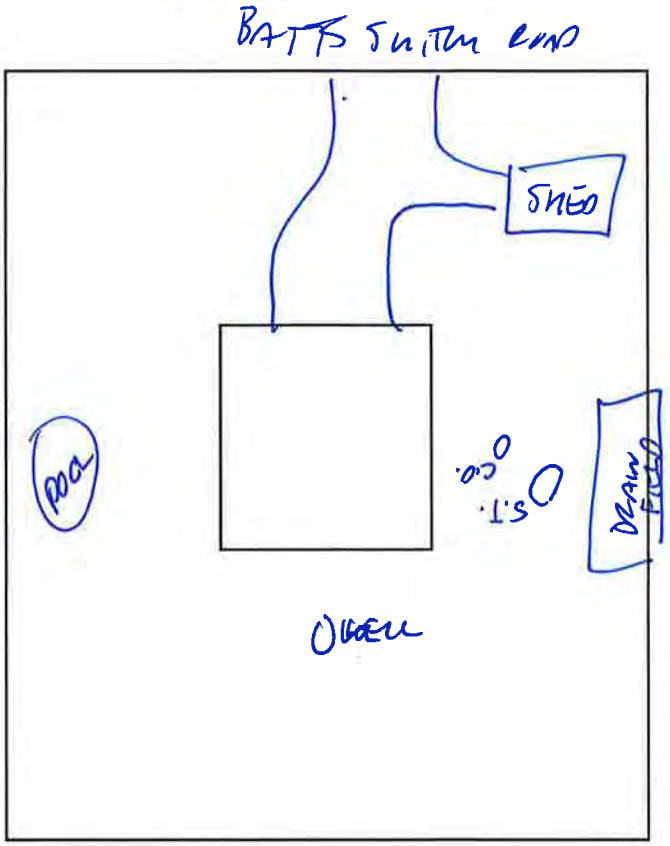
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/24/19 WEATHER: 40°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FOR 05-11-17

Name [redacted] Phone 616 340 3879

Address [redacted] Mo. Ash Ft 49522

Own or Rent No. of Residents 1

What kind of water system do you have (WELL) / SPRING / CISTERN / PUBLIC / OTHER _____
If you have a well, is it DUG or (DRILLED) How Deep 200 ± Cased (Y) N
How far is the well or spring from the drain field 150 ? Is the well UP or (DOWNHILL)

Do you treat your water (Y) N How? CL/UV DISINFECTION (SOFTENER) ION OTHER _____
Was the water ever tested (Y) / N When? 2005
Any contamination Y (N) What (TC FC N etc) _____

How large is your lot 1.84 Acres No. of dwelling units 1
One or more sewage systems? COMMERCIAL (RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have (Circle all that apply)

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go (Circle all that apply)

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system Unknown Was it permitted Y / N When Unknown

Have you ever noticed any of the following near your septic system (Circle all that apply)

GREEN LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER Drain field backup

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out (Y) / N How often 2 Date last pumped 2017
If it was pumped, was it inspected for cracks or broken baffles (Y) / N What part _____

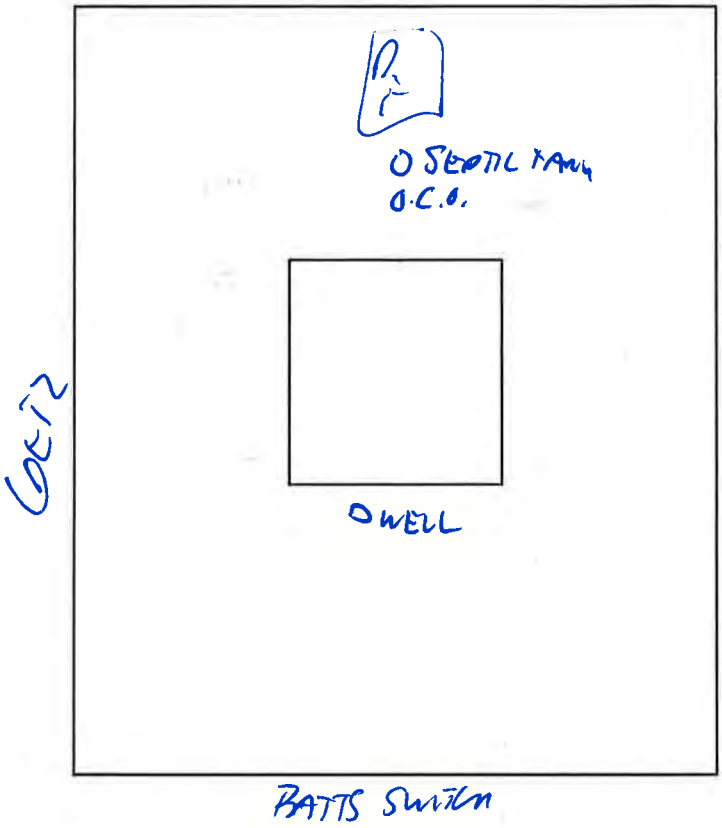
Has the system ever been repaired Y (N) When _____ By permit? Y / N
What part TANK Repaired/Replaced LINE Repaired/Replaced DRAIN FIELD Repaired/Replaced

General Comments

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/4/19 WEATHER: 40°s Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 6' Ocm

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

WELL / Plans Email to me

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HF-8A-1

Name: _____ Phone: 610-759-0244

Address _____

(Own) or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: Public
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1/3 ACRE No. of dwelling units: _____
One or more sewage systems? One (COMMERCIAL) / RESIDENTIAL?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 42 yrs old Was it permitted: Y / N When: ? _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None of the Above

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: Every 3 yrs. Date last pumped: 9/18
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Entire Tank

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48NW3 3-8

Name: _____ Phone: (610- 759-7902

Address: NAZARETH PA 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1/2 ACRE No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 50 + yrs Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: EVERY 3 YEARS Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-10-46

Name: (_____ Phone: 610 759 0455

Address: _____ NAZARETH, PA, 18064

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 2 ACRES No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 54 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: EVERY 2 YRS Date last pumped: 9/25/13
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

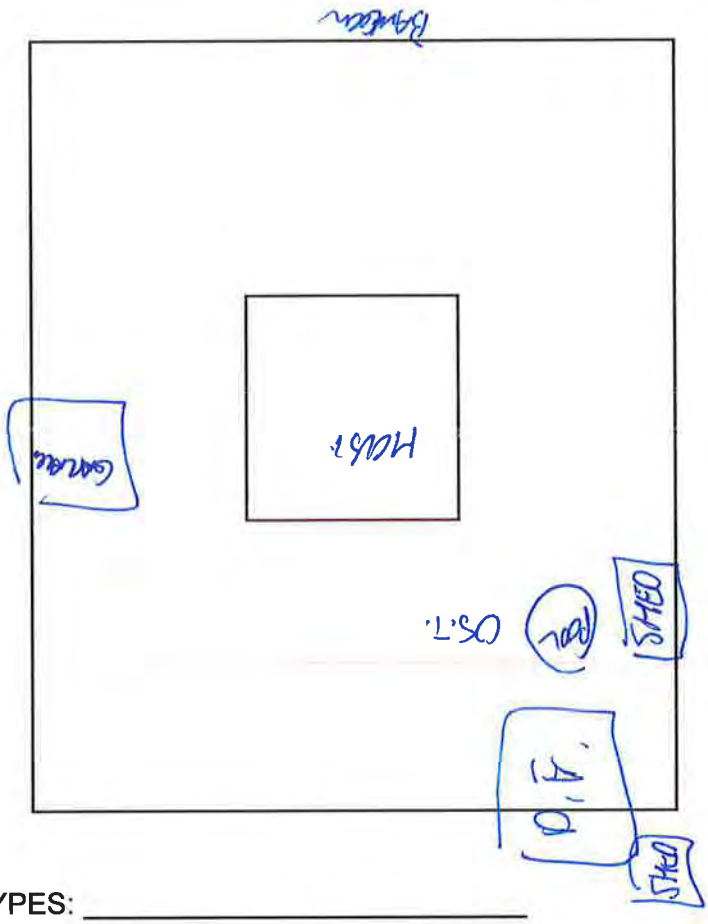
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

PUBLIC WATER

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-10-4

Name: __ _____ Phone: 610-759-6996

Address: _____

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 3 acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 6 years Date last pumped: 3-01-2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

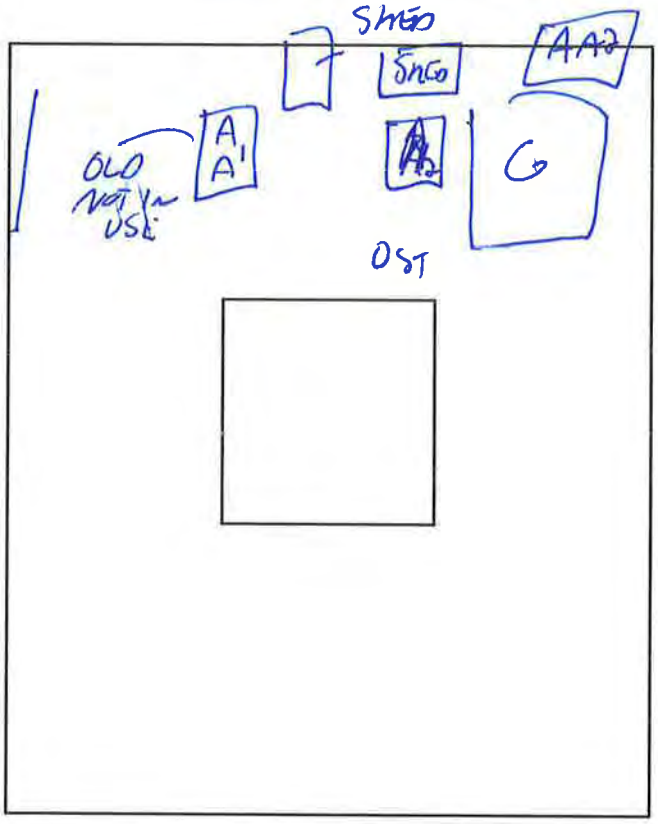
Has the system ever been repaired: (Y) / N When: ? By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/(Replaced)

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/4/16 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 18-10-40

Name: _____ Phone: 610 759-0332

Address: [illegible] Nazareth Pa

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN (PUBLIC) OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y (N) When? _____
Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 1/3 Acre No. of dwelling units: 1
One or more sewage systems? One COMMERCIAL (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 20 plus Was it permitted: Y / N When: Previous owner

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 2017
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: (Y) N When: 1997 By permit? Y / N No idea
What part: TANK: Repaired/Replaced LINE: (Repaired)/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Discharge line from Solid tank to Sand mound

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

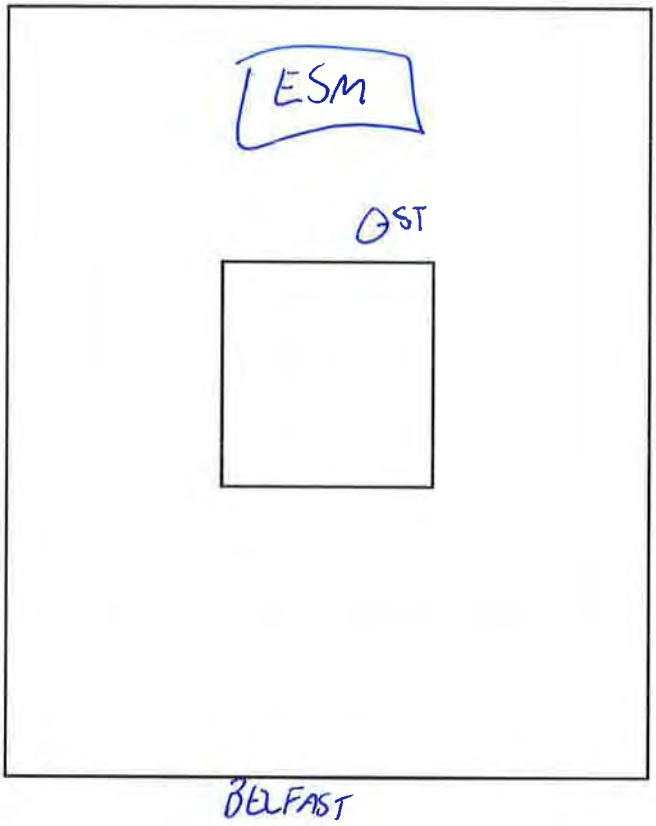
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: NF-16-43

Name: _____ Phone: (610-573-4878

Address Nazareth, PA 18064

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.11 acres No. of dwelling units: 1
One or more sewage systems? No COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	(PIPE TO SURFACE)	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 105 yrs old Was it permitted: Y / N When: ? UNKNOWN

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* No

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 3 yrs Date last pumped: 1/15/18
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

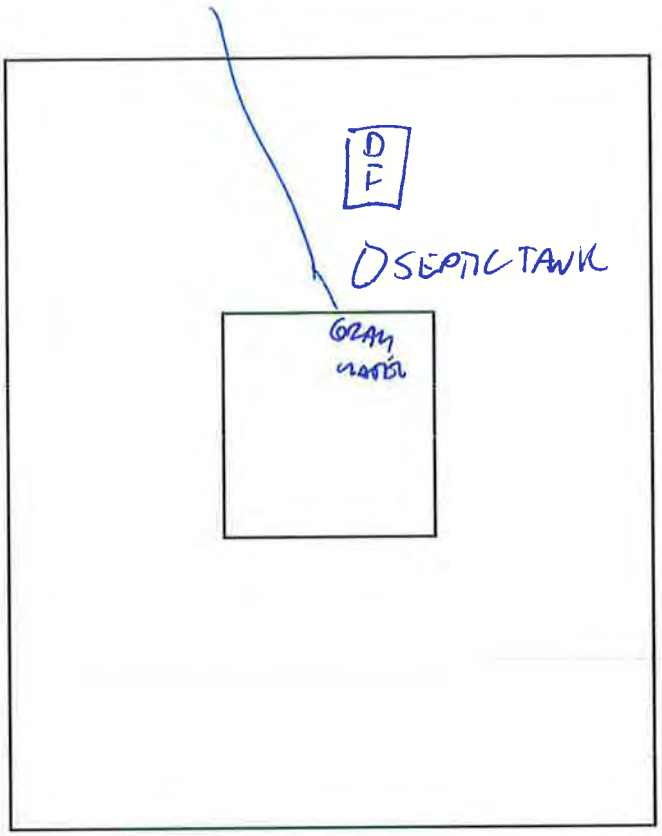
Has the system ever been repaired: Y / N ? When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MF-10-50

Name: _ _____ Phone: 610-759-7522

Address: _____

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 150 X 220 No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 31 yrs Was it permitted: (Y) N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: 3 yrs. Date last pumped: 10/26/17
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

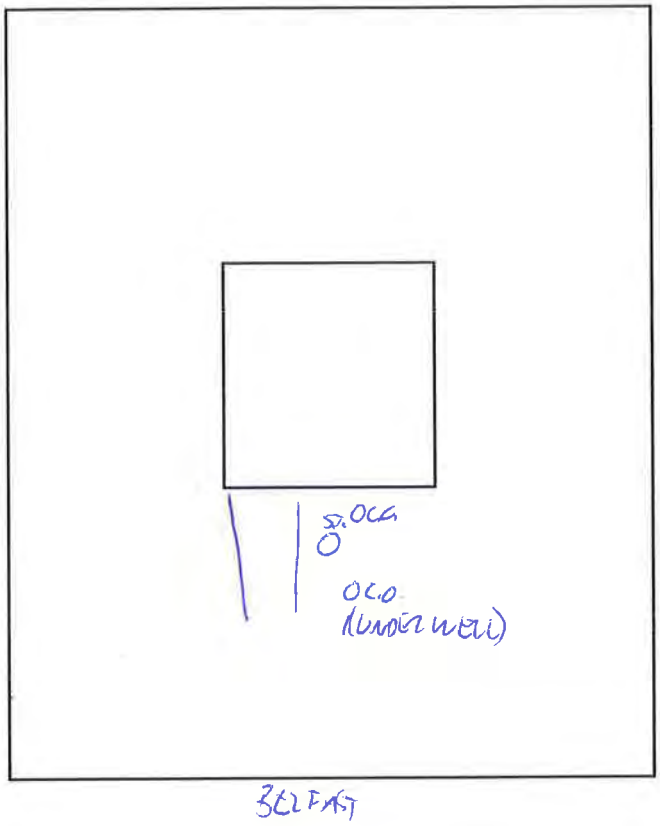
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/15/14 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: ENZYMES USED

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-2-25E

Name: _____ Phone: 610-759-6020

Address: Nazareth, PA. 18064-8621

(Own) or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 4 Acres No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

~~What kind of sewage~~ system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

~~Where does your~~ laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 48 Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 18-2-25E

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .7 AC No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

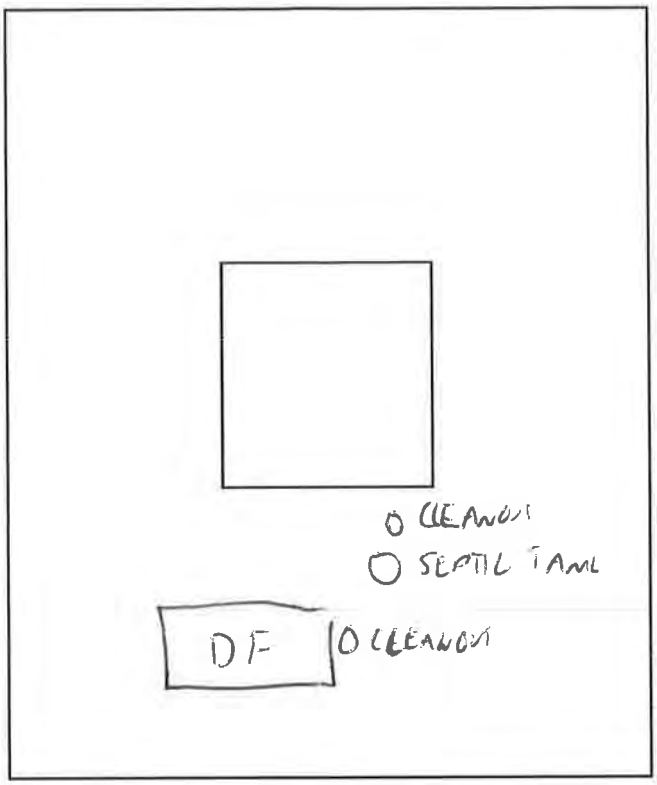
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/16/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: Hd-11-5C

Name: / Phone: 940-736-1546

Address:

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER:
If you have a well, is it: DUG or DRILLED How Deep: ft. Cased: Y / N
How far is the well or spring from the drain field: ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER
Was the water ever tested: Y / N When?
Any contamination: Y / N What (TC, FC, N, etc.)

How large is your lot: 3/4 Acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

How old is your system: ~30 yrs Was it permitted: Y / N When: 1988 (ish)

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER
If you noticed any of the above, is it seasonal or year-round?

Have you ever had your system pumped out: Y / N How often: Date last pumped: June 2016
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:

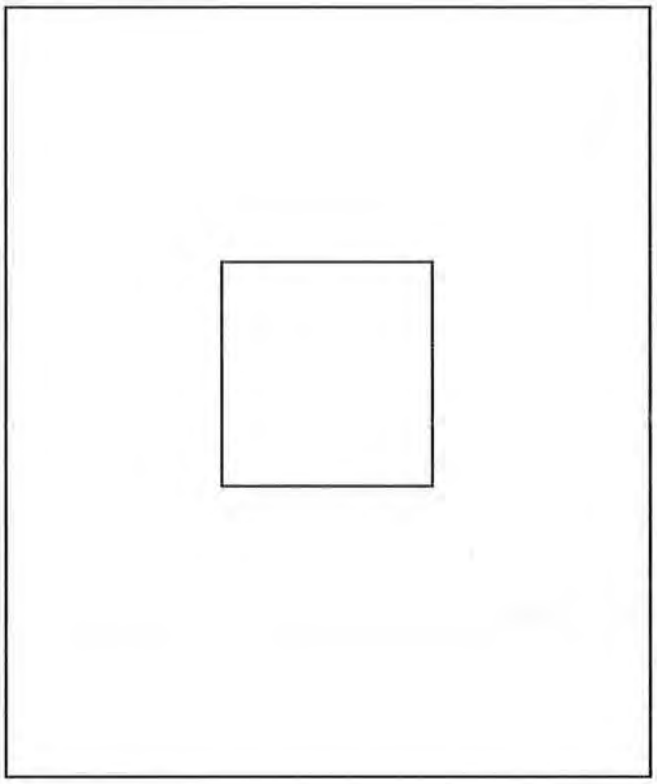
Has the system ever been repaired: Y / N When: By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

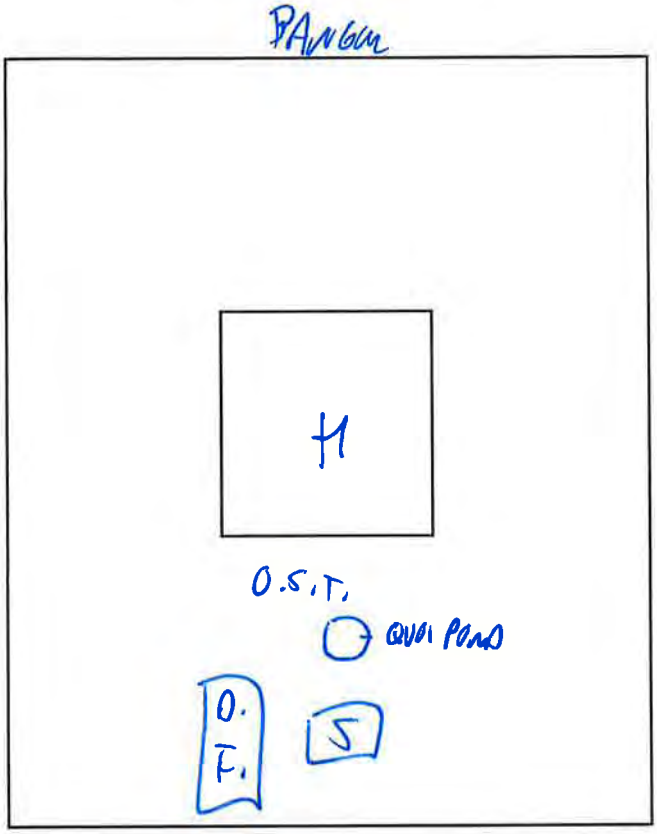
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/14/19 WEATHER: 30°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MF-10-68

Name: _ Phone: 6104426908

Address:

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 150 x 200 No. of dwelling units: 1
One or more sewage systems? yes COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1960 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: every 2 years Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

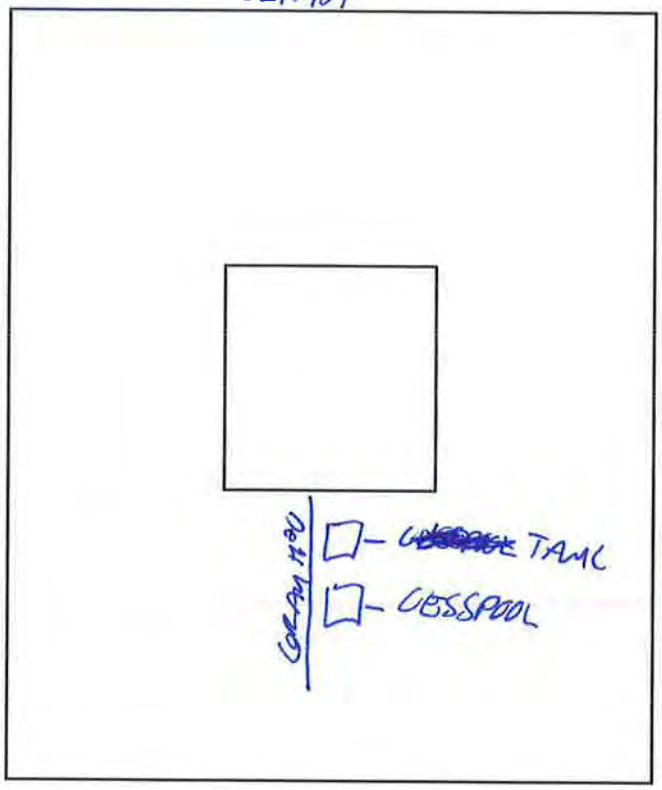
General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/16/19 WEATHER: 50°

BELFAST



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☑	☐	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-11-60

Name: / Phone: 610-759-3834

Address: , NAZARETH, PA 18064

(Own) or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 0.3 ACRES No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: APPROX. 50 YRS Was it permitted: Y / N When: _____
INSTALLED WHEN HOUSE WAS BUILT.

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: EVERY 3-4 YRS Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

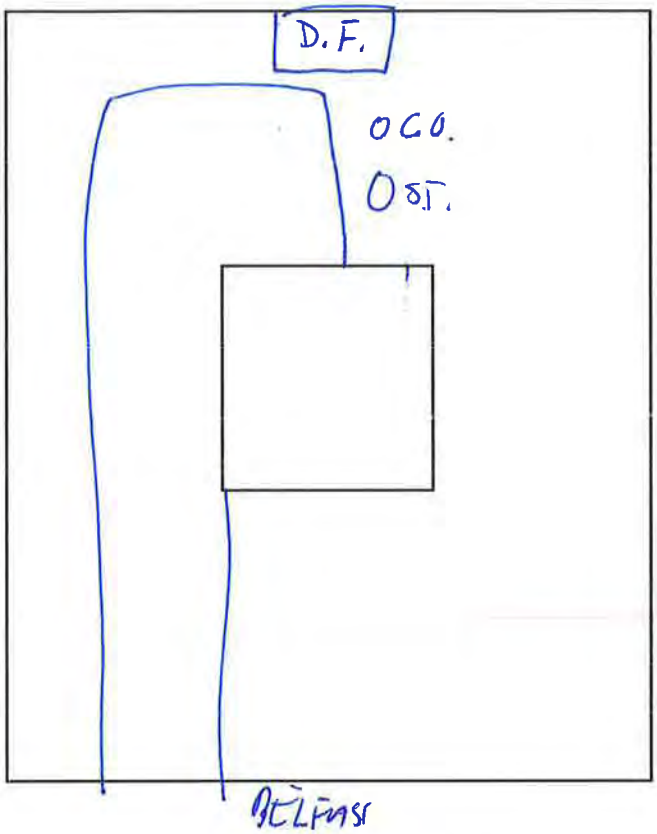
Has the system ever been repaired: (Y) / N When: 2008 By permit? (Y) / N
What part: TANK: Repaired/Replaced LINE: (Repaired)/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/16 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: ORIGINAL SYSTEM

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-11-130

Name: _____ Phone: 610 746-2339

Address: Penn Argyl PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 425 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 300 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL (UV) DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 10-1999

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1 ⅓ Ac No. of dwelling units: 1

One or more sewage systems? 1 (COMMERCIAL) / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 20 years Was it permitted: (Y) / N When: Sept 1999

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: Every 4 years Date last pumped: Jan 2019

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Baffles

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

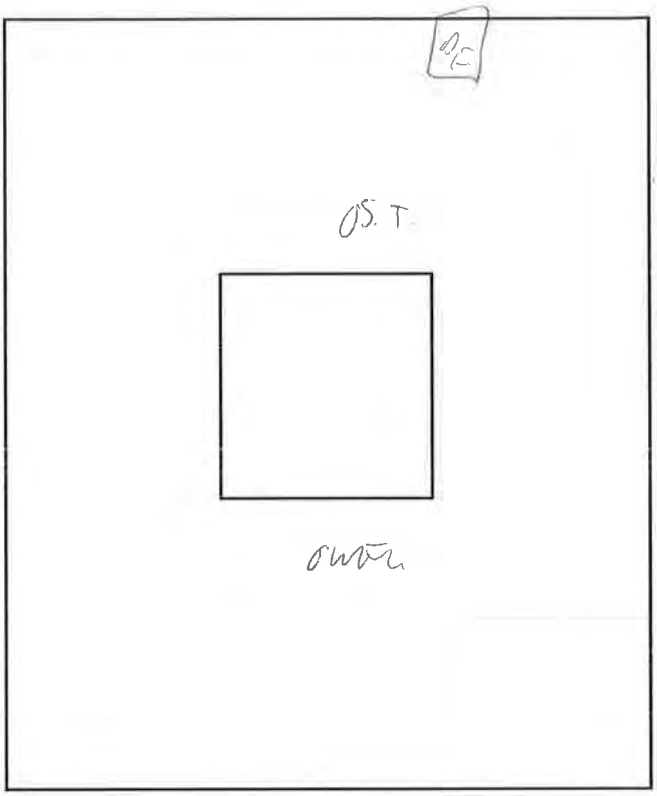
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48 SE 1-25

Name: Phone: 610-762-6834

Address: NAZARETH, PA 18064

Own or Rent No. of Residents: 5

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 350 ft. Cased: Y / N
How far is the well or spring from the drain field: 100 + ft. ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? YEARS AGO
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 3.5 ACRES No. of dwelling units: ONE WITH INLAW [redacted] QUARTERS
One or more sewage systems? TWO COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 31 YRS Was it permitted: Y / N When: 1958

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: EVERY 3 YRS Date last pumped: 2 YRS AGO
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: BAFFLES

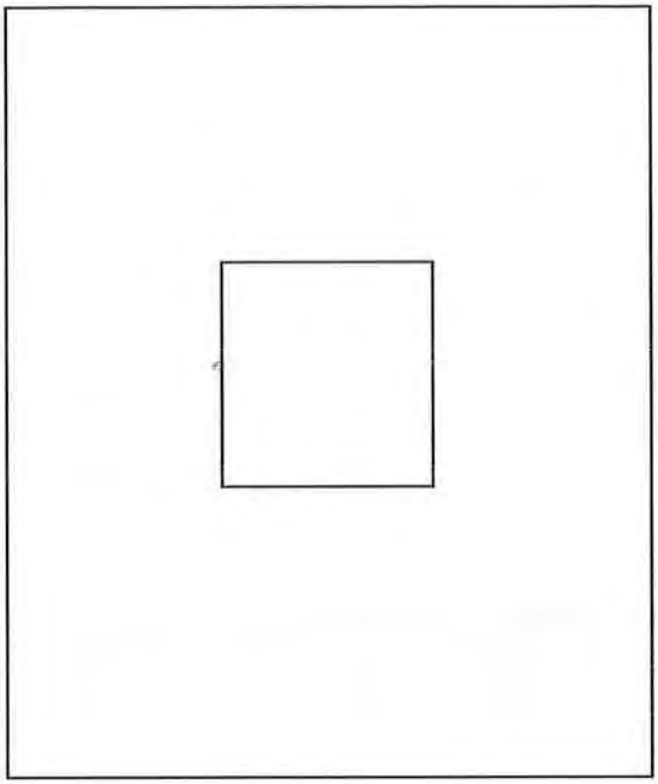
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MFSE 1-2-1

Name: _ Phone: 484-225-5053

Address: Nazareth, PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .8 acres 34,858 SF No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC) TANK	(INGROUND) BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC) TANK	(INGROUND) BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER Nope
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

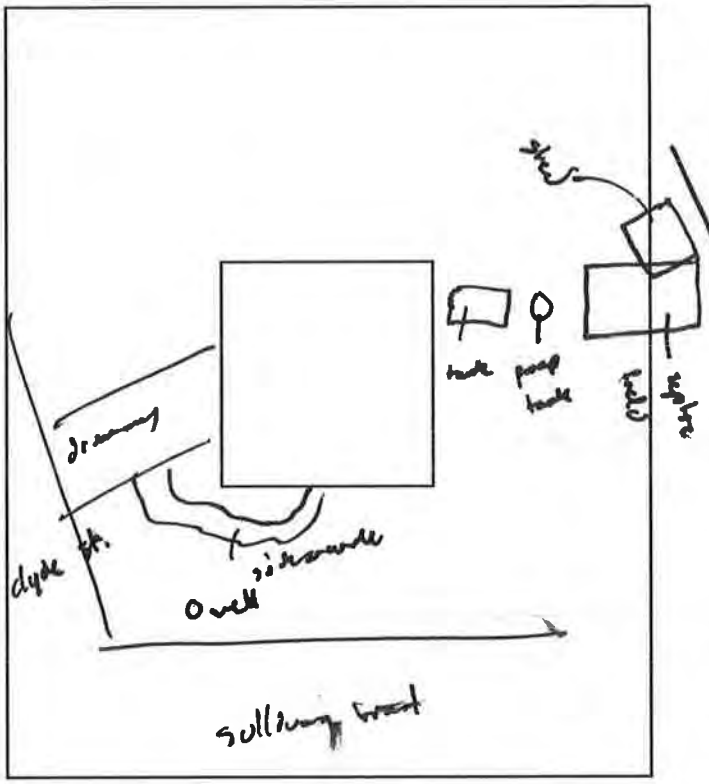
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-23-2019 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: • don't [illegible] have pumps

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
	☑	WETNESS OR SPONGY AREAS
	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: __ Phone: 610-746-4641 (H)

Address: _

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 167 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.8 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1998 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3 years Date last pumped: 4/15/14
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

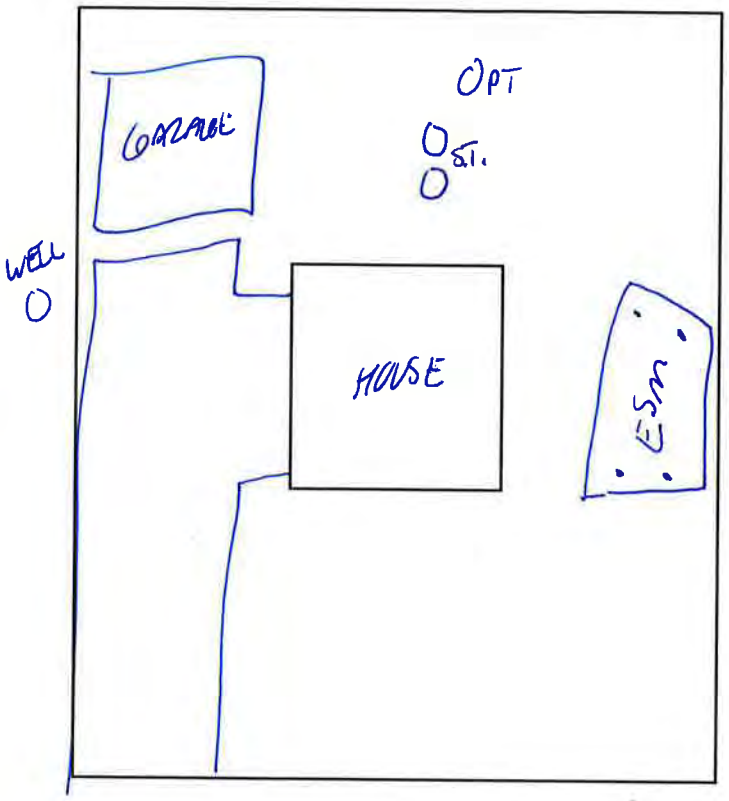
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/24/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

WELL

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 06-9-607

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-9-605

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 100 ft. Cased: Y / N
How far is the well or spring from the drain field: 110 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? —
Any contamination: Y / N What (TC, FC, N, etc.) —

How large is your lot: 1AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 40+ Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2-3 yrs Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

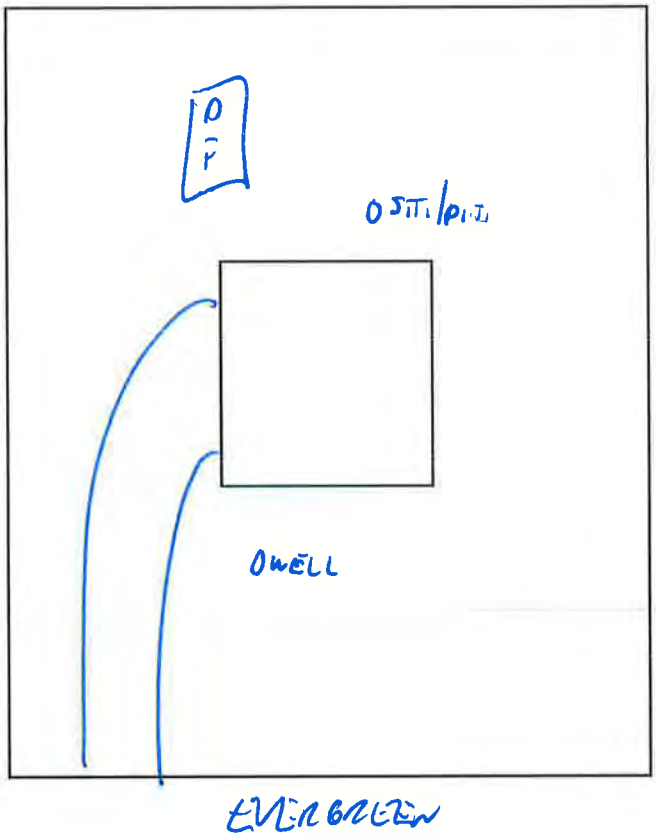
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/12/19 WEATHER: 30°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____ ESm

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 6f-9-603

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: Unknown ft. Cased: Y / N
How far is the well or spring from the drain field: 110 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER —
Was the water ever tested: Y / N When? —
Any contamination: Y / N What (TC, FC, N, etc.) —

How large is your lot: 1AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 20 Was it permitted: Y / N When: —

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

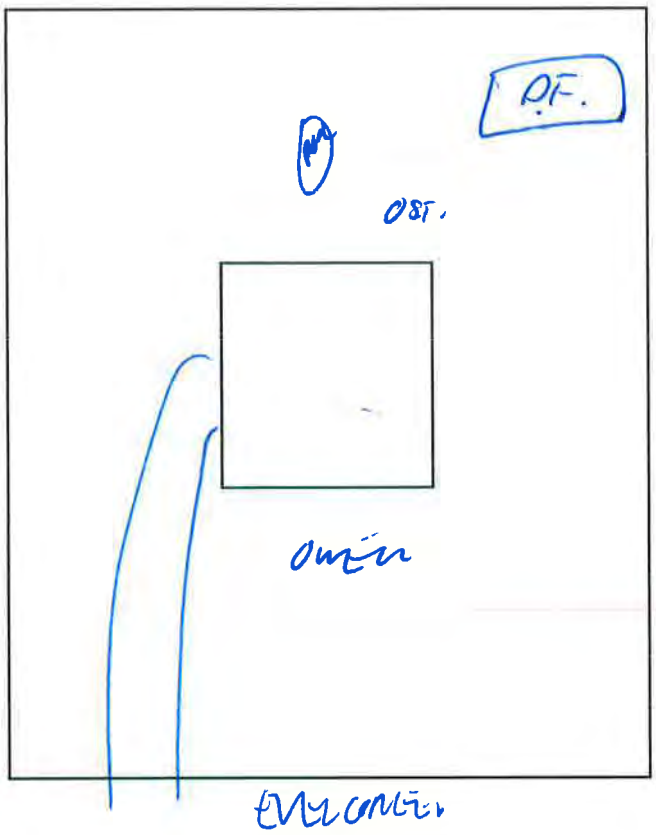
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/12/19 WEATHER: 30°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: Hanley-4-7

Name: _____ Phone: 347-452-7063

Address _____ Nazareth PA 18064

(Own) or Rent No. of Residents: 7

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) / N How? CL / (UV DISINFECTION) / SOFTENER / ION / (OTHER) filter system
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 0.99 acres No. of dwelling units: 2
One or more sewage systems? one COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 25 yrs. Was it permitted: (Y) / N When: 1994

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

(GREEN, LUSH GRASS)	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? year-round

Have you ever had your system pumped out: (Y) / N How often: 3 yrs Date last pumped: 4/30/2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: All

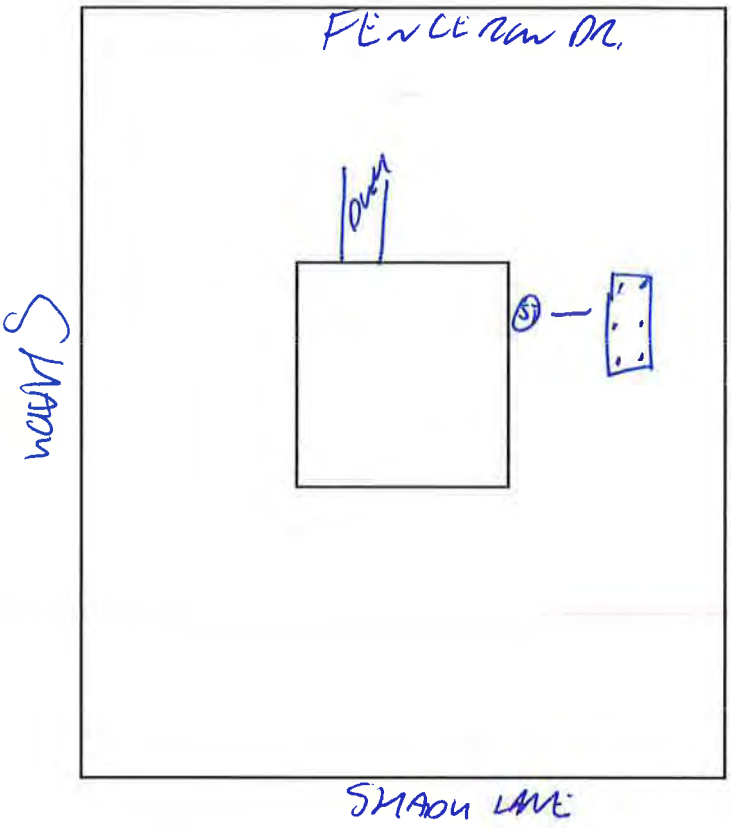
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☑	☐	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MNEM-1-4

Name: _____ Phone: 908 528-3524

Address: NAZARETH, PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER HOME FILTER
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .69 ACRE No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 25 YEARS Was it permitted: (Y) N When: 1994

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER N/A

If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 5/2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

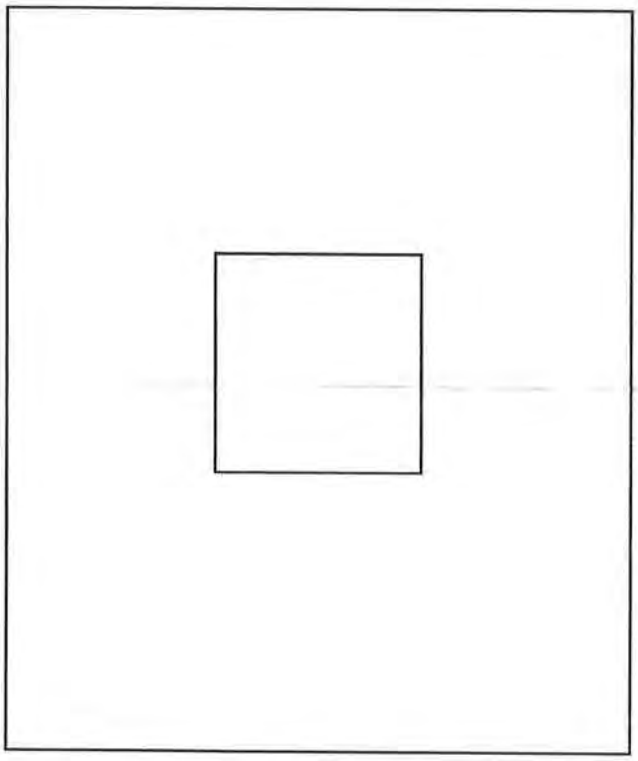
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MSNE4-1-3

Name: _ Phone: 6105549209

Address Nazareth PA 18064

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested? Y / N When? 2019
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .69 acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1994 Was it permitted: Y / N When: 1994

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? seasonal

Have you ever had your system pumped out: Y / N How often? 2-3 yrs Date last pumped: 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

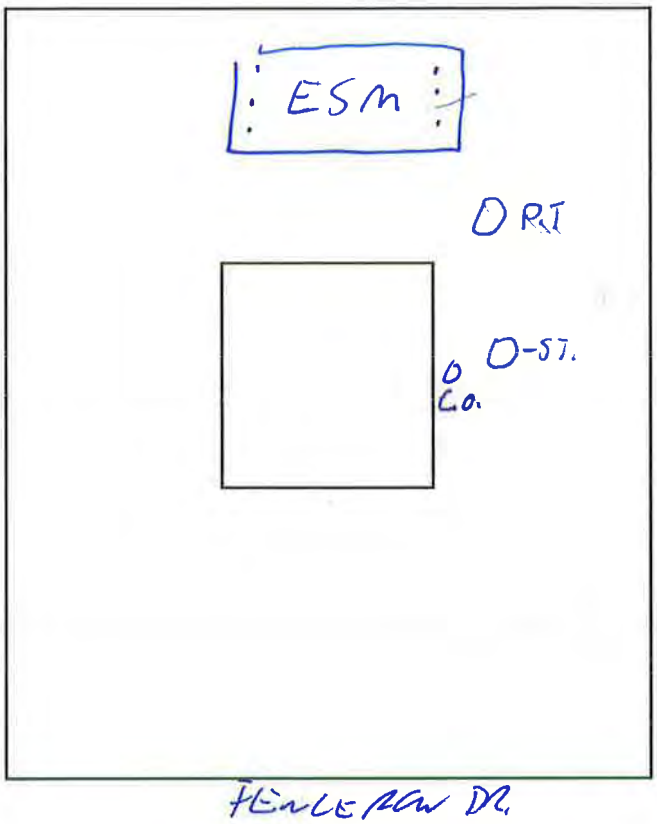
Has the system ever been repaired: Y / N When: not to our knowledge By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: We've resided here since November 2016

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: NO ISSUES
LATERALS CAPPED (NOT THREADED)

SOIL TYPES: #

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: M81E4-4-4

Name: __ Phone: H: 610-746-9747 C: 732-312-6163

Address: NAZARETH, PA 18064 (PLAINFIELD Twp)

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: PUBLIC
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 31,666.40 SqFT No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1994 Was it permitted: Y / N When: 1994

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: 7/17/2014
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: BROKEN BAFFLES

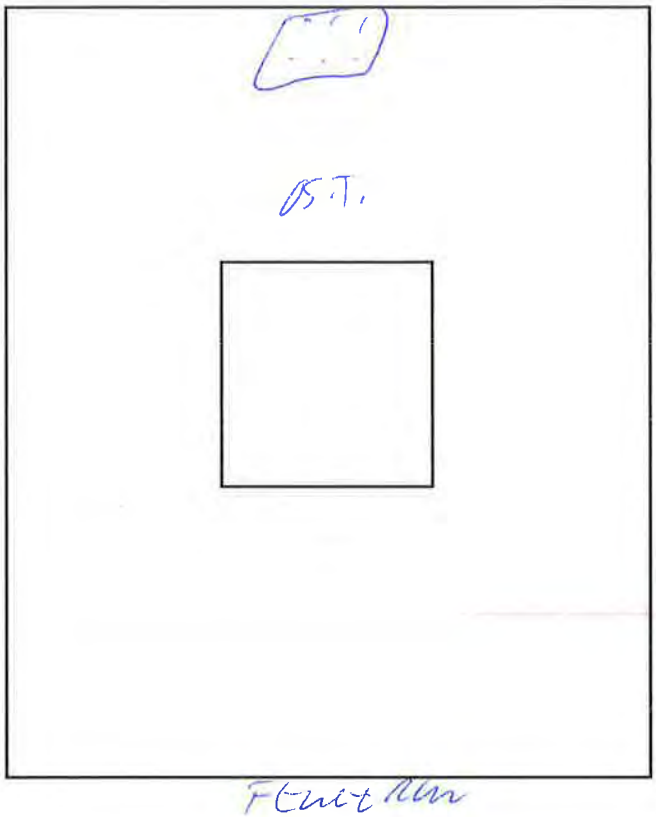
Has the system ever been repaired: Y / N When: 9/29/2009 By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: BAFFLE REPAIR
PUMP REPAIR
MAINTENANCE =
LATERAL CLEANED

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _ ___ Phone: 610 746 3824

Address: NAZARETH PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep _____ ft Cased: Y / N
How far is the well or spring from the drain field _____ ft Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 3/4 of an acre No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 27 years Was it permitted: (Y) / N When: 1992

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 2 years Date last pumped: 9/4/15
If it was pumped, was it inspected for cracks or broken baffles: Y / N Don't know? What part _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER **

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HPNE4-4-1

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ .8 AC No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

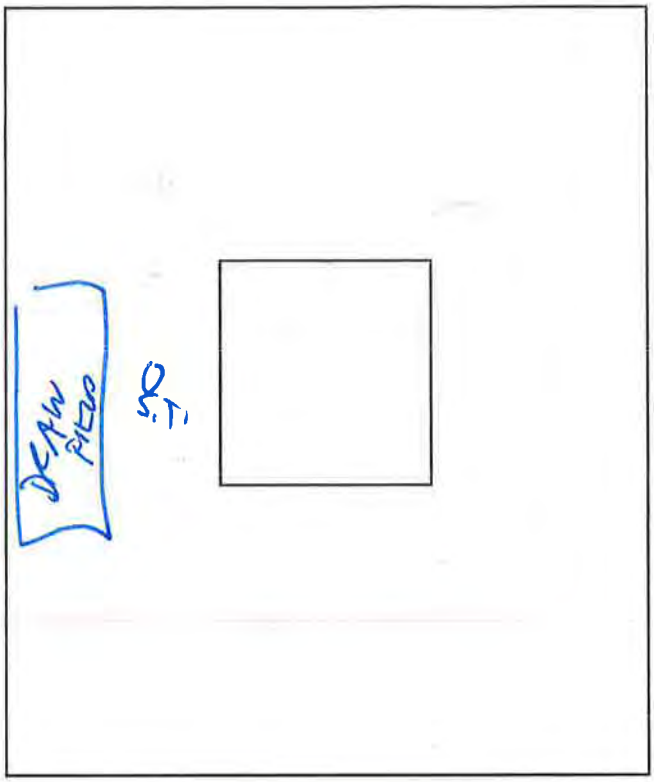
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/8/16 WEATHER: 30° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: NORTH-2

Name: _ Phone: 610-212-0316

Address: Nazareth PA 18064

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? unknown
Any contamination: Y / N What (TC, FC, N, etc.) unknown

How large is your lot: 1.08 Acres No. of dwelling units: 1
One or more sewage systems? 1 (COMMERCIAL) / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)* unknown

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: unknown

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: unknown 3-5 years per prior owner Date last pumped: May 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: unknown

Has the system ever been repaired: Y / N When: unknown By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
We just purchased the house May 2019. I am not able to answer many of these questions

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-15-196

Name: _____ Phone: 610 654 5054

Address: NAZARETH PA 18064

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 50 X 100 No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT / BACK / SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2X Date last pumped: 9/2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

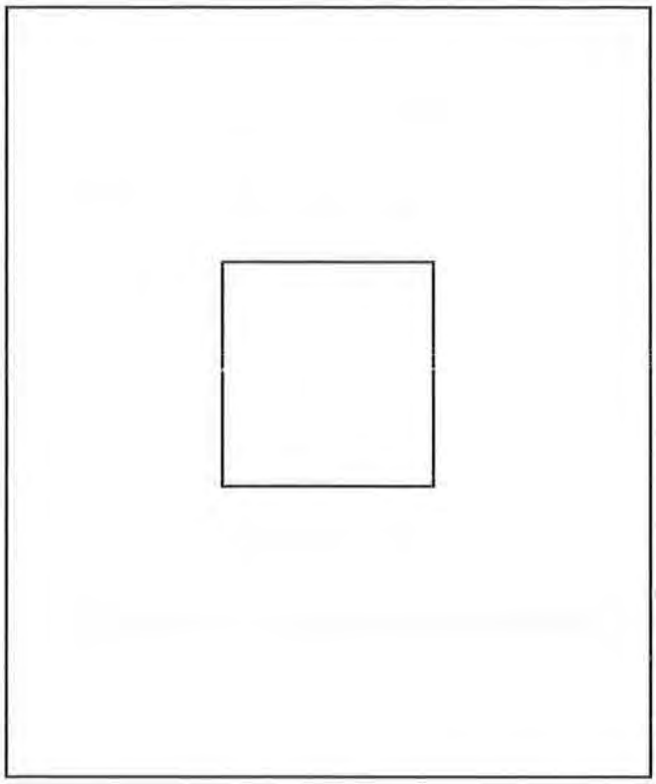
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-15-210

Name: _____ Phone: 610-462-3345

Address: NAZARETH PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 100' X 100' No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 9 YRS Was it permitted: (Y) / N When: June 2010

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? Year

Have you ever had your system pumped out: (Y) / N How often: 3 YRS Date last pumped: 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GS-15462

Name: _____ Phone: 610-844-2230

Address: _____

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: ½ ACRE No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD
UNder Tenten

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
★ HOLDING TANK ★	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
★ HOLDING TANK ★	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 YRS Date last pumped: 2017
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

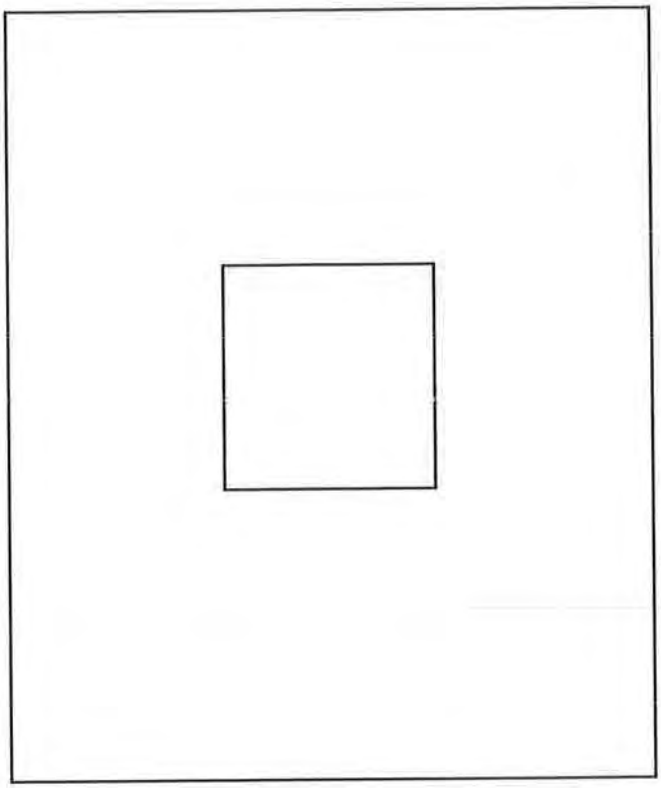
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
Never NOTICE ANY LEAK AROUND TANK
I LIVE ALONE NOT USED HARD

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-15-1

Name: _ Phone: 610-759-3689

Address: Nazareth, Pa. 18064

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: Well
If you have a well, is it: DUG or DRILLED How Deep: 450 ft. Cased: Y / N
How far is the well or spring from the drain field: 120 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER
Was the water ever tested: Y / N When? 2017
Any contamination: Y / N What (TC, FC, N, etc.)

How large is your lot: 1 A No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK X)	INGROUND BED X	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

How old is your system: Was it permitted: (Y) N When:

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER

If you noticed any of the above, is it seasonal or year-round?

Have you ever had your system pumped out: (Y) / N How often: 5yr Date last pumped: ~~Sept, 2009~~ 2014
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part:

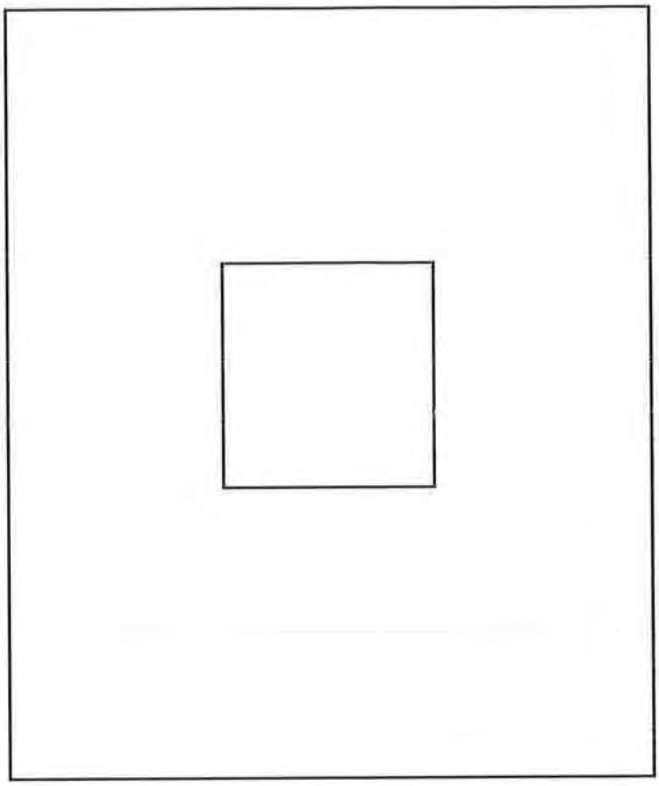
Has the system ever been repaired: Y / (N) When: By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

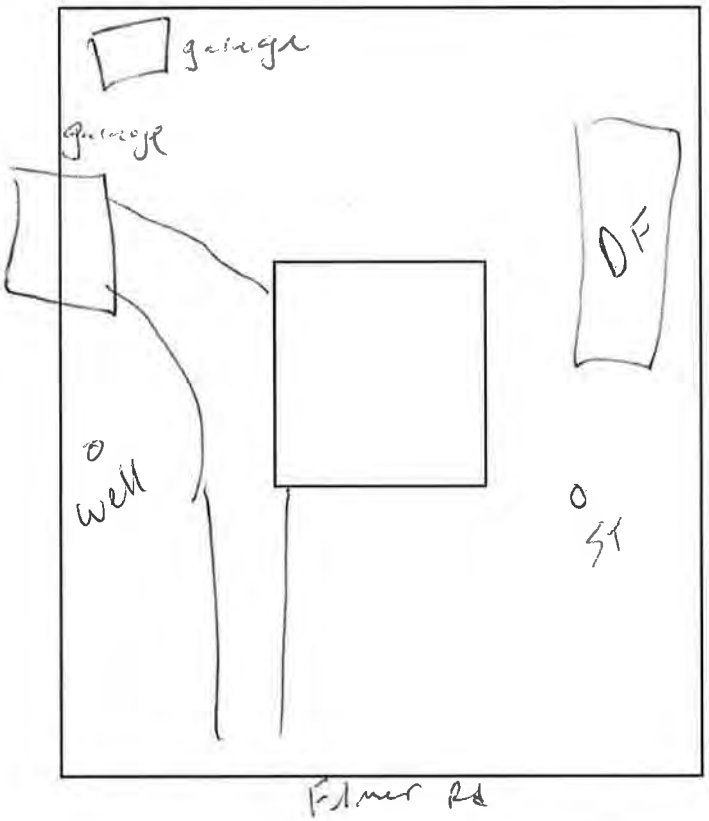
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: 518 Fulmer Rd.

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GS-10-8C

Name: _____ Phone: 610 751 3938

Address: NAZARETH PA 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER USE HOUSE FILTER
Was the water ever tested: (Y) / N When? SPRING 2019
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 3/4 ACRE No. of dwelling units: 1
One or more sewage systems? 1 SEWAGE 1 GRAY WATER COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 45 YRS Was it permitted: Y / N When: UNKNOWN

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: EA 2 YRS Date last pumped: SUMMER 2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: SEPTIC TANK

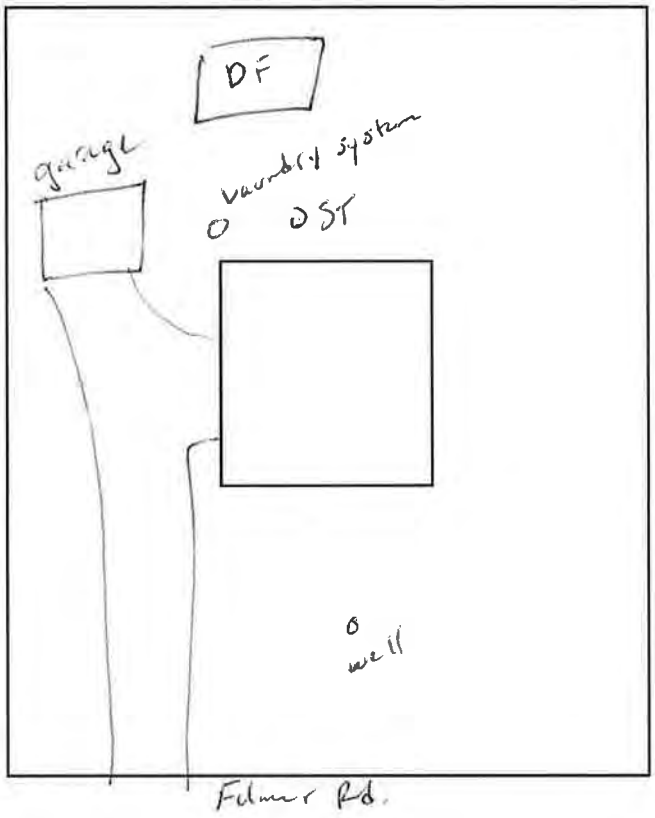
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: _____ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: 610-759-5916

Address: _____ Nazareth, PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____

N/A If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

N/A

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / (N) When? _____

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 0.69 acres No. of dwelling units: 1

One or more sewage systems? One COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER Flush sand mound

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 47 years Was it permitted: Y / N When: ? unknown

House built 1972 by previous owners

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER N/A

If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out: (Y) / N How often: every 3 years Date last pumped: 11/4/2016

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

unknown

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

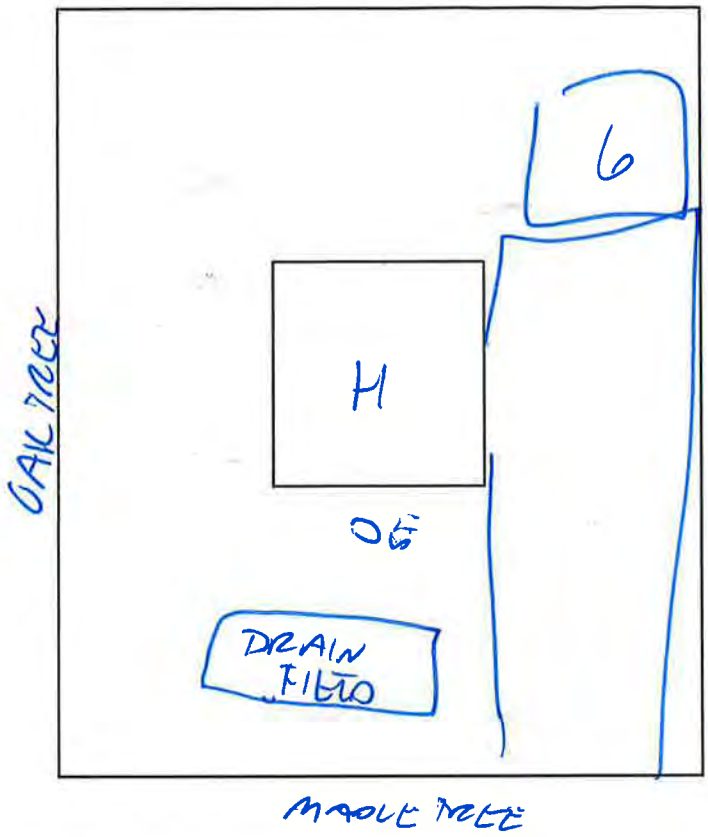
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Bought house 10/2006 Septic tank inspected and system evaluated by National Property Inspections, Mt. Bethel, PA during Home Inspection. System acceptable and functional with no obvious signs of defect per property inspection report.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/8/16 WEATHER: 30° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS: Form @ office

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

...SURVEY

Name: [redacted] FID#: Cf-15-110

Address [redacted] Phone: 484-903-2594

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER:
If you have a well, is it: DUG or DRILLED How Deep: ft. Cased: Y / N
How far is the well or spring from the drain field: ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER
Was the water ever tested: Y / N When?
Any contamination: Y / N What (TC, FC, N, etc.)

How large is your lot: 115' x 117' No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER Drain field

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

How old is your system: About 47 yrs. Was it permitted: Y / N When: 2011

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER

If you noticed any of the above, is it seasonal or year-round?

Have you ever had your system pumped out: Y / N How often: every 3 yrs. Date last pumped:
If was pumped, was it inspected for cracks or broken baffles: Y / N What part: whole syst

Has the system ever been repaired: Y / N When: By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/R

General Comments:

ON-LOT SEWAGE SYSTEM SURVEY

FID#: Gf-15-21-2

Name: _____ Phone: 484-903-6561

Address _____, Nazareth PA 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: N/A ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER N/A
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? 1 septic system COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 33 yrs ? Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? Seasonal

Have you ever had your system pumped out Y / N How often: 2yrs Date last pumped: 4-2019 Allstate septic
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: Baffles OK

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: System seems to be OK from what we can tell.

** OVER**

NO (ALL)

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GF-15-21X

Name: _____ Phone: 570-351-8142

Address: Nazareth, PA 18064

(Own) or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 0.23 Acres No. of dwelling units: 1
One or more sewage systems? 1 (COMMERCIAL) / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 4 yrs Was it permitted: (Y) / N When: 2015

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	(SYSTEM OVERFLOW)	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it (seasonal) or year-round? When it rains very heavy

Have you ever had your system pumped out: (Y) / N How often: 2-3 yrs Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

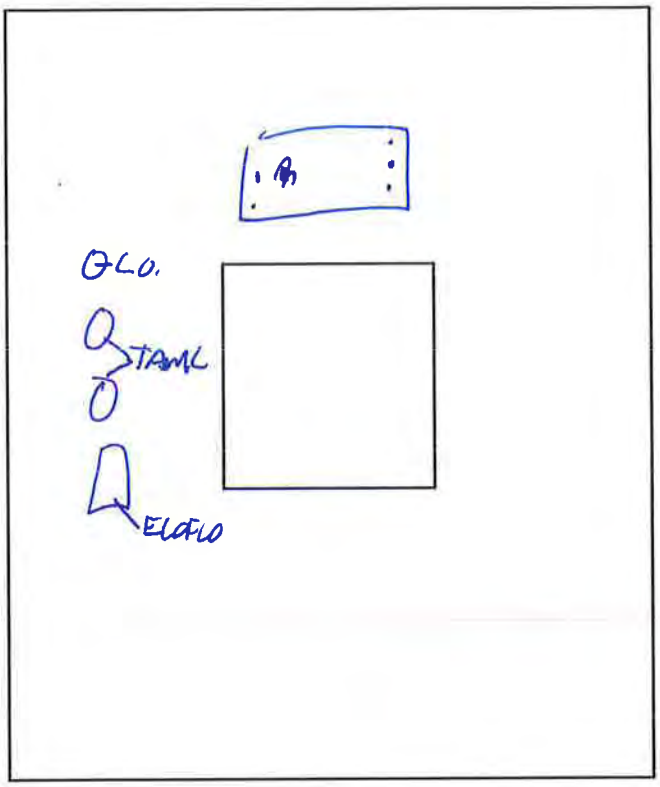
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: C8-15-21N

Name: _____ Phone: 610 746 3060

Address: _____

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .21 Acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK (SIDE) YARD (end top of driveway)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: at least since 1994 Was it permitted: (Y) / N When: I would assume SD bought house in 2017

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

(GREEN, LUSH GRASS)	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2 yrs Date last pumped: 11/27/2018
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GS-15-173

Name: _____ Phone: 484-241-9797

Address: _____ PLAINSIELD TOWNSHIP PENN ARGYL

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: City Water
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1 ac. No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	(INGROUND TRENCH)	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	(INGROUND TRENCH)	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: DONT KNOW Was it permitted: Y / N When: DONT KNOW

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

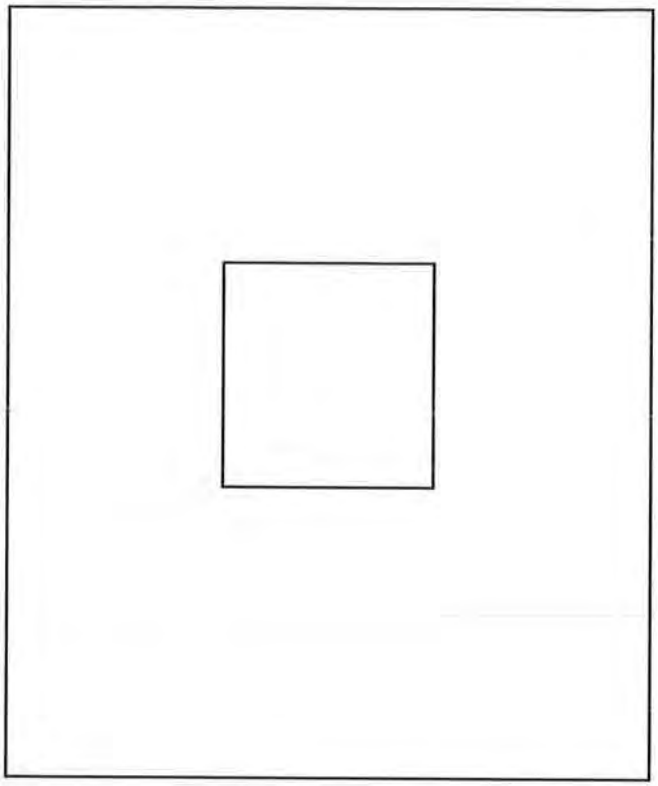
Has the system ever been repaired: Y / N When: DONT KNOW By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
HAD 2 ID LISTED AN HAD TREE ROTS TAKEN OUT BY BELL VIEW BUMP, INC. DANIELSVILLE PA.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: M8NW2-1-4

Name: _ Phone: 610-365-2953

Address: _ NAZARETH, PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? PUBLIC WATER
Any contamination: Y / N What (TC, FC, N, etc.) PUBLIC WATER

How large is your lot: 1 ACRE No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	(INGROUND TRENCH)	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	(INGROUND TRENCH)	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: UNKNOWN Was it permitted: Y / N When: UNKNOWN

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	(WETNESS OR SPONGY AREAS)	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? SEASONAL

Have you ever had your system pumped out (Y) / N How often: ANNUAL Date last pumped: 10/1/2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: UNKNOWN By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GB-15-16

Name: _____ Phone: 610-863-3191

Address: Nazareth, Pa 18064

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 10.7 Acres No. of dwelling units: 0
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 5/30/2018
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HSNW2-22

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .4AC No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

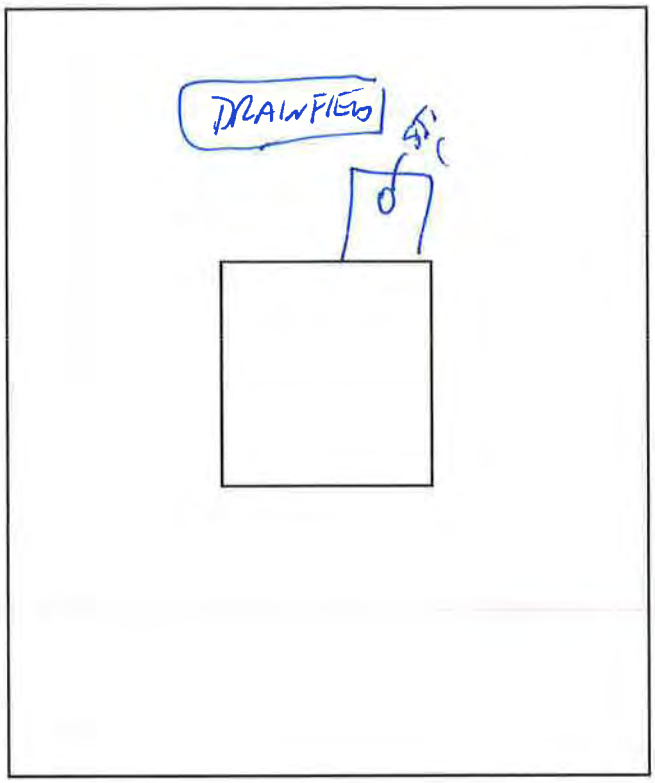
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/10/16 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: SEPTIC TANK
UNDER CONC. PATIO

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

08-15-12

Name: _____ Phone: 610-295-3443

Address: _____ Nazareth, PA 18064

(Own) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 280 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 250 ft. Is the well UP or DOWNHILL? - level

---

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? every year

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 2.25 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 28 yrs Was it permitted: Y / N When: yes

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3yr Date last pumped: 2017

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: all

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-15-10B

Name: _ Phone: (610) 759-9376

Address Nazareth PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 7200 ft. Cased: Y / N ?
How far is the well or spring from the drain field: _____ ft. Is the well UP or (DOWNHILL)?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER Pur faucet filter
Was the water ever tested: (Y) / N When? 1980
Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 1 acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL (RESIDENTIAL)?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 10 years Was it permitted: Y / N When: Yes 2009

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

Nothing since new system was installed

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 2-3yrs Date last pumped: 8/1/19
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MS-3-1A

Name: Z Phone: 610-759-6735

Address: NAZARETH PA. 18064

(Own) or Rent No. of Residents: 1

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 500 ft. Cased: (Y)/ N

How far is the well or spring from the drain field: 100 + ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y)/ N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y)/ N When? 2005

Any contamination: (Y)/ N What (TC, FC, N, etc.) TC 180

How large is your lot: 1.5631 ACRES No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT (~~BACK~~ SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 47 Was it permitted: (Y)/ N When: 11-11-71

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y)/ N How often: 3 YRS. Date last pumped: 11-1-16

If it was pumped, was it inspected for cracks or broken baffles: (Y)/ N What part: _____

Has the system ever been repaired: Y /(N) When: _____ By permit? Y / N

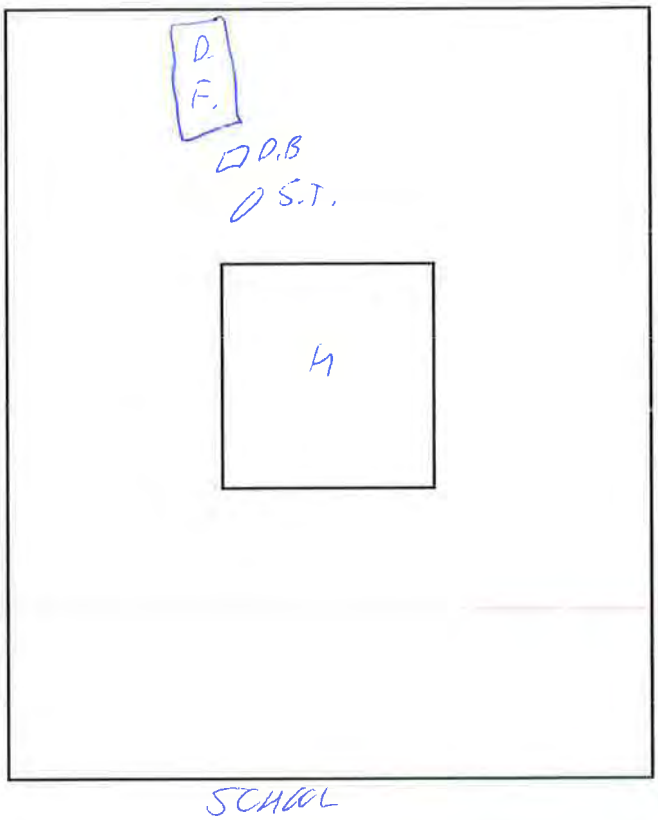
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/16/14 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: M8-31C

Name: ____ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 4 AC No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

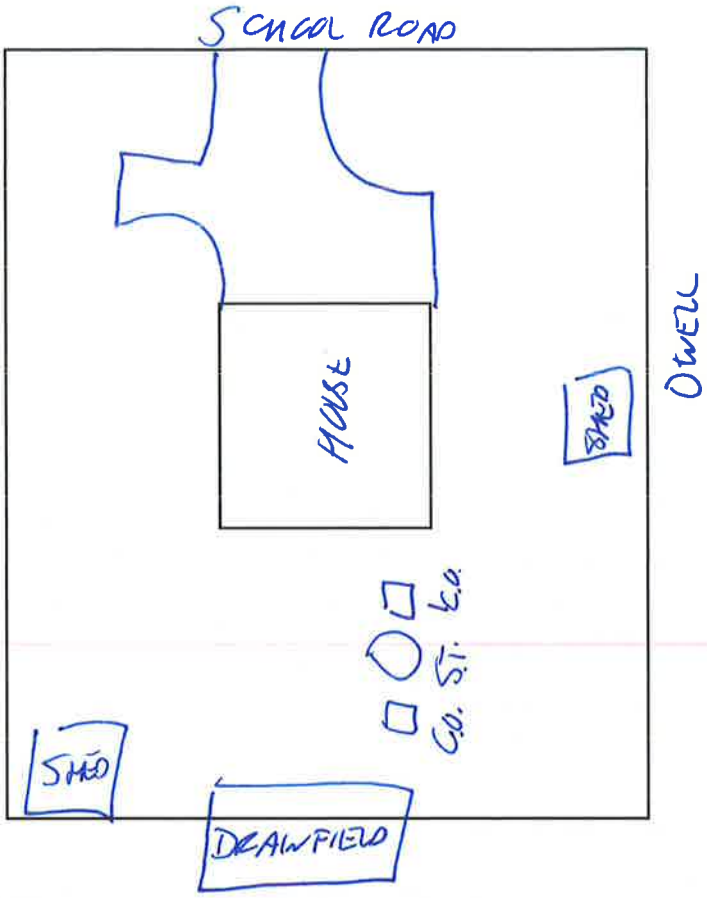
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/24/19 WEATHER: 40°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

UV - WELL WATER SOFT WELL 1 PERSON PUMPED

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: N/A M82-158

Name: _____ Phone: 610 365 8061

Address: Nazareth PA 18064

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: 220' ft. Cased: Y / N

How far is the well or spring from the drain field: 150' ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? 2009

Any contamination: Y / N What (TC, FC, N, etc.) safe to drink

How large is your lot: 30 acres No. of dwelling units: 2

One or more sewage systems? 2 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 40 years Was it permitted: Y / N When: unknown

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3 Date last pumped: unknown

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 18MEL-6-1

Name: (6107593122 H Phone: 610 703 5916 C

Address: Nazareth, PA 18064

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.7 acres No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or ~~sink water~~ go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: apx 25 yrs Was it permitted: (Y) / N When: when built

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER none

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 3 yrs Date last pumped: 8.2.19
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

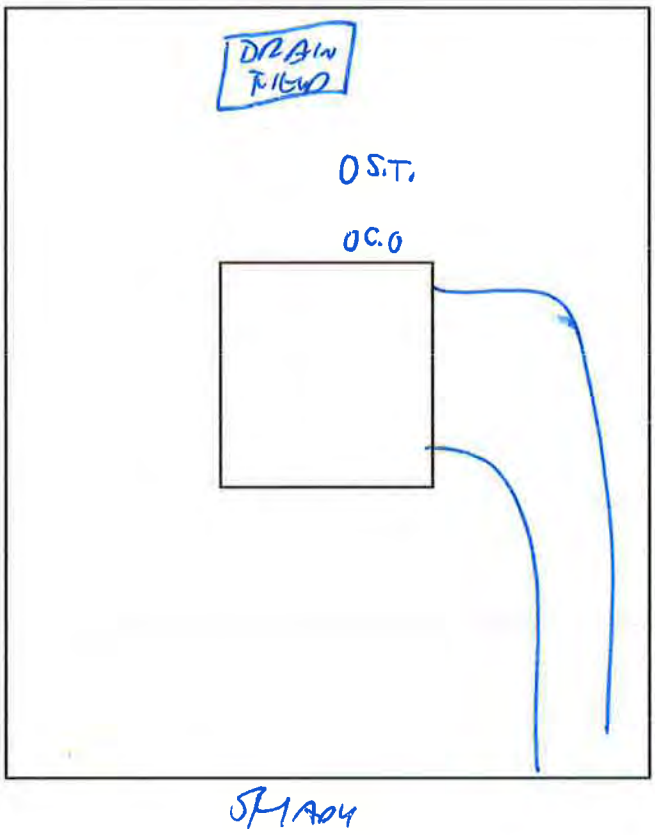
Has the system ever been repaired: Y / (N) When: I.D.K. By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Allstate pumps every 3 yrs. I don't know if they inspect. They are supposed to but they never say if anything is wrong

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/8/19 WEATHER: 38° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MNEY-22

Name: _____ _____ Phone: _____

Address: ___ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

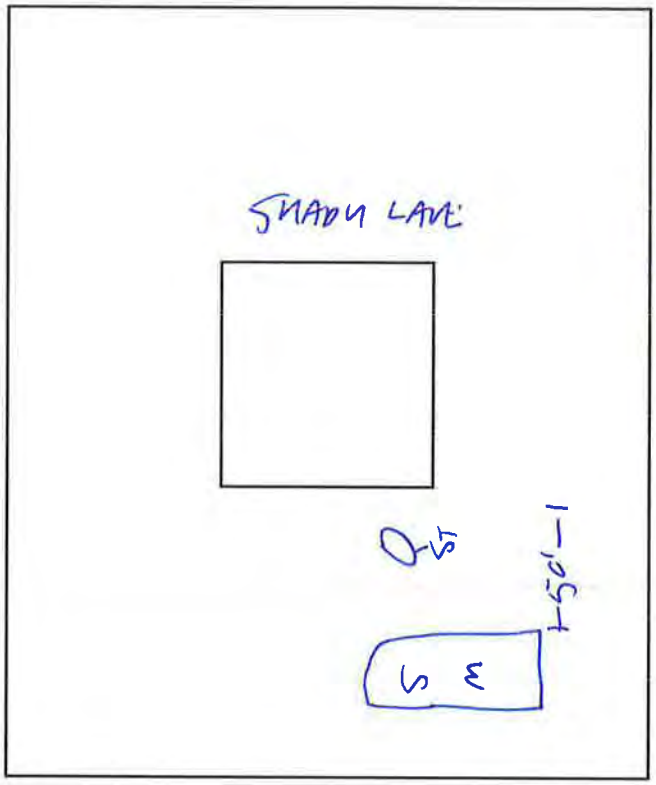
Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HSNky-3-1

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

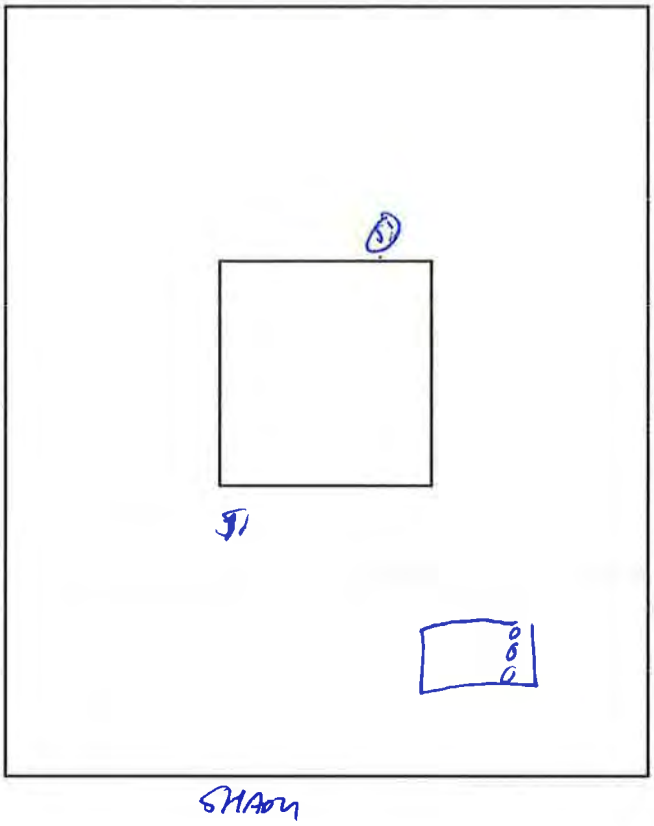
Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48NE43-2

Name: _____ Phone: 610-390-5693

Address: Nazareth, PA 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.27 Acres No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 21 yes Was it permitted: Y / N When: 1998

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 4 yrs Date last pumped: 5/3/2017
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

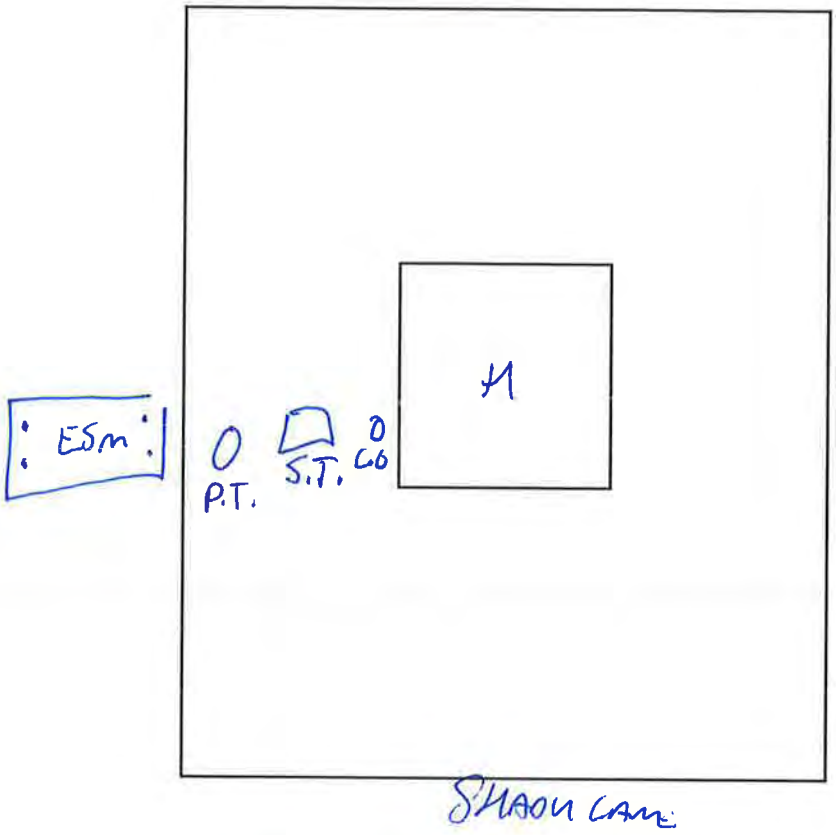
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48MEY-33

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

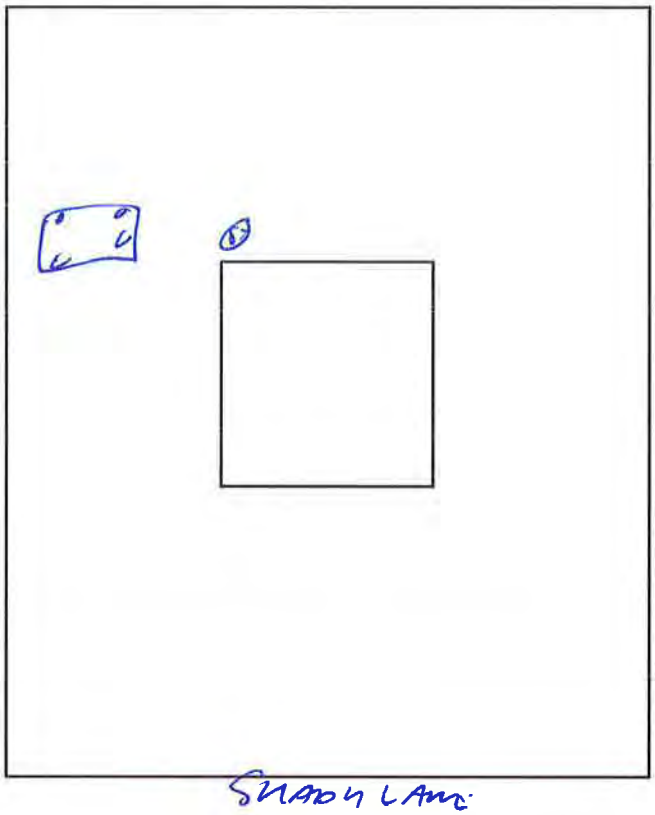
Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/11/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MONT 3-6

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____ 1
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

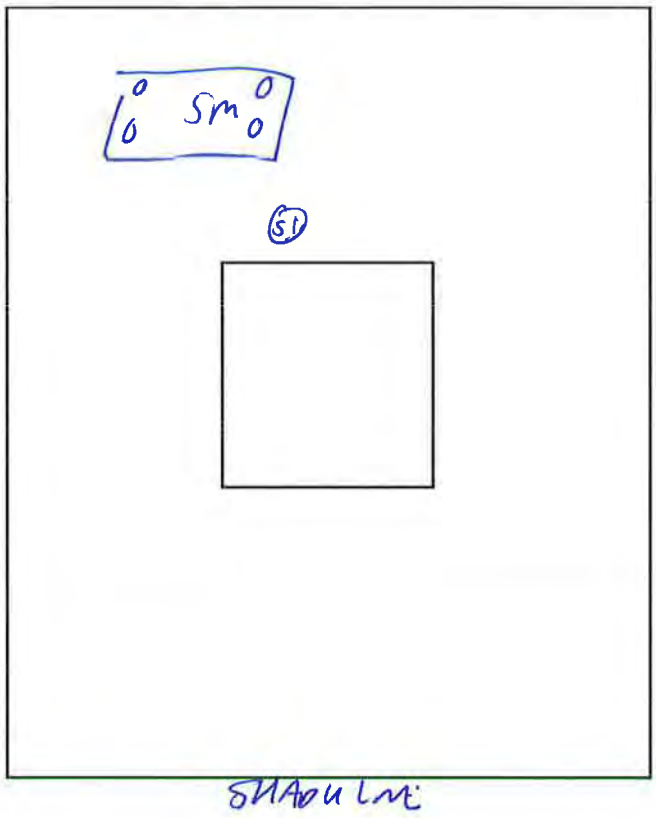
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/11/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 18NEU-37

Name: ___ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:__1__
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

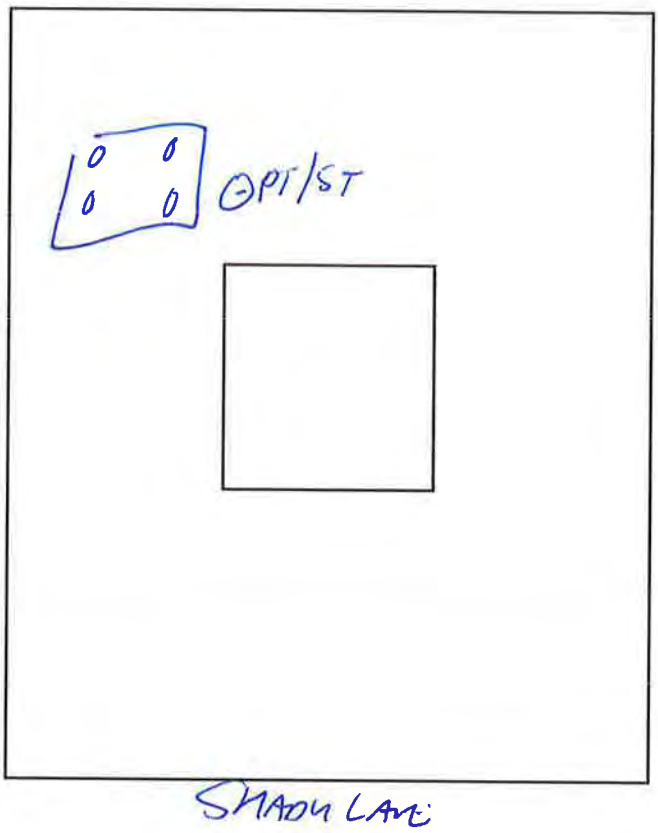
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MAEN-3-10

Name: _____ _____ Phone: _____

Address: _____ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2-3 years Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

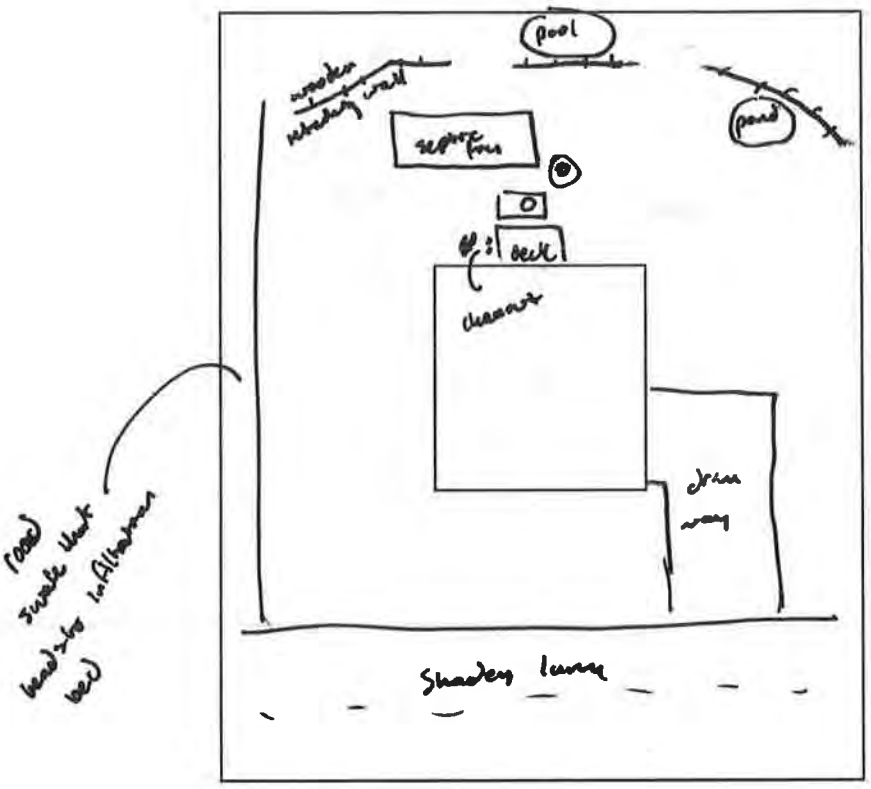
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-17-19 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:
- roadway leads to swale along property which leads to infiltration basin
- roadway wall built along septic berm

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48NEY-4-0

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 17 AC No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

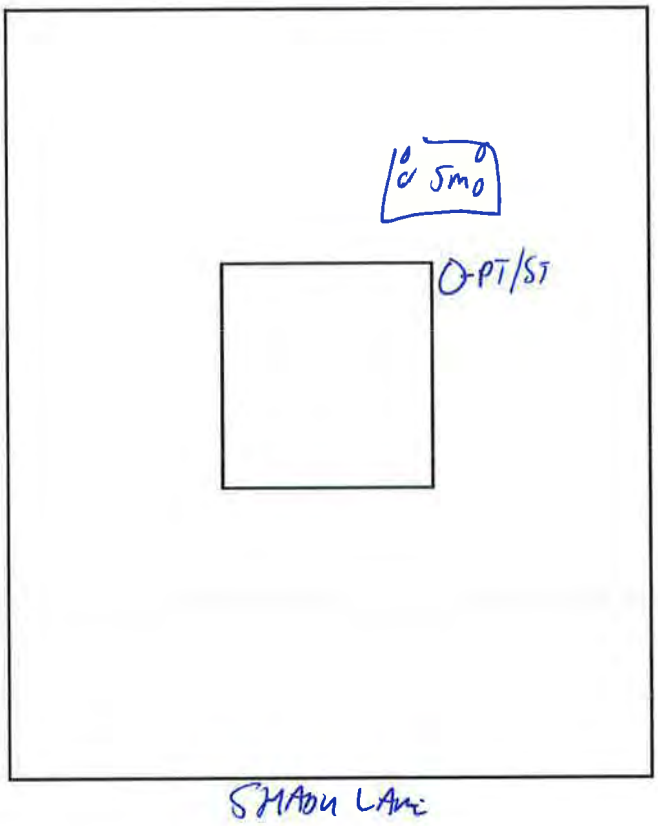
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/11/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: LfN tu-3-11

Name: ____ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____

_____

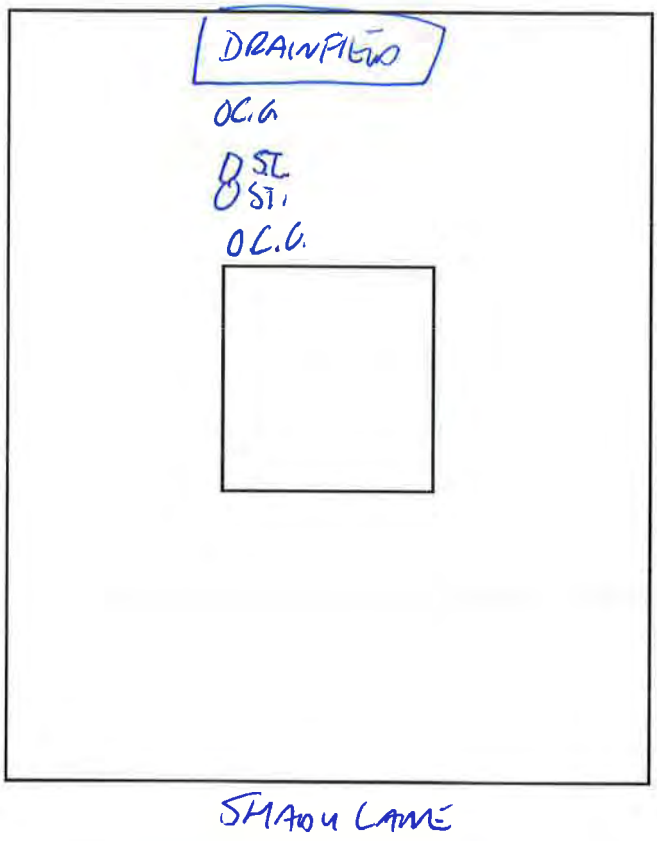
_____

_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/16 WEATHER: 50'



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

P.W

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48NL4-4-13

Name: ____ _____ Phone: /

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .72 AC No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

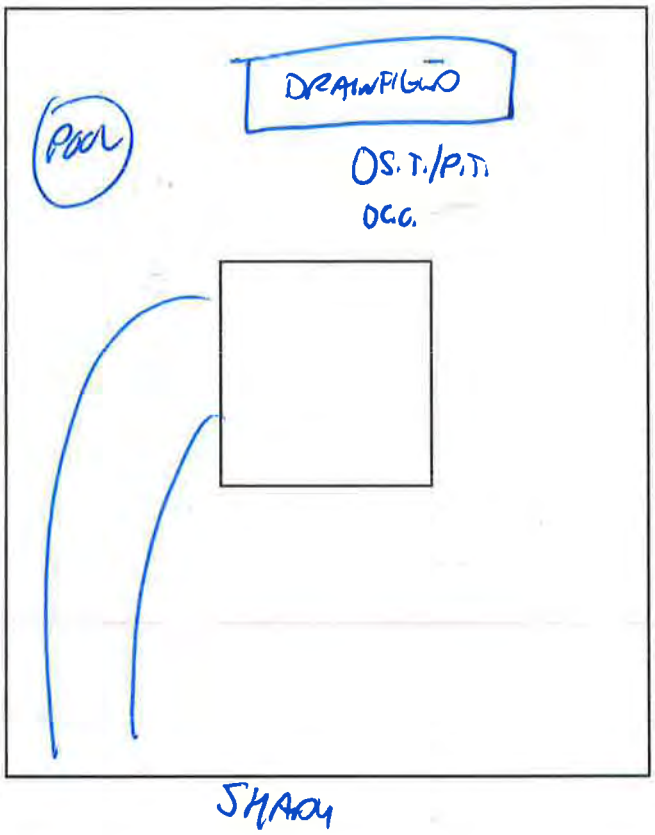
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48NA-4-14

Name: _____

Address _____ Phone: 610.757.5100 Beth cell

_____, NAZARETH PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y (N) When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____

(One) or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO ISSUES AS LONG AS WE HAVE IT CHECKED EVERY FEW YEARS.

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out (Y) / N How often: _____ Date last pumped: ? 2 or 3 yrs ago

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N

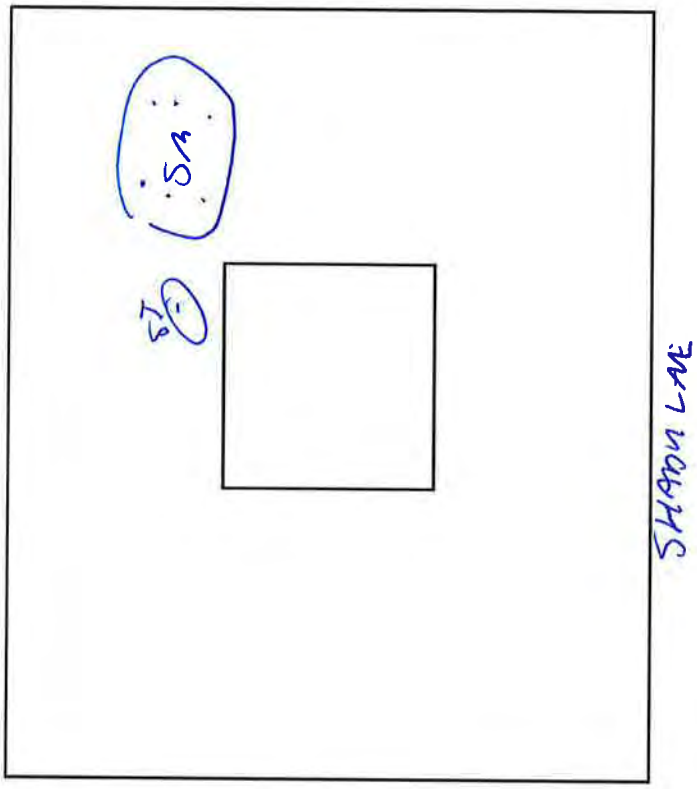
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/10/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: _____ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: USM 4-3-13

Name: _____ Phone: Cell 908-319-3500

Address: _____

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 5 years ago
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1 Acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 23 Was it permitted: (Y) / N When: 1996 when house was Built

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* ND

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2X's Date last pumped: 10 yrs ago
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: TANK

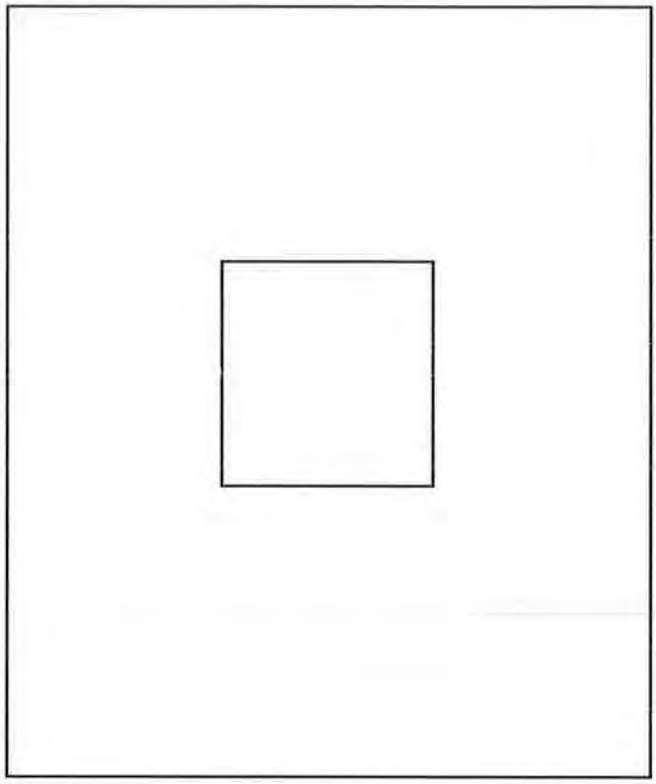
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: NO Repair ever done / system has worked well
Because I receive to many Robo calls I don't Answer
unknown calls leave message & I will Return call

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

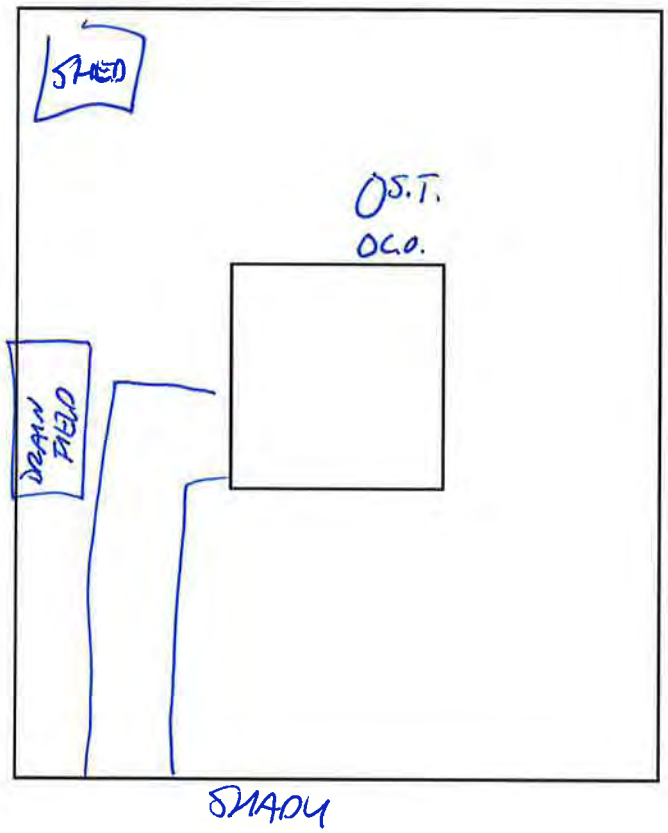
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

P.W.

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48NA43-M

Name: __ ____ Phone: 610-762-8763

Address: _____, NAZARETH, PA 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) NOT SURE

How large is your lot: 3/4 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL (RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 23 YRS Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3-5 YRS Date last pumped: 9/26/16
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

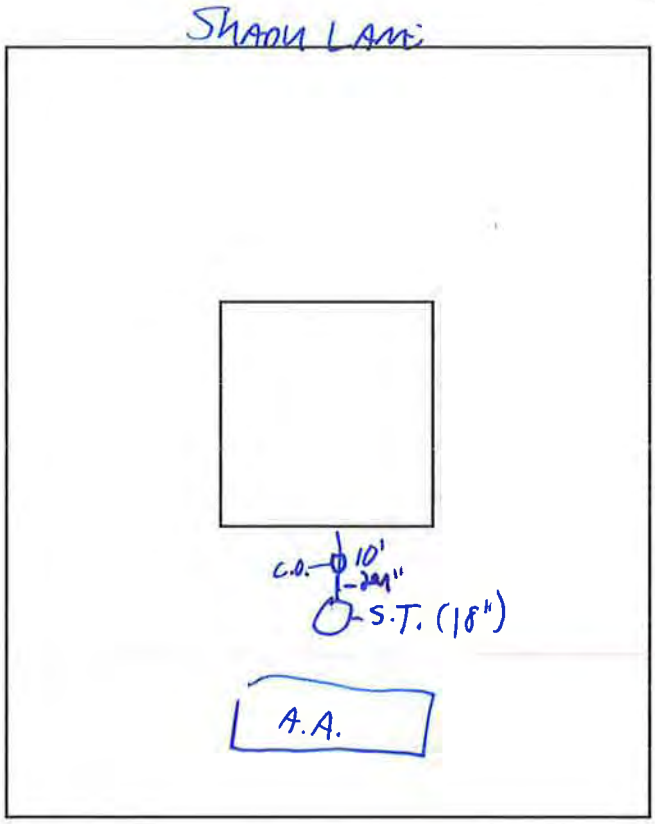
Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: CLOUDY



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HBMM-316

Name: ____ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:____ _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

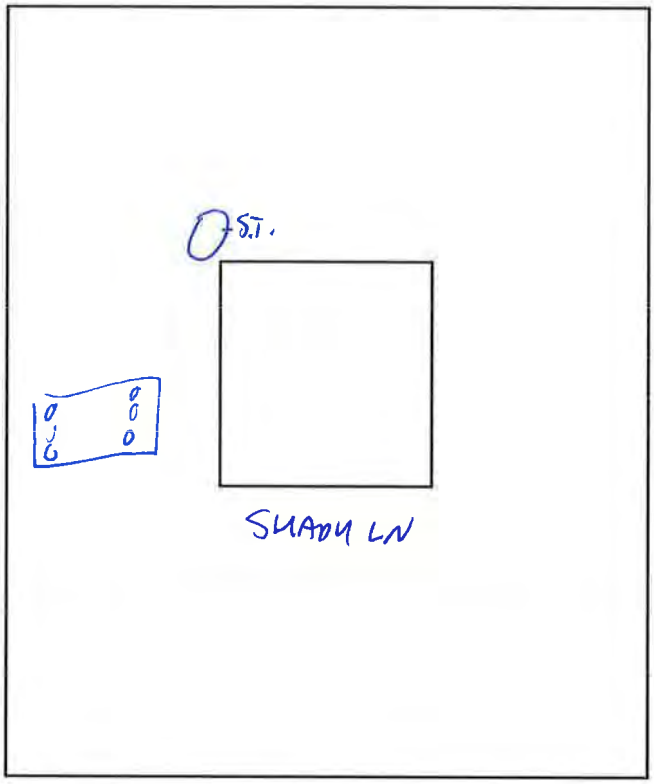
Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48M1-38

Name: [redacted] Phone: 610 554 3030

Address: [redacted] NAZARETH, PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y (N) When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 3/4 ACRE (APPROX) No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER STANDARD GRAVITY FED DRAINFIELD

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1994 Was it permitted: (Y) N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round? NA

Have you ever had your system pumped out: (Y) N How often: 3-4 YRS Date last pumped: 2017

If it was pumped, was it inspected for cracks or broken baffles: (Y) N What part: SEPTIC TANK

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N

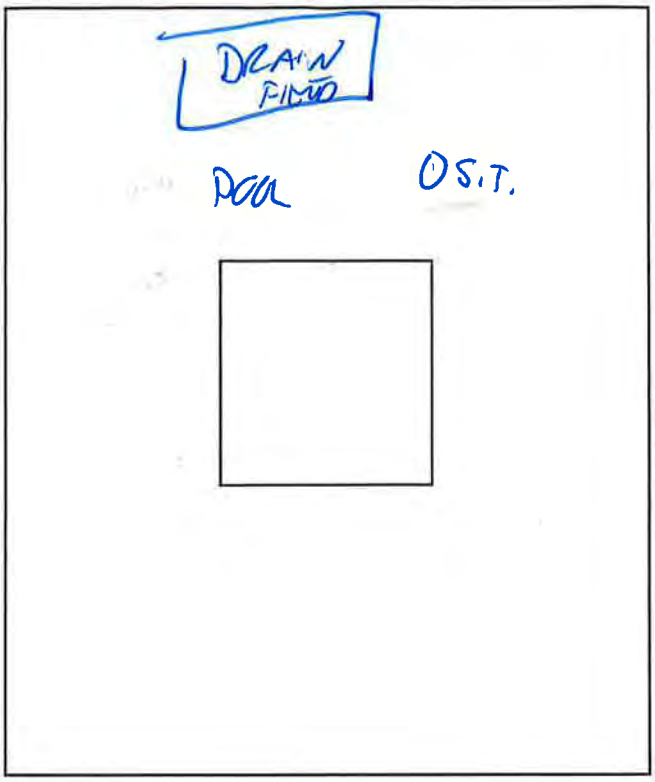
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/8/16 WEATHER: 30° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

EVERY 4 YEARS

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

FORM @ OFFICE

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MFNA1-3-7

Name: _____ Phone: 610-759-5491

Address: NAZARETH, PA 18064

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.5 ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 26 YRS Was it permitted (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? NONE

Have you ever had your system pumped out: (Y) / N How often: 3-5 YRS Date last pumped: JAN 2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: TANK

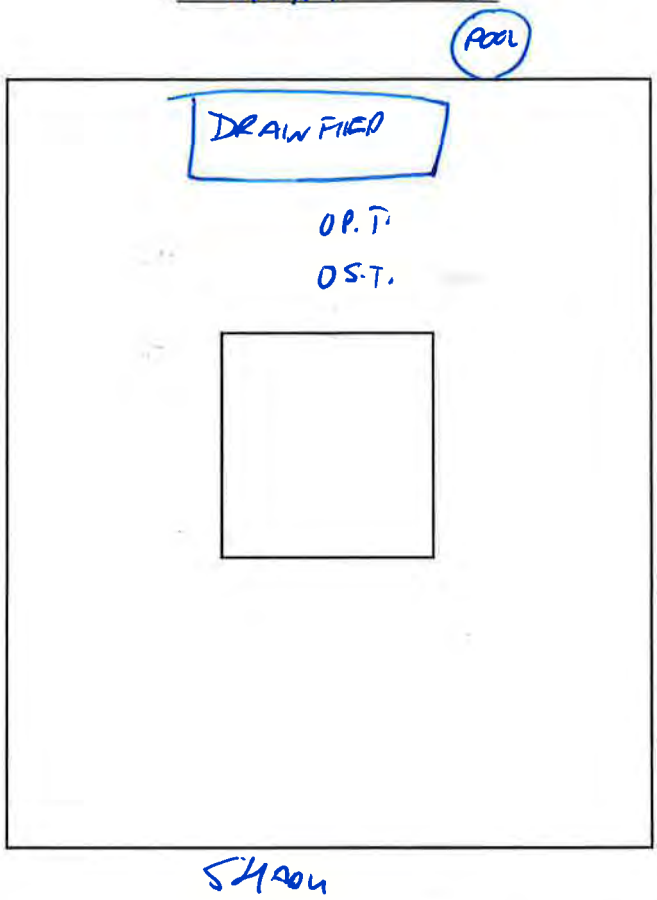
Has the system ever been repaired: (Y) / N When: JAN 2019 By permit? Y / N
What part: TANK: (Repaired)/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced
WIRING

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/8/19 WEATHER: 30°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

FOUND OFFICE

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48M-1-7-1

Name: _ Phone: 201-370-9613

Address: NAZARETH, PA 18064

(Own) or Rent No. of Residents: ONE; I travel around 100 days per year.

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____

~~If you have a well, is it:~~ ~~DUG or DRILLED~~ ~~How Deep: _____ ft.~~ ~~Cased: Y / N~~

~~How far is the well or spring from the drain field: _____ ft.~~ ~~Is the well UP or DOWNHILL?~~

Do you treat your water: Y / N ~~How? CL/UV DISINFECTION / SOFTENER / ION OTHER~~ _____

~~Was the water ever tested: Y / N~~ ~~When?~~ _____

~~Any contamination: Y / N~~ ~~What (TC, FC, N, etc.)~~ _____

How large is your lot: 43,546.17 SQ FT No. of dwelling units: ONE

One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK) 1250 GAL	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER DOSING TANK - 350 GAL.

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK) 1250 GAL	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER DOSING TANK - 350 GAL.

How old is your system: 25 yrs Was it permitted: (Y) / N When: MARCH 1994

AND INSPECTED BY PLFD TWP 3/15/94 & 3/22/94 APPROVED

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	~~SYSTEM OVERFLOW~~	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____ (NO)

~~If you noticed any of the above, is it seasonal or year-round?~~ _____

Have you ever had your system pumped out: (Y) / N How often: 5yrs Date last pumped: 10/22/2019

If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: Both Tanks

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

Pump was replaced with higher quality pump Sept. 1999.

System was pumped out 10/22/19 but not formally inspected based on visual inspection of both tanks.

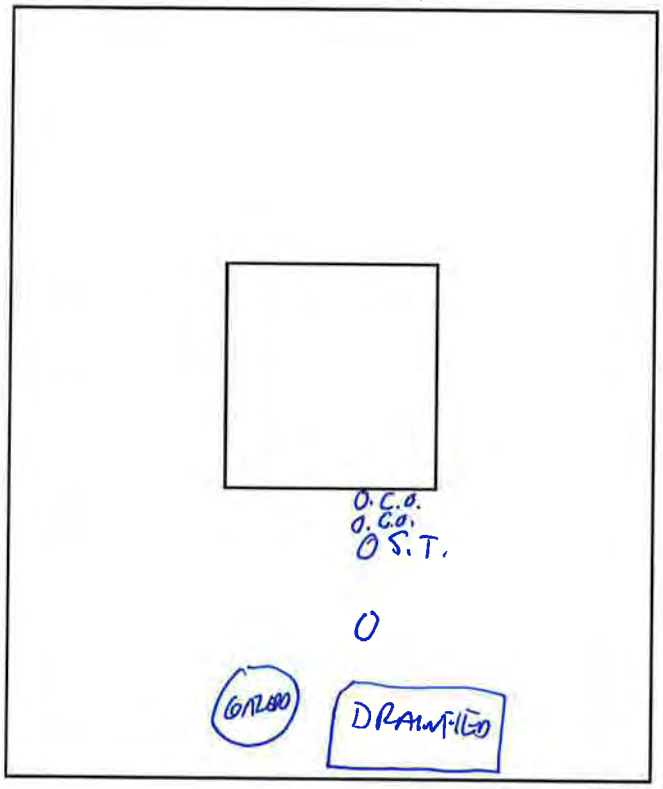
Site Drawing included from Gazebo Install Permit

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 50°

SHAON CAMP



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: M8M1-3-6

Name: _____ Phone: 610-365-2293

Address: NAZARETH, PA,

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? ?
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1 3/4 ACRE No. of dwelling units: 1
One or more sewage systems? 1 Septic COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 30 YRS ? Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 YRS Date last pumped: 2017
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

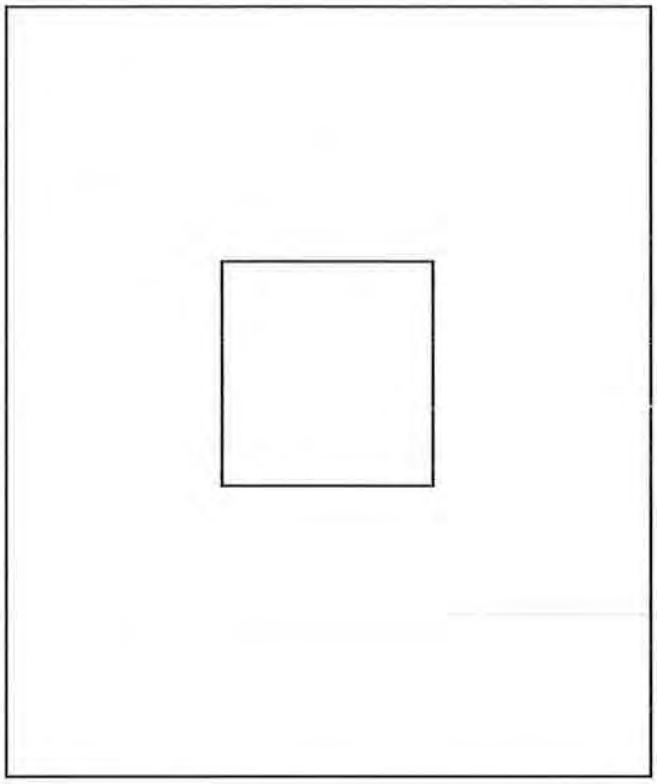
Has the system ever been repaired: (Y) N When: 2017 By permit? Y / N ?
What part: (TANK:) Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

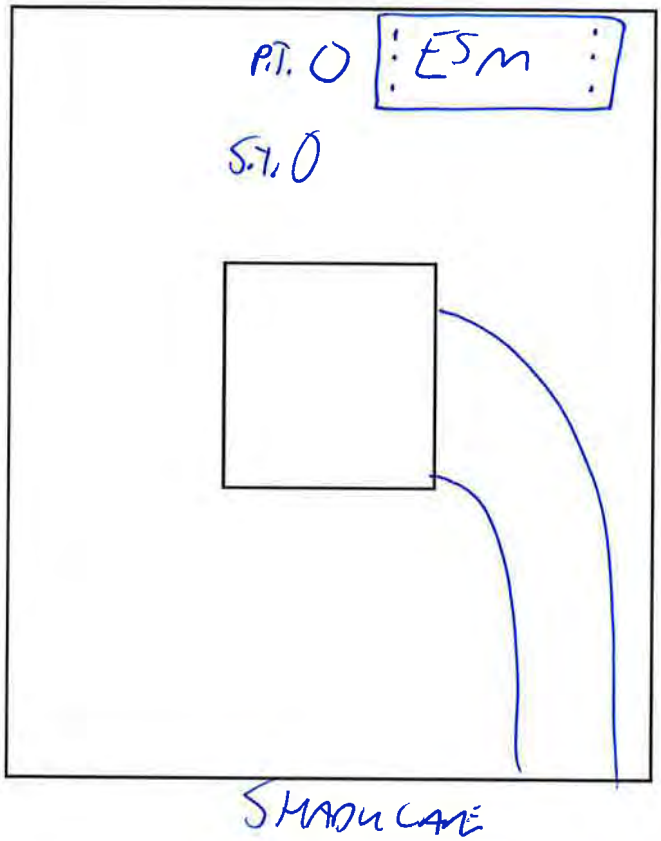
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HME1-32

Name: ___ Phone: 484-541-8675

Address: _ NAZARETH PA 18064

Own or Rent / No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.15 No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1989 Was it permitted: Y / N When: YES

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* NONE

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 5 Date last pumped: 2014 ±
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: TANK

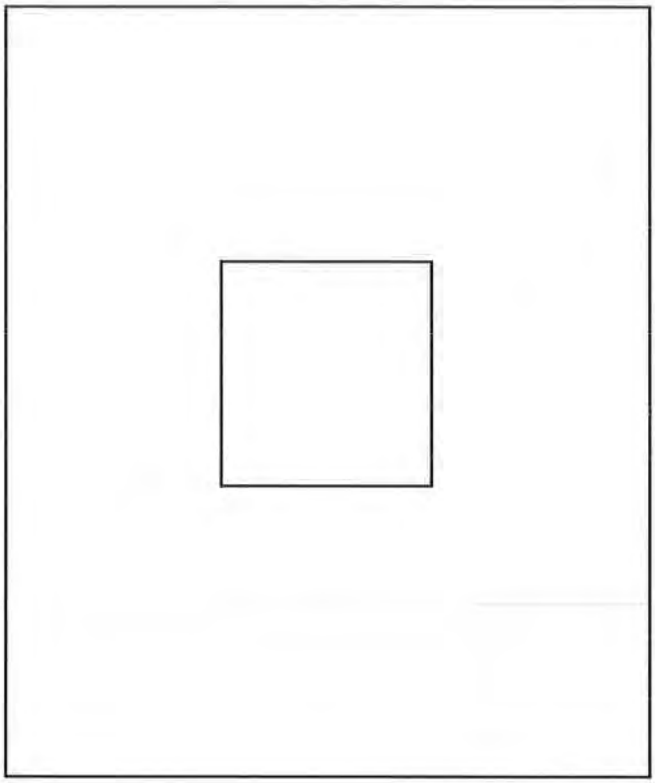
Has the system ever been repaired: (Y) / N When: 2014 ± By permit? (Y) / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

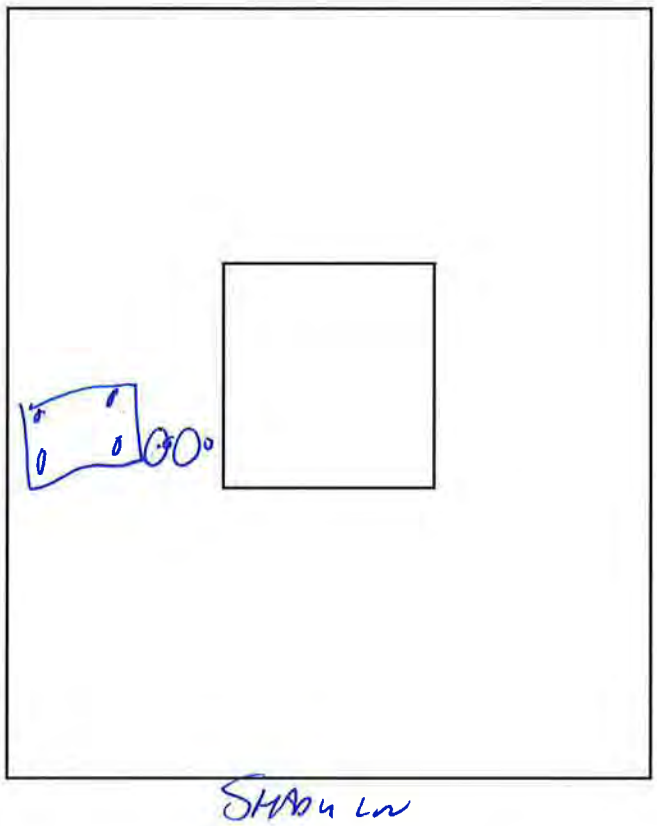
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MPMW2-3-1

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

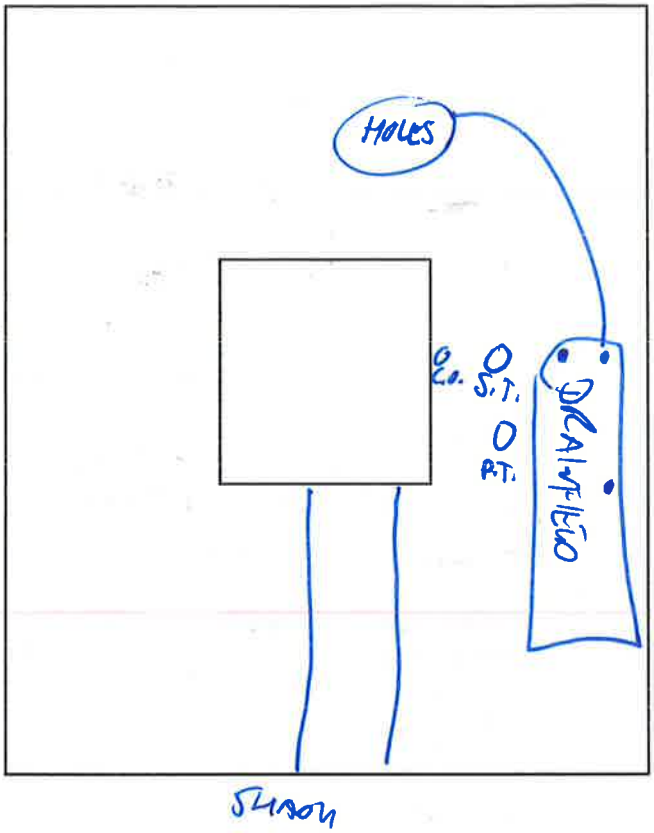
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: HOLES NEAR DRAINFIELD
CARS ON ROOF LEAKING

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: PSmd-410

Name: _ _____ Phone: 610-360-1429

Address: _____

(Own) or Rent No. of Residents: 5

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: Just under 1 Acre No. of dwelling units: _____
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 30 yrs Was it permitted: (Y) / N When: 1989

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 yrs Date last pumped: July 2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) N What part: _____

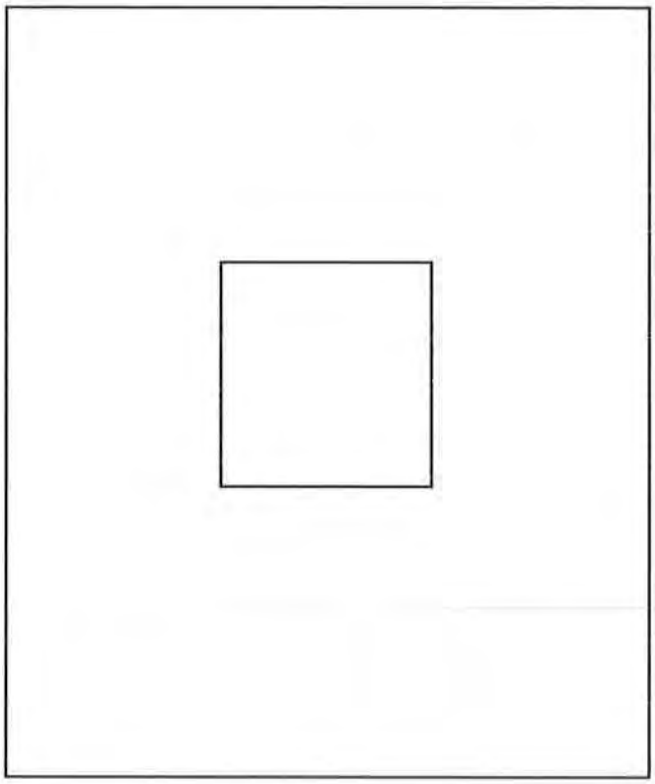
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

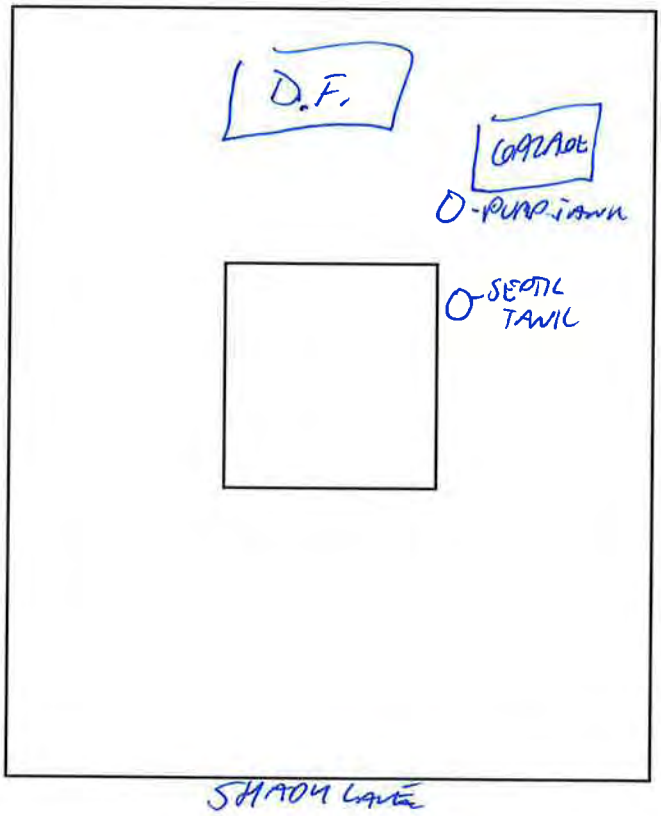
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/19 WEATHER: SO'



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: PUMP REPLACED
REGULAR MAINTENANCE

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____

_____

_____

_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: NPNW 2-4-8

Name: _____ Phone: _____

Address: Nazareth PA (Plainfield Twp)

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? Unsure. I believe @ purchase in 2014
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.36 Ac No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

~~What kind of sewage~~ system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
~~CESSPOOL~~	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: original 1990-ish Was it permitted: (Y) / N When: @ Build

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
*WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 2014
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
There is some pooling in backyard that occurs w/ heavy rain, but its unrelated to septic system. ~~ducter~~ typically drains within 8 hrs. Clay soil

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-15-18A

Name: [redacted] Phone: 610 730 2770

Address: [redacted]

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? N/A - Public
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 180x 90 Approx. No. of dwelling units: 2
One or more sewage systems? Yes COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT / BACK / SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 30+/- 5 Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2-3 +/- 5 Date last pumped: Spring 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: Both

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-15-19W

Name: _____ Phone: 610 7464634

Address. _____

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER None
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 120 x 120 No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	None
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? NEVER

Have you ever had your system pumped out: Y / N How often: 2 Date last pumped: ?
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

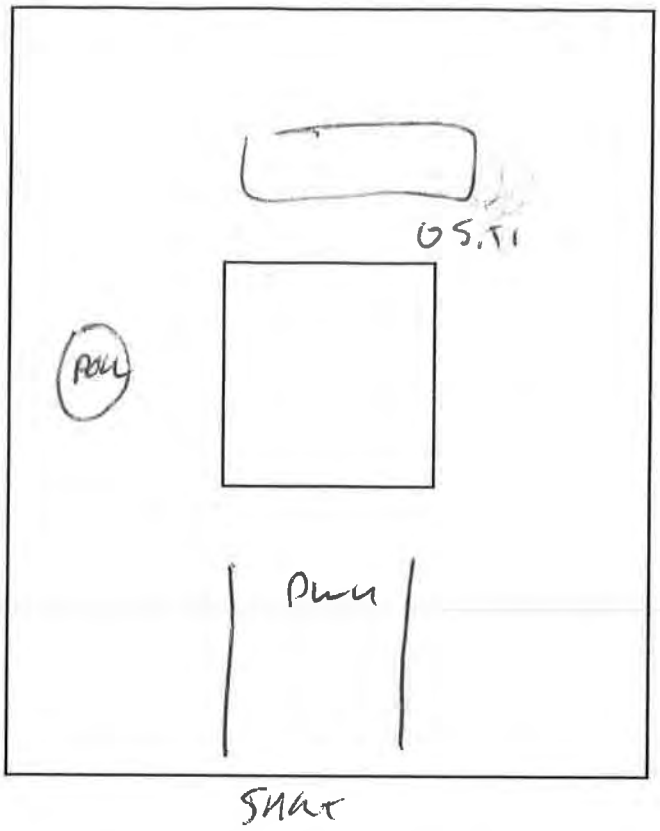
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/16/19 WEATHER: 50° RAIN



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 2' DOWN

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 6-15-18

Name: [redacted] Phone: 973-876-2003

Address: [redacted] Nazareth, PA 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 18B 9583sqFt No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT / BACK / SIDE YARD

~~What kind of sewage system do you have:~~ *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

~~Where does your~~ laundry ~~and/or sink water go:~~ *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 32 yrs Was it permitted: Y / N When: 1987 New Home

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 1 Date last pumped: 2-21-17
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: TANK

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GS-10-3F

Name: ___ Phone: ___

Address: ___

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: ___
If you have a well, is it: DUG or DRILLED How Deep: ___ ft. Cased: Y / N
How far is the well or spring from the drain field: 120 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER —
Was the water ever tested: Y / N When? —
Any contamination: Y / N What (TC, FC, N, etc.) —

How large is your lot: 1 AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDEYARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

How old is your system: 20 Was it permitted: Y / N When: 1995

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER ___
If you noticed any of the above, is it seasonal or year-round? ___

Have you ever had your system pumped out: Y / N How often: 5 Date last pumped: ___
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ___

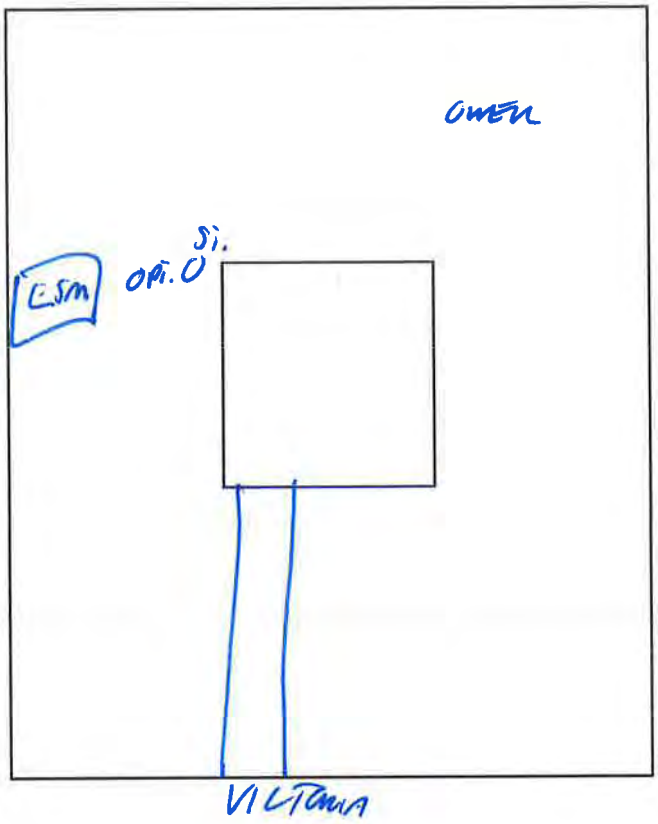
Has the system ever been repaired: Y / N When: 2018 By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 4/12/19 WEATHER: 30°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-1034

Name: _____ Phone: 610-746-6405

Address: _____, PEN ARGYL, PA. 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: ? ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 2002

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1 1/4 ACRES APPROX. No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK) (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 2002 Was it permitted: Y / N When: NEW CONSTRUCTION 2002

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2-3 yrs Date last pumped: 6/20/17

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

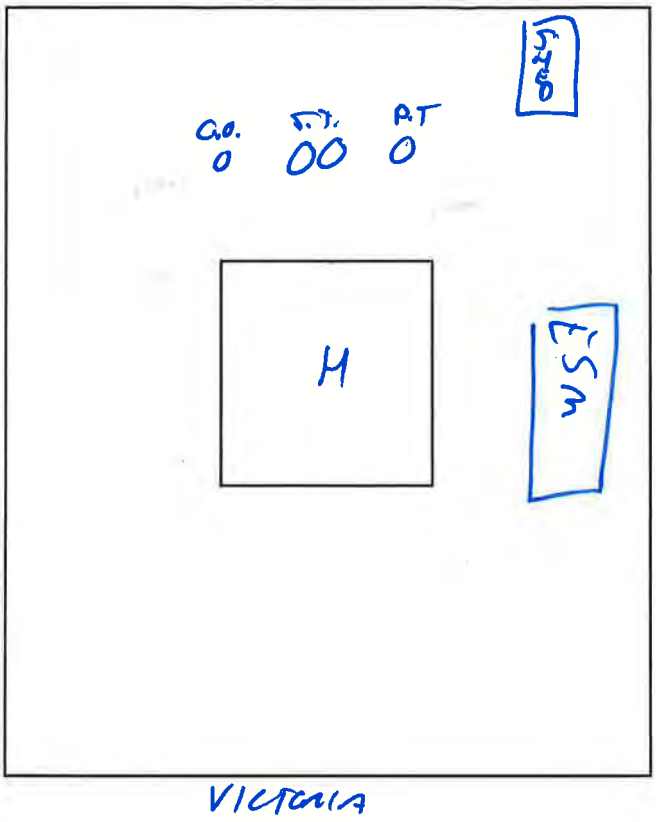
General Comments:

MY HUSBAND PASS AWAY 2½ years ago. He could of answered questions more thoroughly. My answers are not complete because I am not sure. I answered to the best of my ability.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

WATER SAMPLE TAKEN FROM @ OFFICE

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HSE1-3-13

Name: _____ Phone: 610 759-2443

Address: Nazareth PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 90 x 167 No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: Every 5 yrs Date last pumped: 4/5/19
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

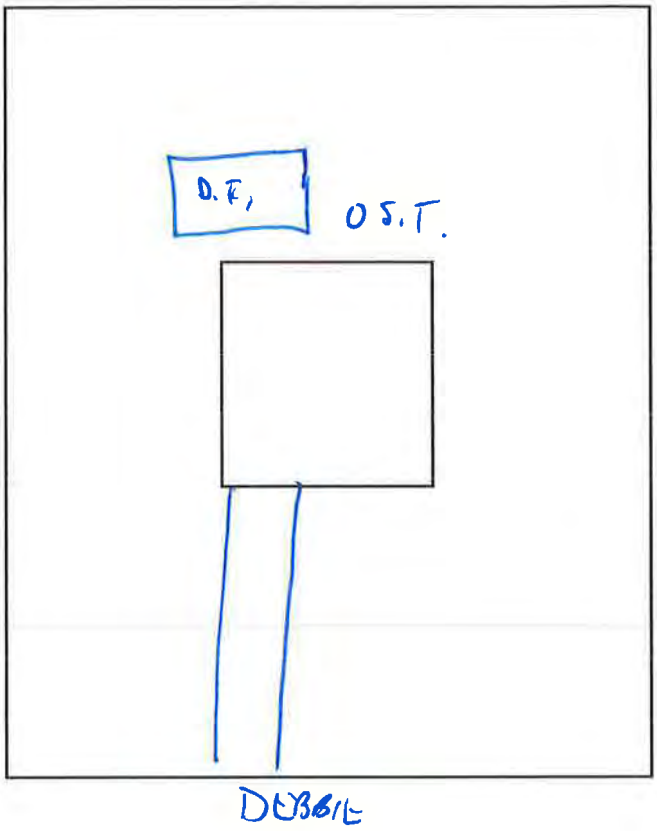
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 4/1/19 WEATHER: 40°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HF St 1-3-6

Name: [redacted] Phone: 610-365-2635

Address: [redacted], NAZARETH, PA 18064

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? Do not know - public water
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 158 X 348 No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER Drain field

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER Drain field

How old is your system: 150 yrs. Was it permitted: Y / N When: Do not know - would assume builder need to permit to install

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None

If you noticed any of the above, is it seasonal or year-round? None

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: within the last 6 weeks
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: all

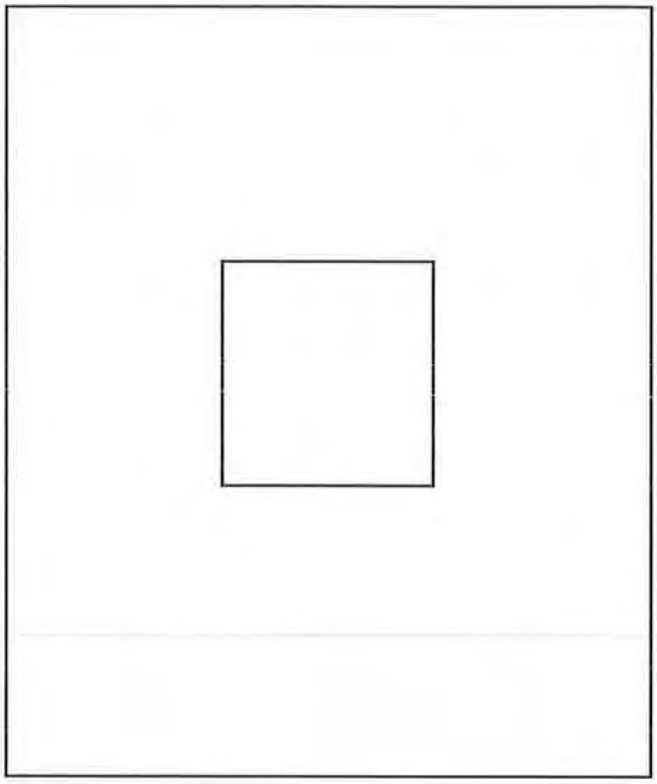
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
I just purchased the home on Apr 9 2019
I am not aware of any problems
I was told emptied and inspected by
Yeska. Get it done.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

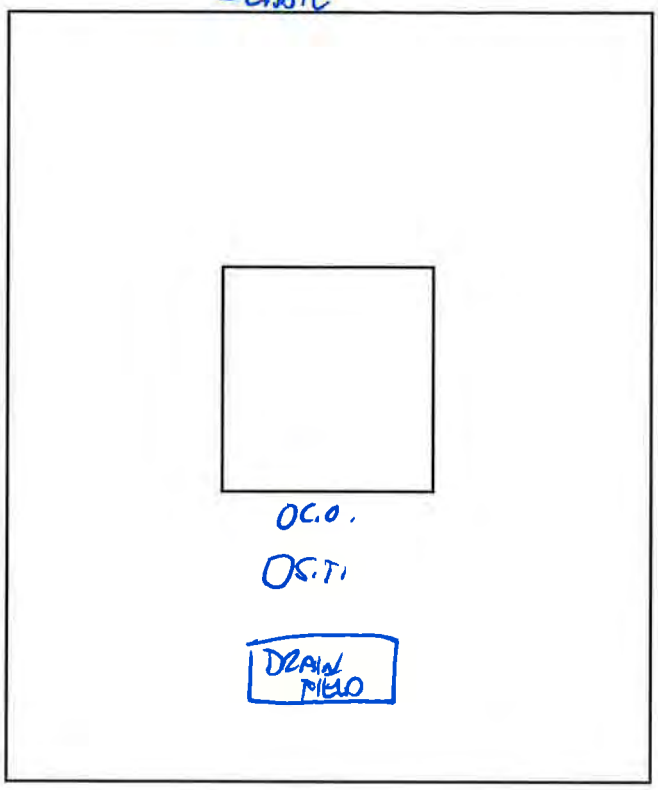
Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 50° SUNNY

DEBBIE



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

NEIGHBOR HOME

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HSL1-3-14

Name: _____ Phone: 610-759-2674

Address: 521 Debbie Lane, Nazareth PA 18064

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? don't Knows
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1/3 Acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 47 yrs Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 5 yrs Date last pumped: 8/20/19
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

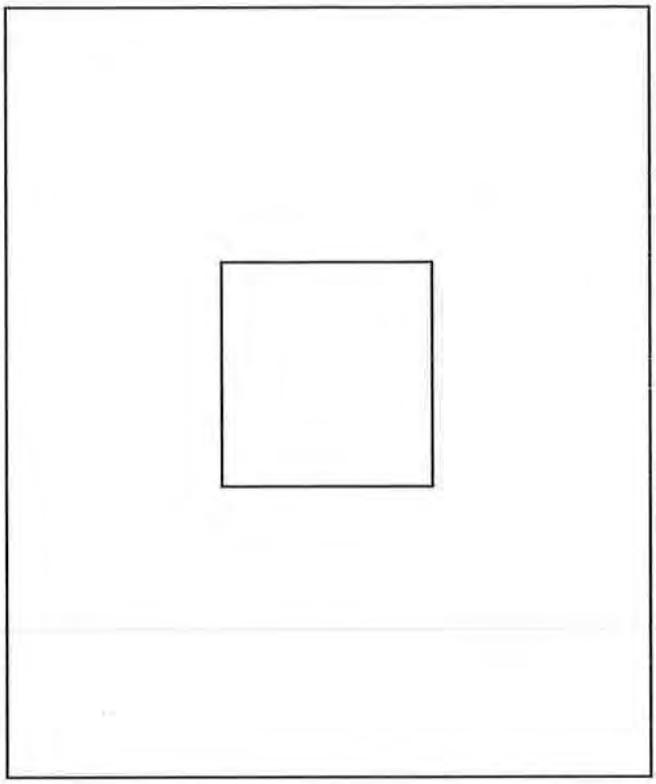
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MCSL-38

Name: C

Phone: 610-759-0836

Address: Nazareth, Pa. 18064

(Own) or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 14,964 sq. ft. No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 5/22/2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

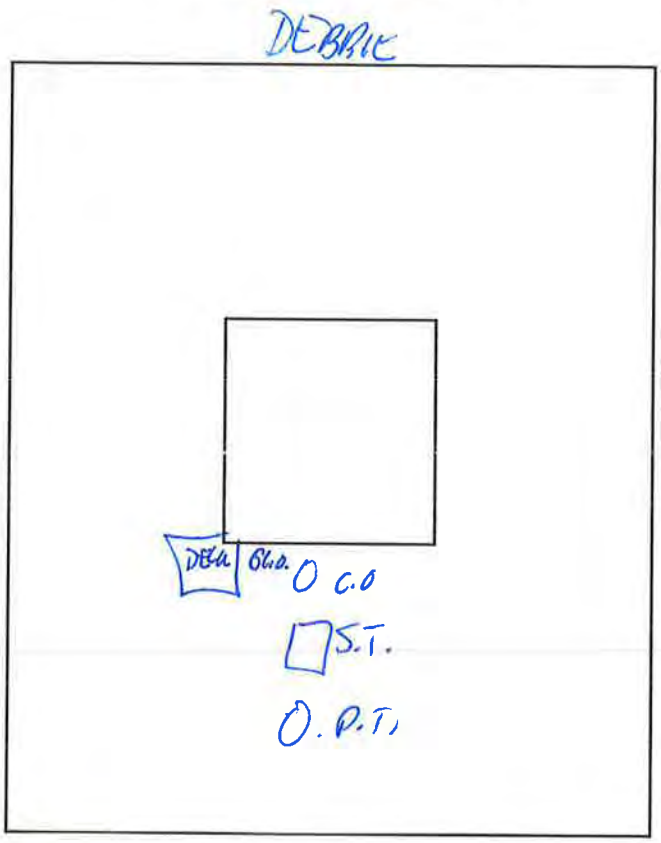
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
Only lived here since August 2017 - 2 yrs. Don't know how old system is. House built in 1969.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/22/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 4851-3-10

Name: _____ Phone: 610-759-6404

Address: Nazareth, Pa. 18064

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: less than ½ acre No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1970 Was it permitted: Y / N When: When house was built

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None of the above

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 5 times since 1990 Date last pumped: Spring 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

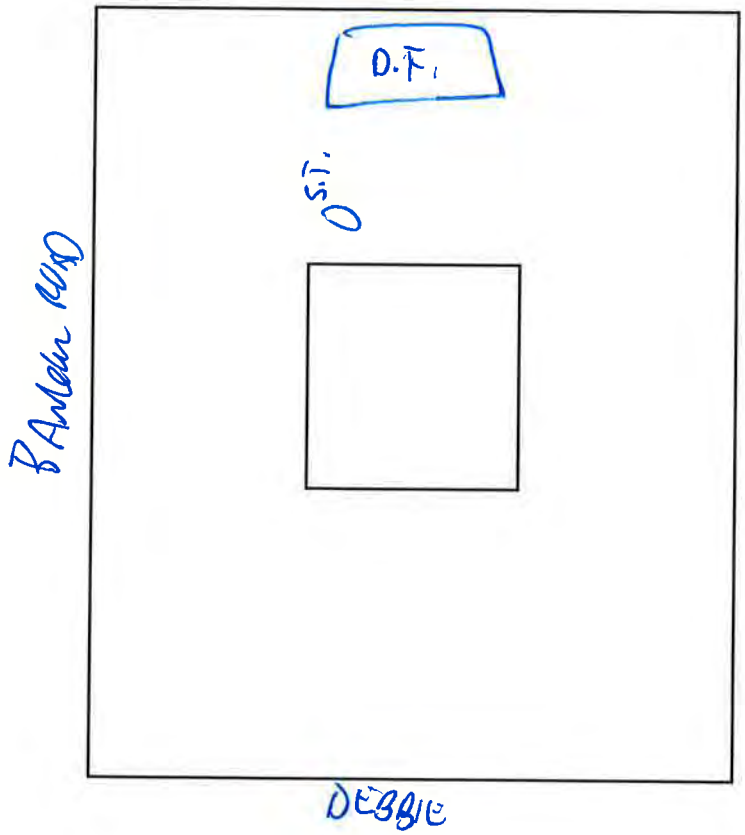
General Comments: Works perfect that is why I don't need to pump it to often

** OVER **

* You have my permission to come on my property & inspect my system when I am not home. Laurey Myer

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 4/6/19 WEATHER: 50°s Rain



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

NOBODY HOME

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-B-3A-10

Name: _____ Phone: 484-866-1120

Address _____

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?
"EXISTING UPON MY PURCHASE"

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: APPR. 1½ ACRE No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ?

How old is your system: 1978 Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER "NONE"
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

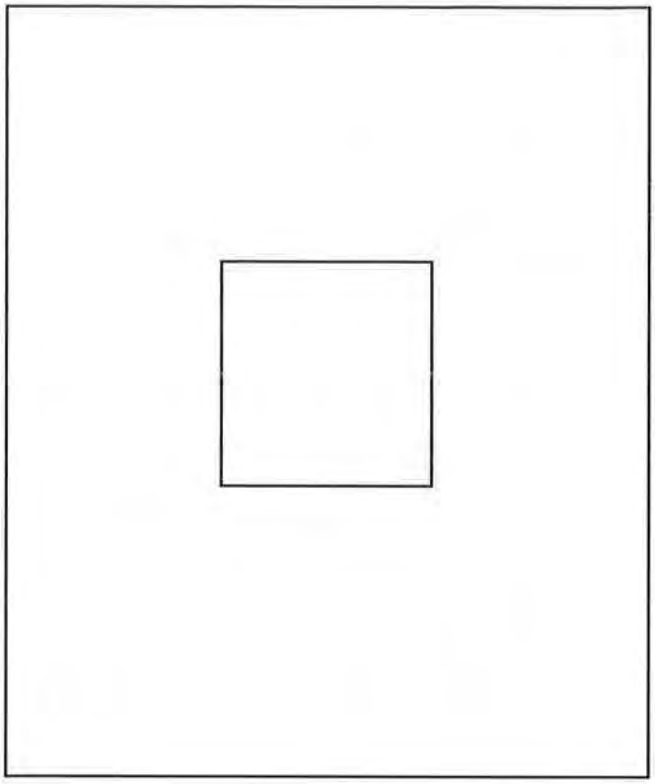
Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
"BOUGHT EXISTING PROPERTY" - 2005
"HOME BUILT IN 1978"

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-18-3A-15

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: UNknown ft. Cased: Y / N
How far is the well or spring from the drain field: 125 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? HOUSE FILTER
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1A.C No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 40+ YEARS Was it permitted: Y / N When: UNKnown

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: — Date last pumped: 14 YEARS AGO
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

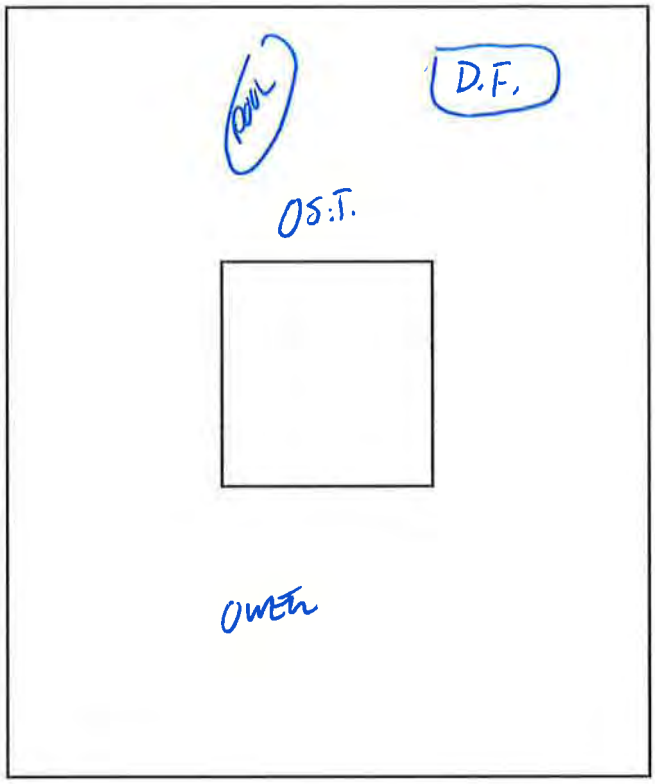
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
LIVED HERE FOR 1-1½ YEARS.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/12/19 WEATHER: 38° Cloudy



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-18-3A

Name: _ Phone: 610-588-7873

Address: , Nazareth PA 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 90 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 200 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____
Was the water ever tested: (Y) / N When? 1987
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 2.52 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 32 yrs Was it permitted: (Y) / N When: 1985

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* None

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: Every 3 5 yrs Date last pumped: 9-5-2017
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: baffles

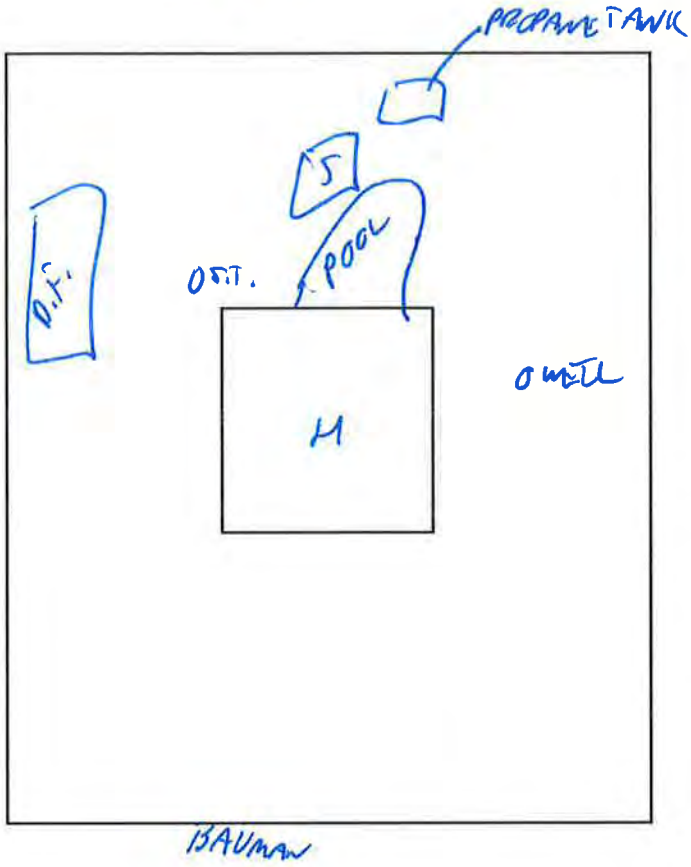
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/13/19 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 65-18-3A 21

Name: _____ Phone: 610 588-7812

Address: Nazareth, PA. 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: Unknown ft. Cased: Y / N

How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? Unknown when we first built

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.73 A No. of dwelling units: 1

One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3Y Date last pumped: 2016

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ?

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

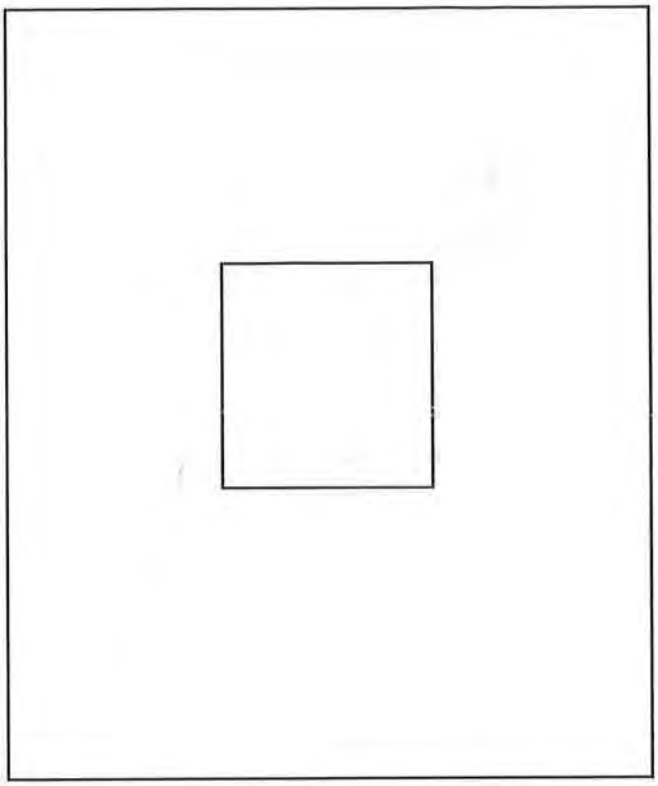
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

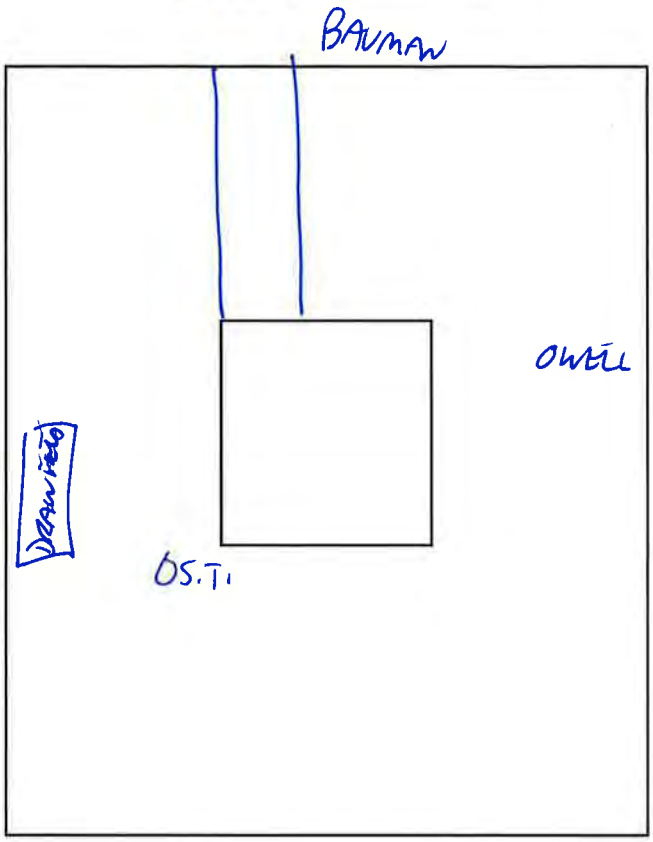
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/28/14 WEATHER: 50° SUNNY



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

WELL SAMPLE
UNDER SEPTEMBER
FARM SEAT IN

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MF-20-1

Name: _____ Phone: 484-542-0999

Address _____

(Own) or Rent No. of Residents: 2-4 (Kids - college)

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 240 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 100+ Ft ft. Is the well UP or (DOWNHILL)? was level - Sand mound elevated it.

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____
Was the water ever tested: Y (N) When? (only for Hardness - 30 yrs ago)
Any contamination: Y / N What (TC, FC, N, etc.) ?

How large is your lot: 4+ Ac. No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 36 Was it permitted: (Y) / N When: 1989

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3-5 yrs Date last pumped: 12-2016
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Both

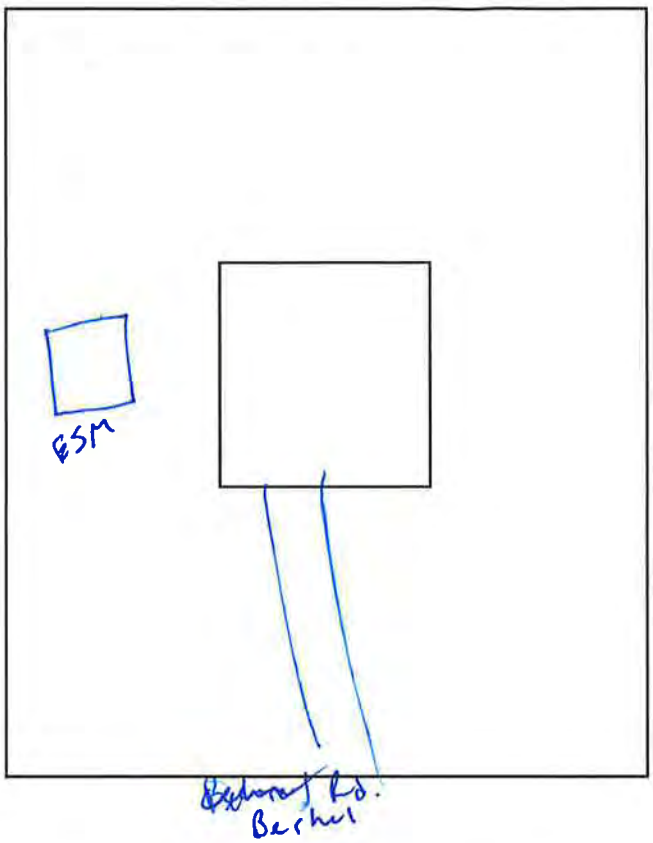
Has the system ever been repaired: (Y) N When: ~1998 + 2016 By permit? Y (N)
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Pump + Float switch + wires

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/29/19 WEATHER: 50° Rain



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ____ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-8-3A-1

Name: _____ Phone: 610 588-6465

Address: Nazareth, PA. 18064

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL? Flat area.

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER monthly Ridex
Was the water ever tested: Y / N When? Water Store Bath -
Any contamination: Y / N What (TC, FC, N, etc.) Placed - intCA - Red light to take care of that issue

How large is your lot: 1 1/2 acres No. of dwelling units: 1
One or more sewage systems? one. COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: [illegible] Was it permitted: Y / N When: _____
Built in 1975 - original

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER Never - no issues -
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: Every 2 yrs. Date last pumped: July 26, 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: no issues

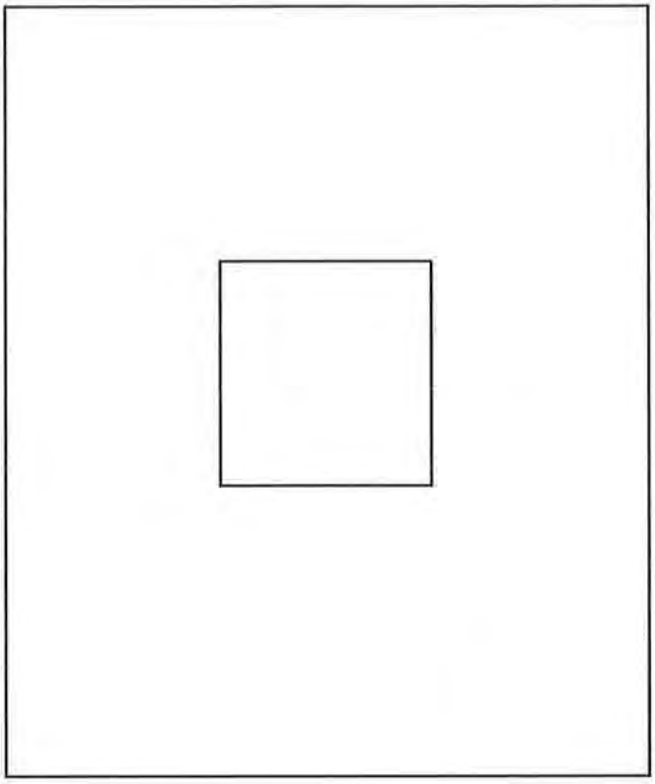
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
Been Here 25 yrs. House Built Around 1975 - Has not been any issues - Filters added - Septic tank cleaned and inspected every 2 years - George Kratzer, Bath, PA. 610 - 837-1391

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: Shale.

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GF-83A3

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

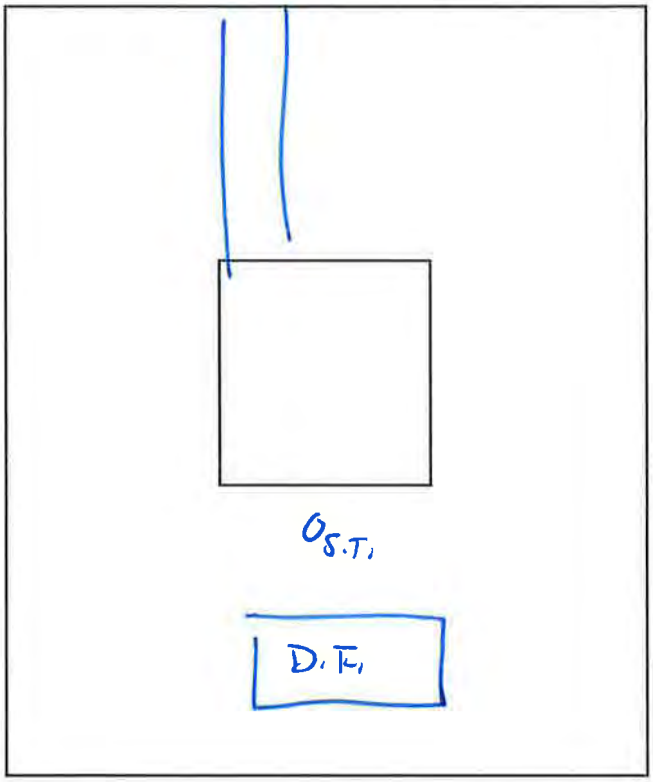
_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/11/14 WEATHER: 40°s rain

Bedroom



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-18-32 9

Name: _ Phone: 610-844-3961

Address: _____

Own or Rent No. of Residents: 2 (plus occasional child)

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: WELL
If you have a well, is it: DUG or (DRILLED) How Deep: 225 ft. Cased: (Y) N
How far is the well or spring from the drain field: 250 ? ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____
Was the water ever tested: (Y) / N When? ?
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.5 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

~~What kind of sewage system do you have:~~ *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1976 Was it permitted: Y / N When: Assume

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? 5 every 4 years

Have you ever had your system pumped out: (Y) N How often: _____ Date last pumped: 3 yrs ago
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-183A-6

Name: ____ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100'+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

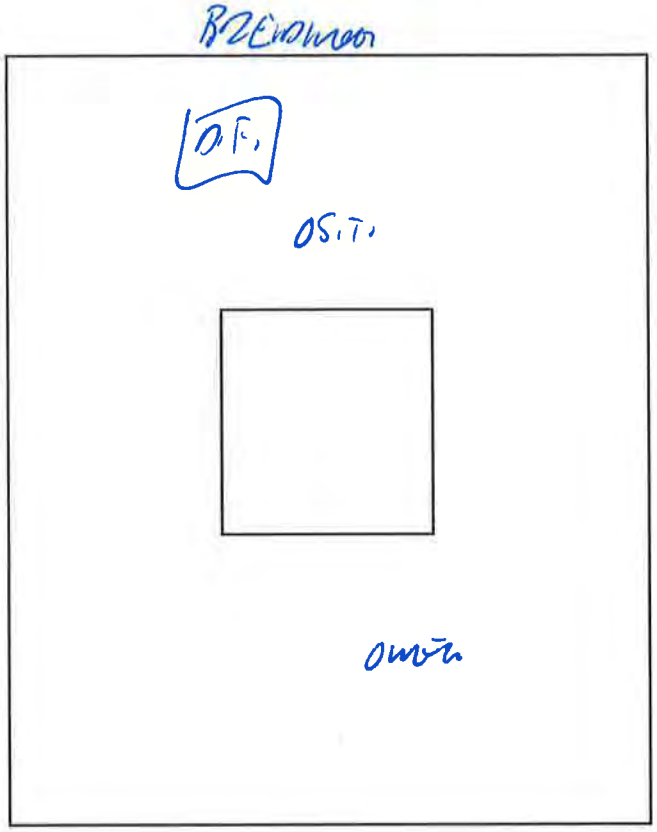
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/11/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 18-19-60

Name: _____ Phone: 610-759-5806

Address: EASTON PA 18042

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 170 ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1/2 ACRE No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 48 YRS Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 7-8 YRS Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
THE TECH THAT PUMPED IT LAST YEAR SAID "JUST KEEP ON DOING WHAT YOU ARE DOING, IT LOOKS GREAT"

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: Gf-18-3A-14

Name: _____ Phone: 610-428-5978

Address: NAZARETH PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: WELL

If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: (Y) / N

How far is the well or spring from the drain field: ~150 ft. Is the well (UP) or DOWNHILL?

WELL IS AT FRONT SIDE TO DRAIN FIELD AT BACK OF HOUSE, EXTR...

Do you treat your water: Y / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested (Y) / N When? 2015 - DURING HOUSE PURCH...

Any contamination: Y / (N) What (TC, FC, N, etc.) NONE KNOWN

How large is your lot: 1.5 ACRES No. of dwelling units: 1

One or more sewage systems? ONE COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1987 Was it permitted: Y / N When: UNKNOWN

HOUSE BUILT 2...

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER (...BOUNDARY ON PA... ...ED

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: ~3 YRS Date last pumped: JUNE 2019

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: TANK

Has the system ever been repaired: (Y) / N When: UNKNOWN By permit? Y / N UNKNOWN

What part: TANK: Repaired/Replaced LINE: (Repaired/Replaced) DRAIN FIELD: Repaired/Replaced

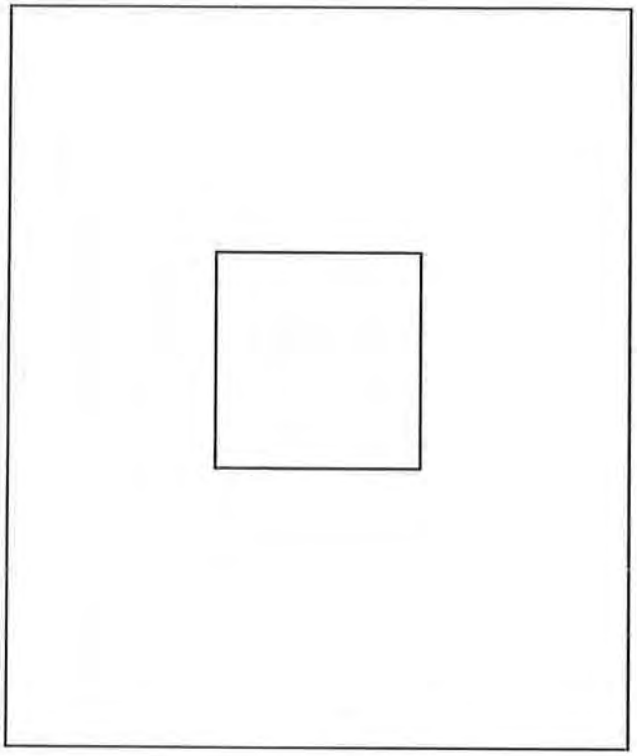
General Comments:

- WE PURCHASED HOUSE IN 2015. NO REPAIRS TO SEPTIC MADE SINCE. PUMPED OUT IN 2019 (1ST TIME). OBSERVATION WAS SYSTEM WAS DELIQUENT AND HAD NOT BEEN PUMPED OUT IN REGULAR INTERVALS.
- DURING HOUSE PURCHASE DISCLOSED DRAIN LINE MAY HAVE BEEN REPAIRED. NO FURTHER DETAILS.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

TUES @ 8:00

FID#: C8-18-3A-19

Name: _____ Phone: 610-392-6965

Address: _____

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 130 ft. Cased: Y / N
How far is the well or spring from the drain field: +200' ft. Is the well UP or DOWNHILL?
LEVEL. & 7'-0" Lower

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? & 1983
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1½ Acres No. of dwelling units: 1
One or more sewage systems? 1 only. COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 35 Was it permitted: Y / N When: 1983.

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS (Typical Back Yard CRAB GRASS)	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? NO

Have you ever had your system pumped out: Y / N How often: 5 Date last pumped: 2019. July.
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

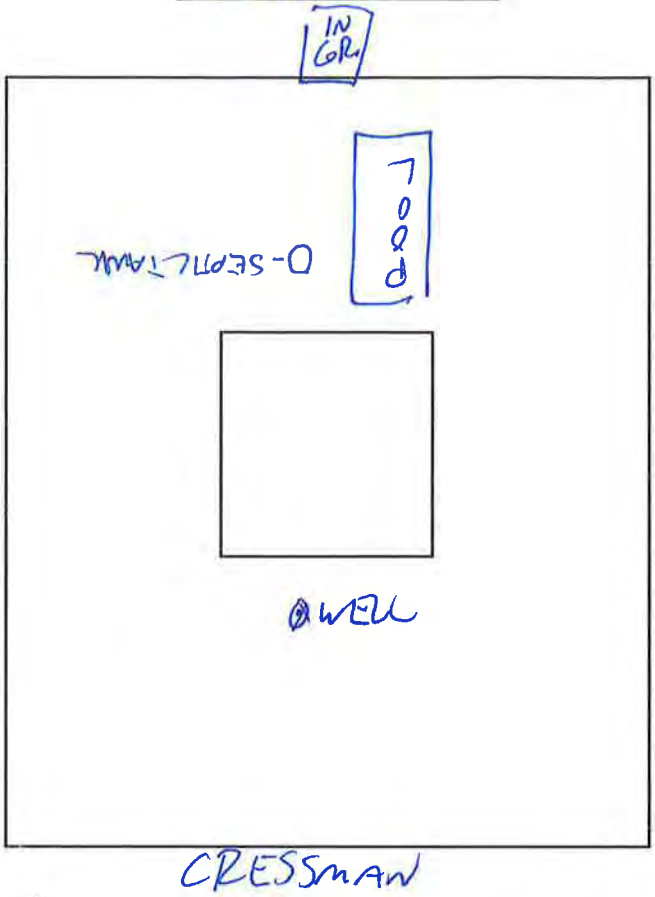
Has the system ever been repaired: Y / N When: NA By permit? Y / N NA
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
Alstate said System in Looks Good Shape & Is working
In. Passing Conversations

** OVER **

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/15/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: C6-B-3A-23

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

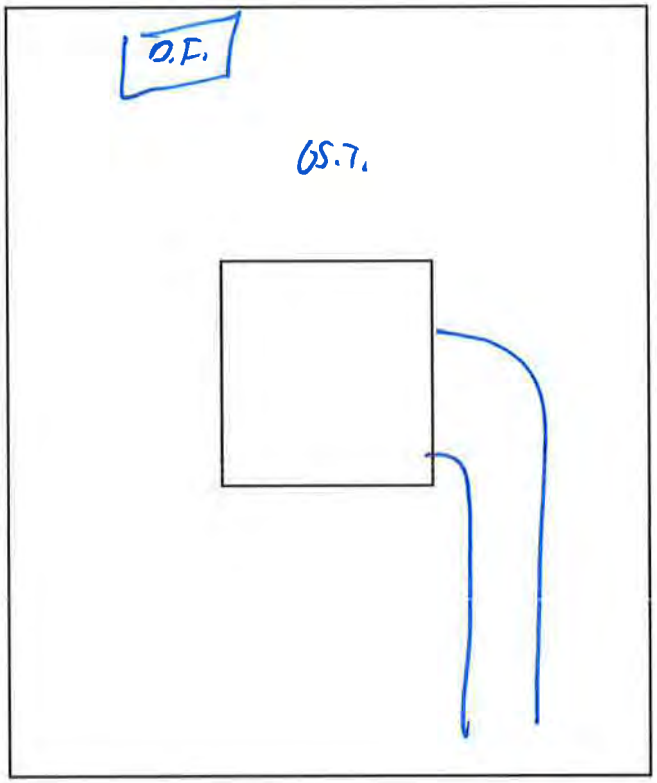
Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/11/16 WEATHER: 55/Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GS-18-11

Name: ___ Phone: 609-462-8283

Address: Nazareth

(Own) or Rent No. of Residents: 1

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: ___

If you have a well, is it: DUG or (DRILLED) How Deep: 90 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 300 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / N How? CL / (UV) DISINFECTION / SOFTENER / ION OTHER ___

Was the water ever tested: Y (N) When? ___

Any contamination: Y / N What (TC, FC, N, etc.) ___

How large is your lot: 2 Acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

How old is your system: 35 yrs Was it permitted: (Y) / N When: 1984

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None

If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out: (Y) / N How often: 3yrs Date last pumped: 11/2016

If it was pumped, was it inspected for cracks or broken baffles: Y (N) What part: ___

Has the system ever been repaired: Y (N) When: ___ By permit? Y / N

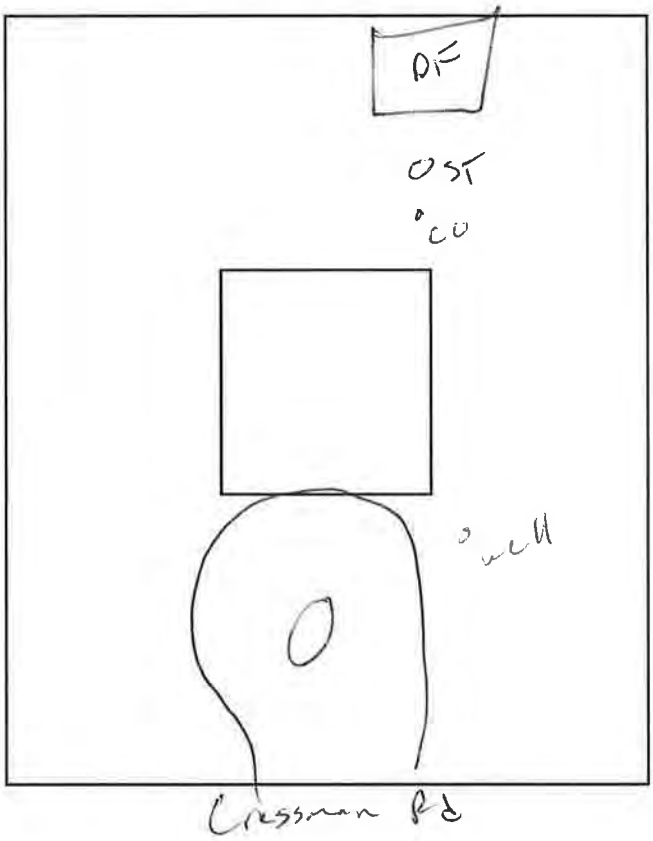
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: C08-18-9

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

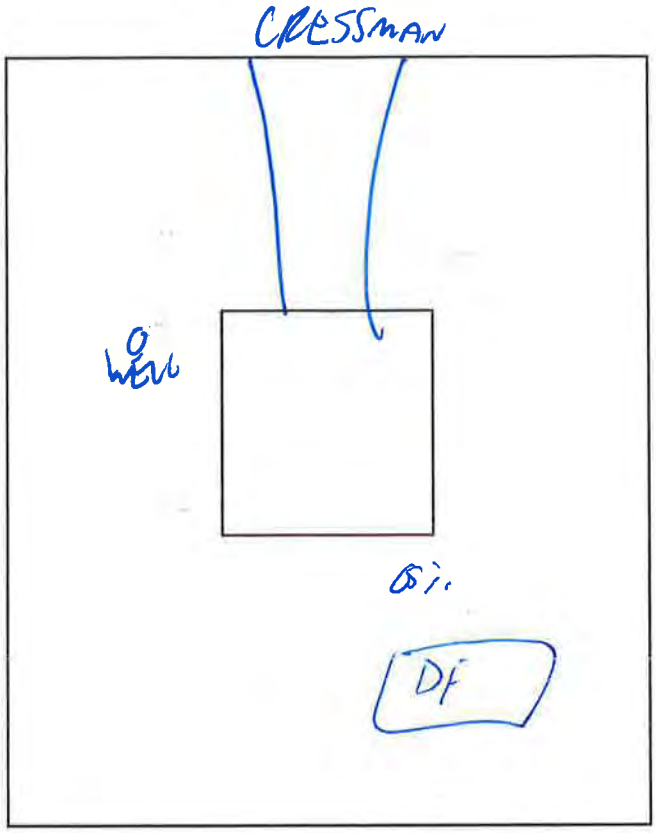
Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/11/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GF-8-3A-12

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

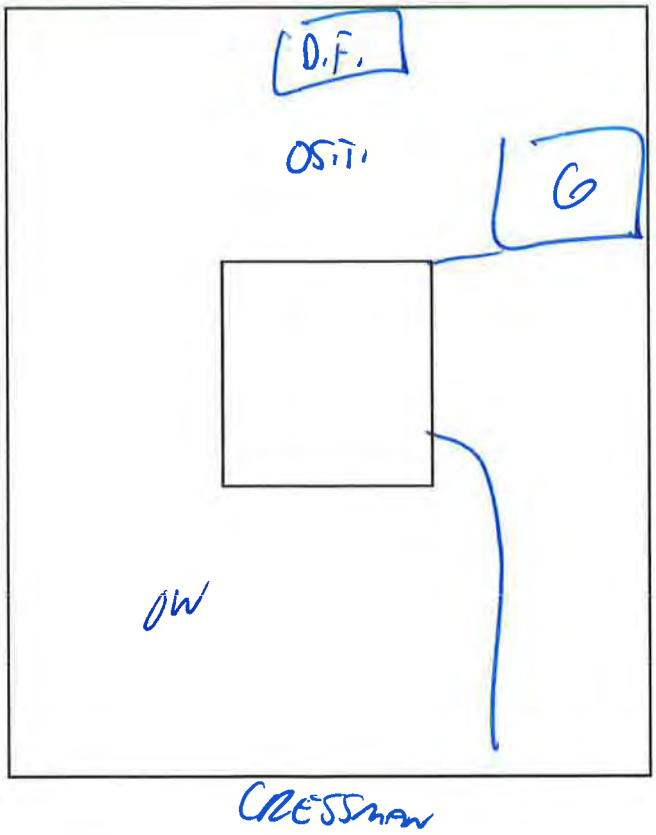
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/11/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: Mf-125A

Name: [illegible] Phone: 610-759-1782

Address:

(Own) or Rent No. of Residents: 3

Was 4, Son moved out 1½ ago, Daughter most likely next year

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER:

If you have a well, is it: DUG or (DRILLED) How Deep: 300 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 50 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER

Was the water ever tested: (Y) / N When? 1990

Any contamination: Y / (N) What (TC, FC, N, etc.) Just hard, we have no softning system.

How large is your lot: .342 acre No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD S.W. corner

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER 1000 Gal Septic tank, that runsoff into a leech tank (Concrete).

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

How old is your system: Put in mid 70's? Was it permitted: Y / N When: ? Township Record ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER No

If you noticed any of the above, is it seasonal or year-round?

Have you ever had your system pumped out: (Y) / N How often: @ very few years Date last pumped: 10/21/2017

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: From House to Leach Tank

Has the system ever been repaired: (Y) / N When: 1990's By permit? (Y) / N

What part: TANK: Repaired/(Replaced) LINE: Repaired/(Replaced) DRAIN FIELD: Repaired/Replaced

General Comments:

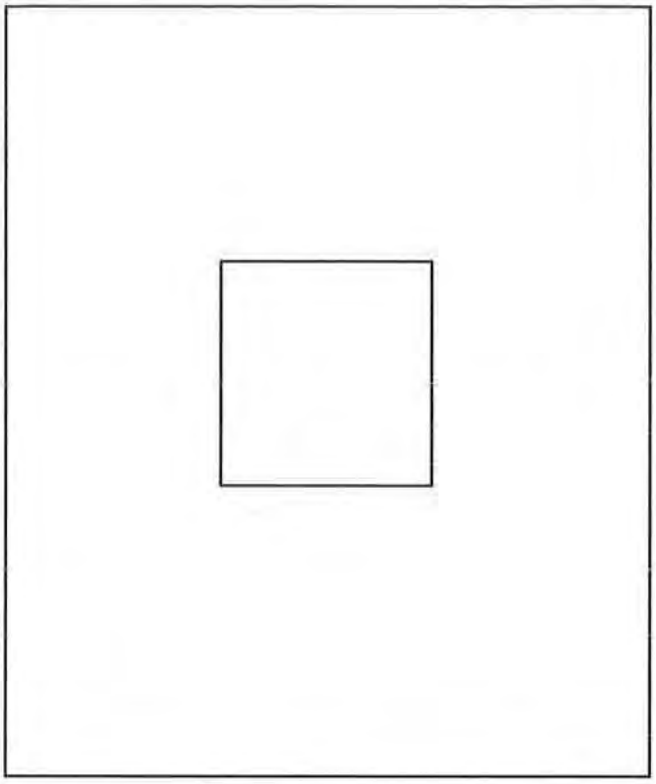
Cast iron pipes from house to septic were replaced. (With schedule) 500 Gal Metal Tank was replaced with 1000 Gal Poly Tank. Rytan did work. Knecht was S.E.O.

Tina and I moved in Sept, 1984

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

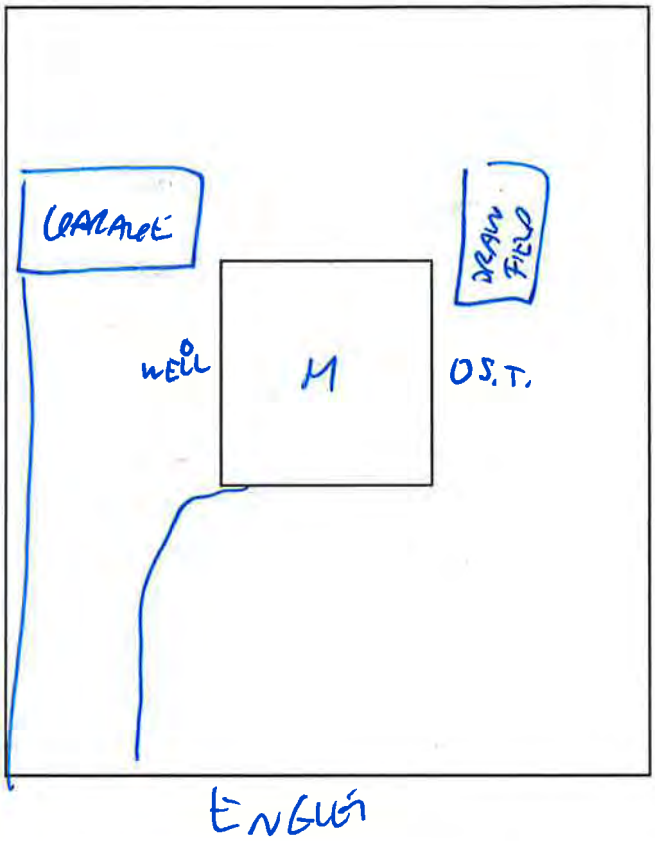
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/19 WEATHER: 40°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

FARM LAND

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-12-6A

Name: ___ Phone: 484-225-7307

Address: Nazareth, PA 18064

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: ___

If you have a well, is it: DUG or DRILLED How Deep: 165 ft. Cased Y / N

How far is the well or spring from the drain field: 120 ft. Is the well UP or DOWNHILL? Neither - level

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER ___

Was the water ever tested: Y / N When? 2012 ? most recent

Any contamination: Y / N What (TC, FC, N, etc.) ___

How large is your lot: 4.2 AC No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

How old is your system: 36 yrs Was it permitted: Y / N When: 1983

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER ___

If you noticed any of the above, is it seasonal or year-round? NONE

Have you ever had your system pumped out: Y / N How often: 2-3 yrs Date last pumped: June 2018

If it was pumped, was it inspected for cracks or broken baffles: Y / N ? What part: ___

Has the system ever been repaired: Y / N When: 2011 ? By permit? Y / N

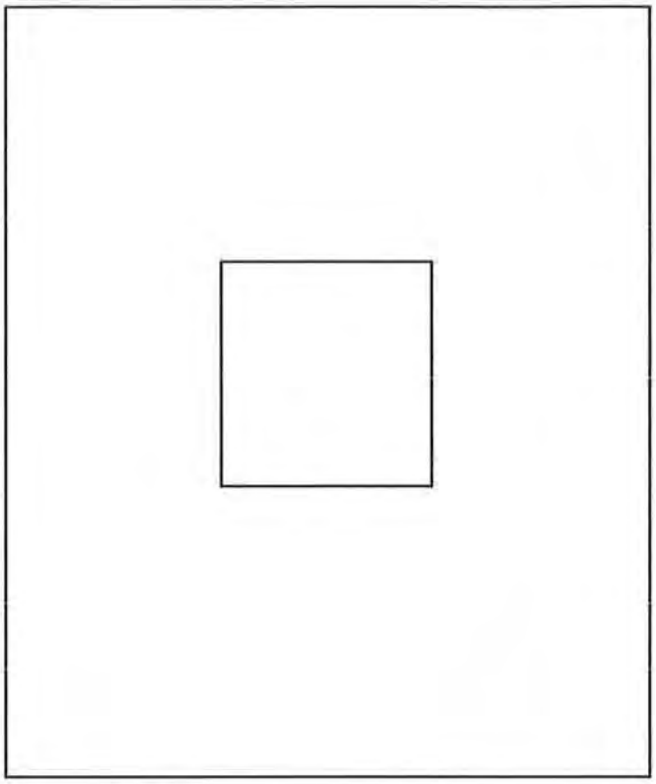
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Tank driven over & cracked. Uncertain of date. Permit obtained by YESKA

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

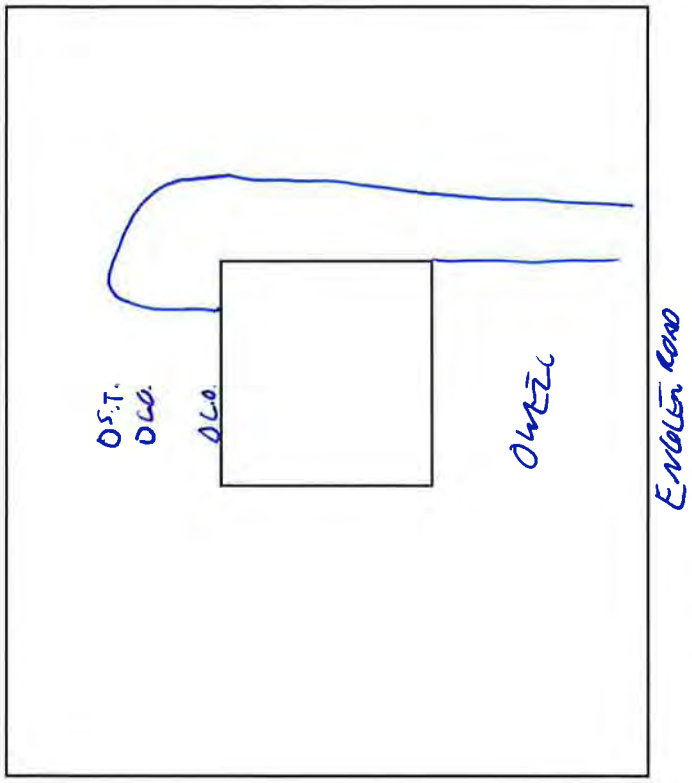
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/21/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 16-71A

Name: _____ Phone: 610-759-5914

Address: NAZARETH, PA 18064

(Own) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: UNKNOWN ft. Cased: (Y) / N

How far is the well or spring from the drain field: 135 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 6.88 ACRES No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? 35 YRS +/- Was it permitted (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 10 YRS Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

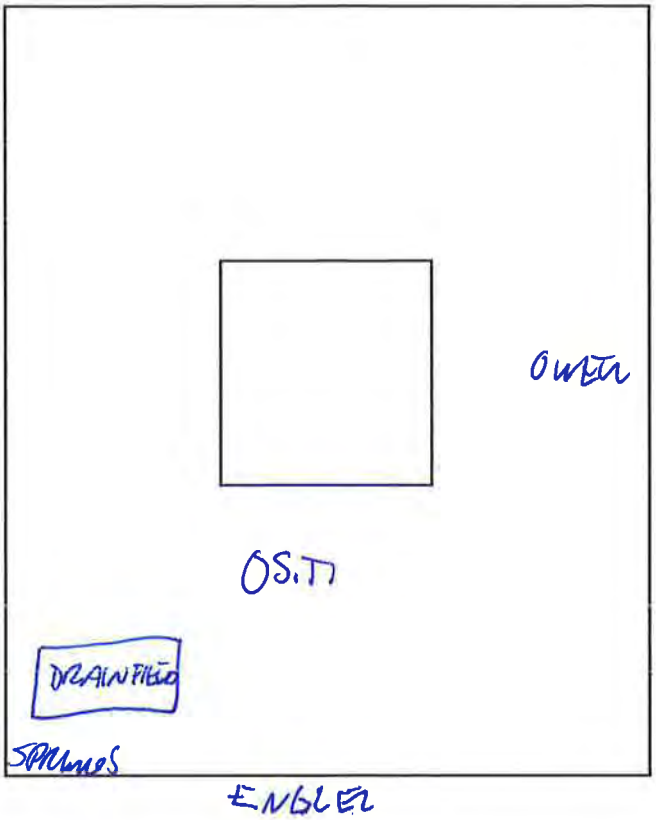
General Comments:

SYSTEM WORKS WELL. WILL BE SCHEDULING A PUMPING SOON.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/30/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: Lp 12-8C

Name: _____ Phone: 610-759-4792

Address: Nazareth, PA 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: 160 ft. Cased: Y / N

How far is the well or spring from the drain field: 150 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 3 acres No. of dwelling units: 1

One or more sewage systems? one COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 2003 Was it permitted: Y / N When: June 2003

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3 YR Date last pumped: Oct. 2019

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

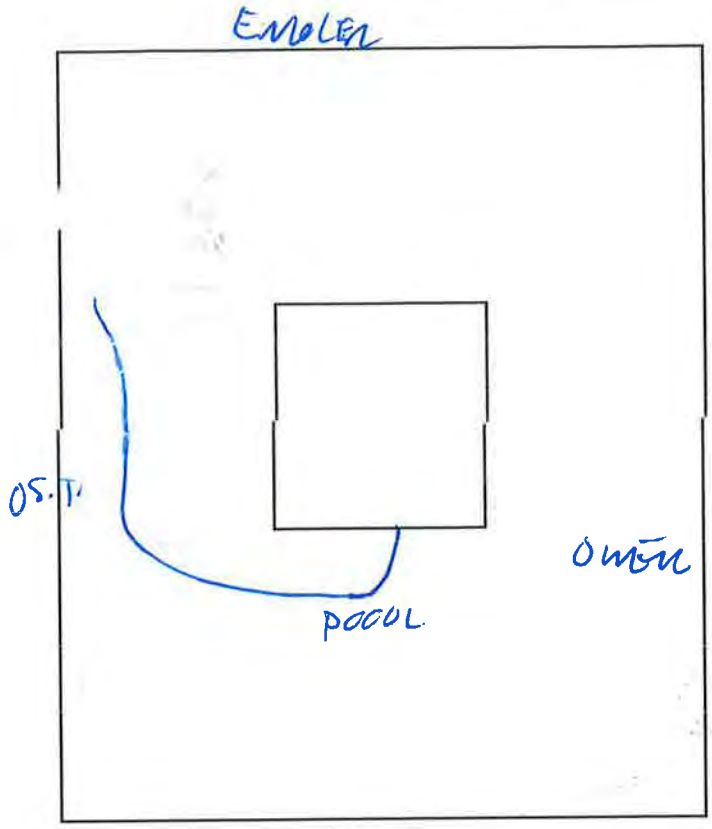
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/4/19 WEATHER: 48 Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 1-18

Name: ___ E Phone: 610-250-9377

Address: _ NAZARETH, PA 18064

(Own) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested: Y / N When? unknown

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .92 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: unknown Was it permitted: Y / N When: unknown

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: N/A Date last pumped: NOV 2018

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired (Y) / N When: NOV 2018 By permit? Y / N

What part: TANK: (Repaired/Replaced) LINE: (Repaired/Replaced) DRAIN FIELD: Repaired/Replaced

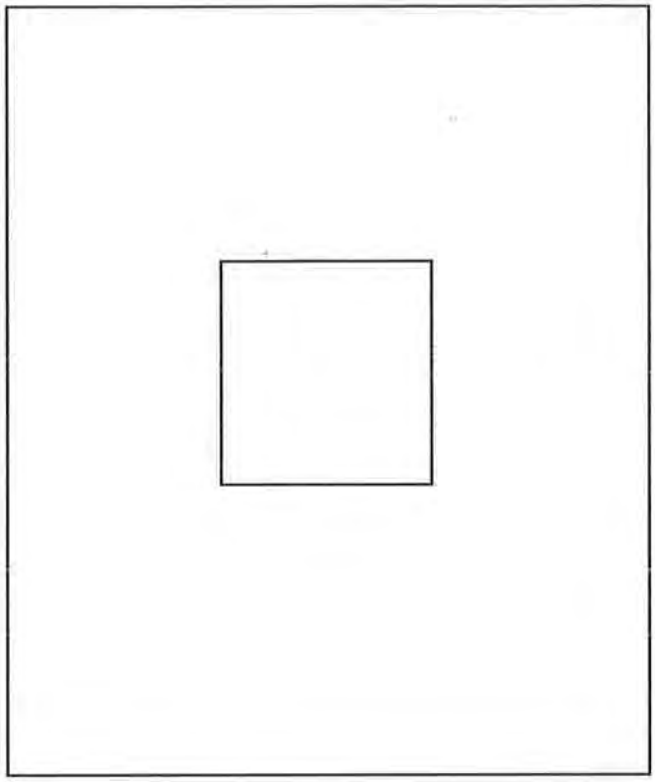
General Comments:

Purchased the home within the past year and do not have information or records

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: M4-L1A

Name: _____ Phone: 610-923-9514

Address: _____, Nazareth, Pa. 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 300 ft. Cased: (Y) / N

How far is the well or spring from the drain field: about 60 ft. ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 10 yrs. ago

Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 1 acre No. of dwelling units: 1

One or more sewage systems? one COMMERCIAL / (RESIDENTIAL)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER 3 pipe drain field from septic tank

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 50 yrs. Was it permitted: (Y) / N When: not sure, before I own Was approved for our purchase of house in 1995.

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 5 yrs. Date last pumped: 3 yrs. ago

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: (Y) / N When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

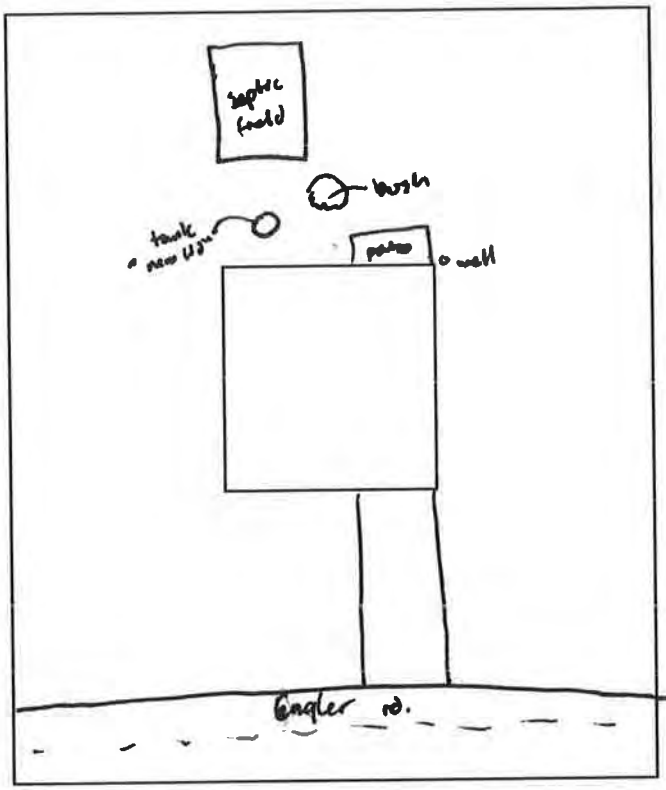
General Comments:

Lid was replaced and baffles repaired by Allstate.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-17-2019 WEATHER: Overcast



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:
- pumps tank approx. every 5 years
- in-ground system

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: M4-2-3F

Name: _____ Phone: 610-923-8446

Address: NAZARETH, PA 18064

(Own) or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 275 ft. Cased: (Y) / N

How far is the well or spring from the drain field: _____ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/(UV DISINFECTION) / (SOFTENER) / ION OTHER _____

Was the water ever tested: (Y) / N When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.26 ACRES No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER → SAND MOUND BLENDED INTO GRADE

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 20 YRS. Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: ___ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

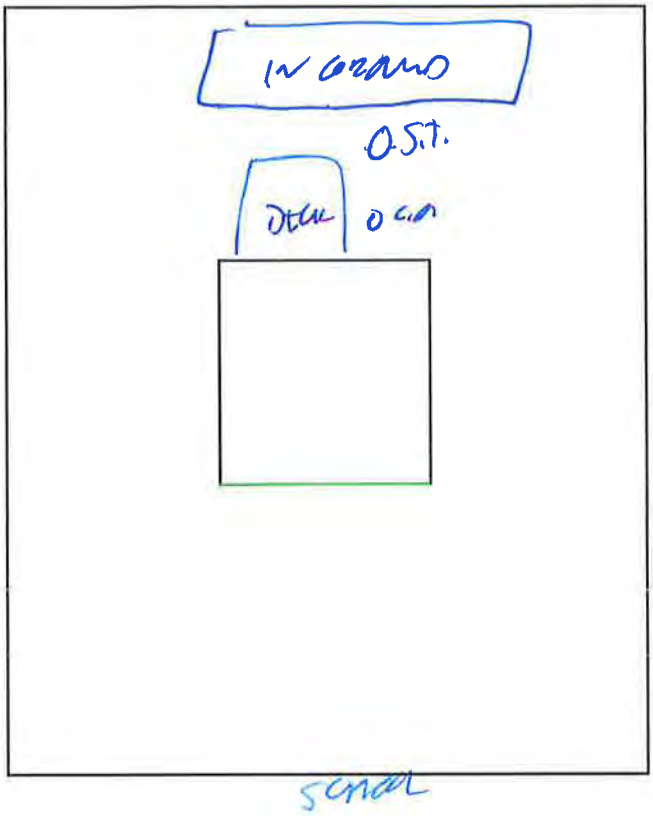
Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/22/19 WEATHER: 50° RAIN



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 1000 g TANK
WATER IN BASEMENT FROM STORMS

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: Cor-11-11-0026

Name: _ Pen Argyl PA 18072 (H) (C) 610-973-4462 Phone: 610-863-5626

Address: NAZARETH, PA 18064

Own or Rent No. of Residents: 3 Apts, 2-3 persons presently

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 150 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER Filter
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 135' ~~x 60~~ No. of dwelling units: 3
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1950's - K60's Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: 2012
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

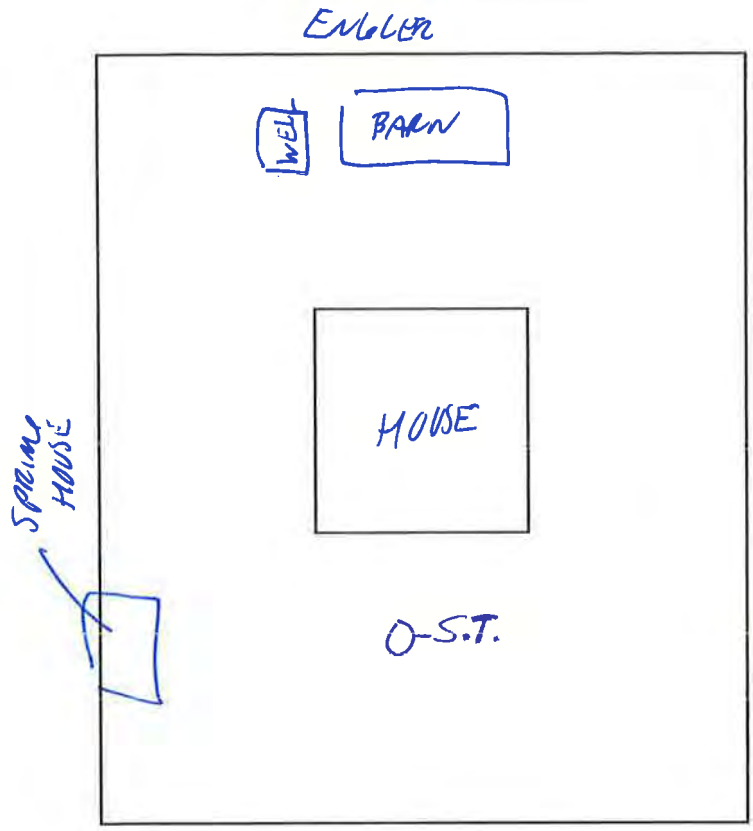
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
Well side of barn

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/22/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MK-2-10

Name: _ t Phone: 610-252-6077

Address: Nazareth, Pa, 18064-9381

(Own) or Rent No. of Residents: 1

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: Aprox. 100' ft. Cased: (Y) / N

How far is the well or spring from the drain field: 80 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? Unkown

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 3/4 Acc. No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: Aprox. 1974 Was it permitted: (Y) / N When: Aprox. 1974

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 2017

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

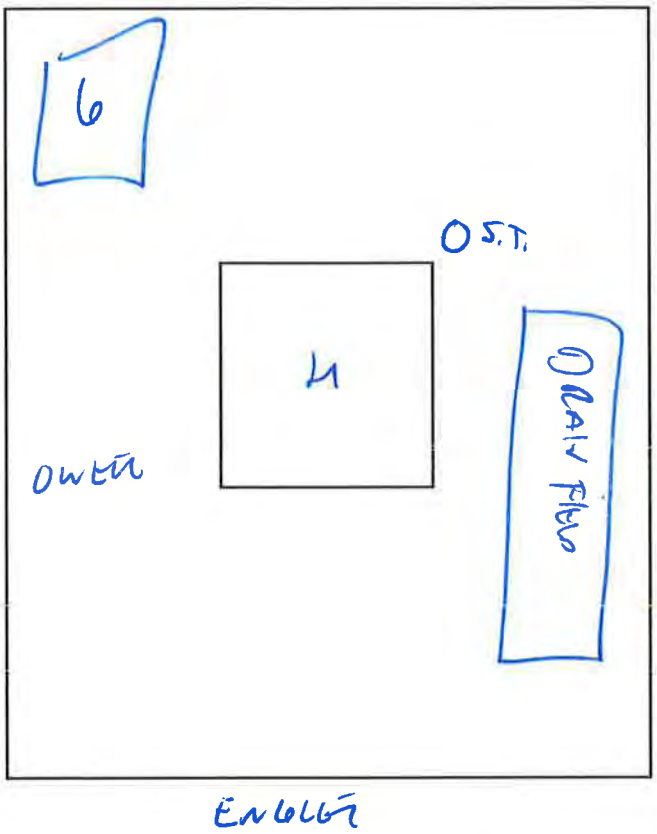
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: On 3 year Plan To Pump Tank

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/14 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☑	☐	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MG-1-3A

Name: Phone: (610) 703-1573

Address: NAZARETH PA 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 320 ft. Cased: Y / N
How far is the well or spring from the drain field: 160' ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 1989
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .98 No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1989 Was it permitted: Y / N When: 1989

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2 yrs Date last pumped: 10/18
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

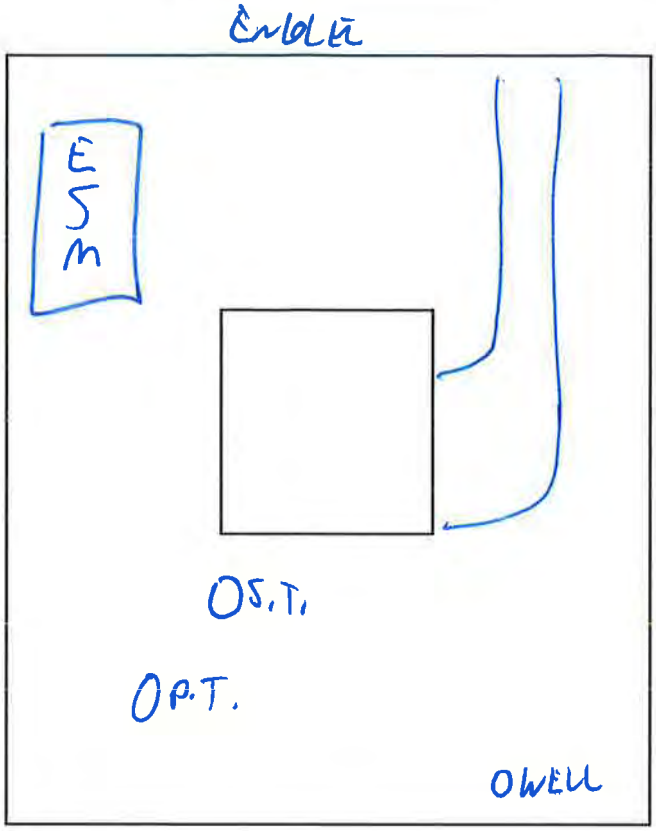
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/19 WEATHER: 40° sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GG-11-7C

Name: _____ Phone: 610-588-1160

Address: Nazareth, PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 106 ft. Cased: (Y) / N ?

How far is the well or spring from the drain field: 200 ? ft. Is the well UP or (DOWNHILL)?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 2018

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.91 acre No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 2007 Was it permitted: (Y) / N When: 2007

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 3yrs Date last pumped: 1/2019

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: (Y) / N When: new pump 2019 By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

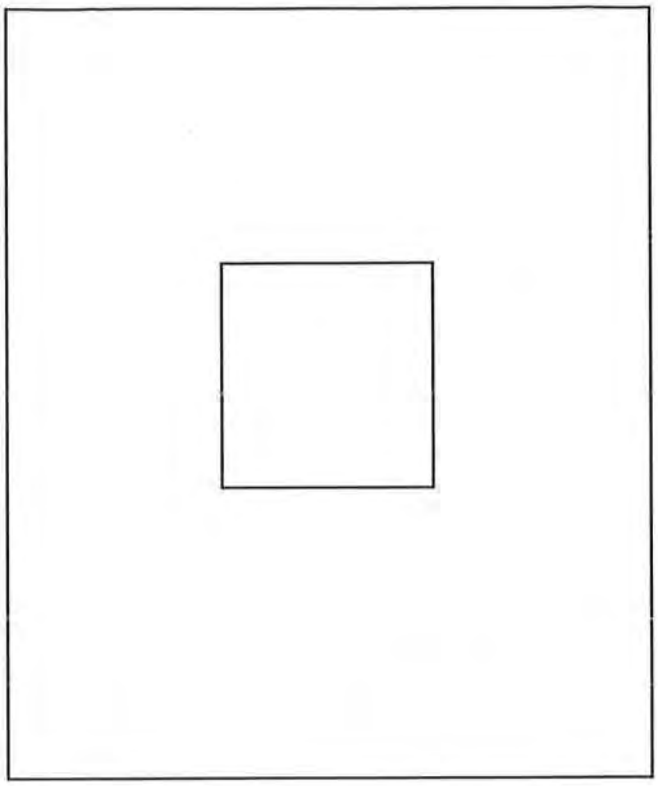
General Comments:

New pump 2019 - by All State

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

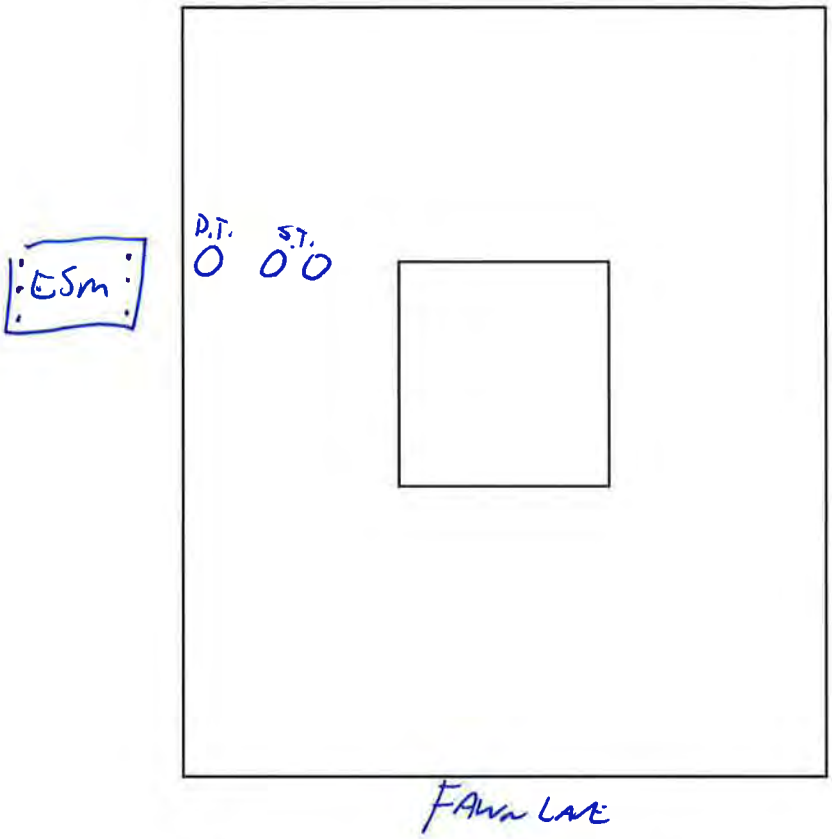
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/22/19 WEATHER: 50



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

WELL
OWNER NOT HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GA-11-76

Name: _____ Phone: 484-695-9412

Address NAZARETH, PA 18064

(Own) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 250 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 250 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____
Was the water ever tested: (Y) / N When? 08/2002
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 2.25 ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 17 YEARS Was it permitted: (Y) / N When: 2002

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 6 YRS Date last pumped: 2014
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: BOTH

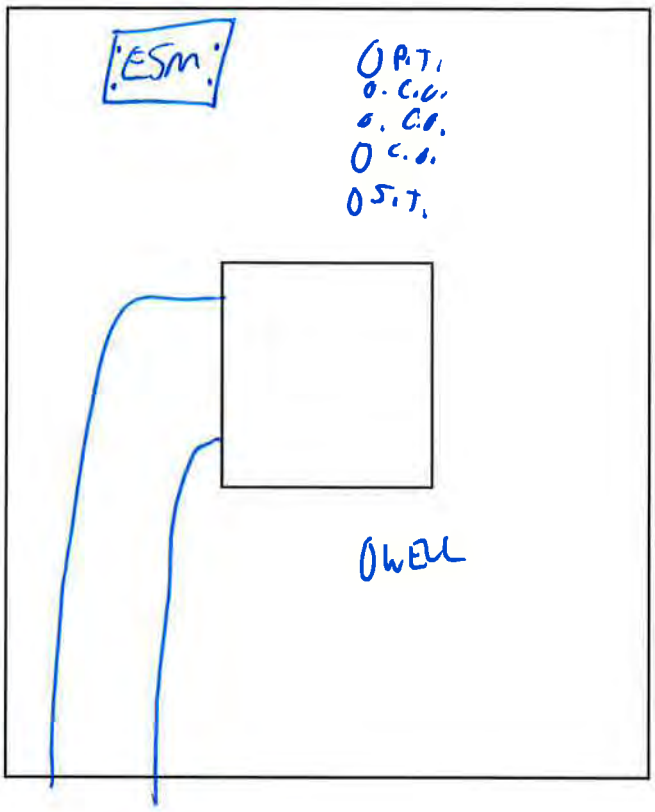
Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/4/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Well Sample Form Emailed

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 09-11-71

Name: _____ Phone: 610 698 7619

Address Nazareth PA 18064

(Own) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: (Y) / N
How far is the well or spring from the drain field: 300± ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) / N How? CL/(UV DISINFECTION) / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 9/19
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.7 acres No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 14 yrs ± Was it permitted: (Y) / N When: 2004

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? NONE

Have you ever had your system pumped out: (Y) / N How often: 1 Date last pumped: 2017 ?
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

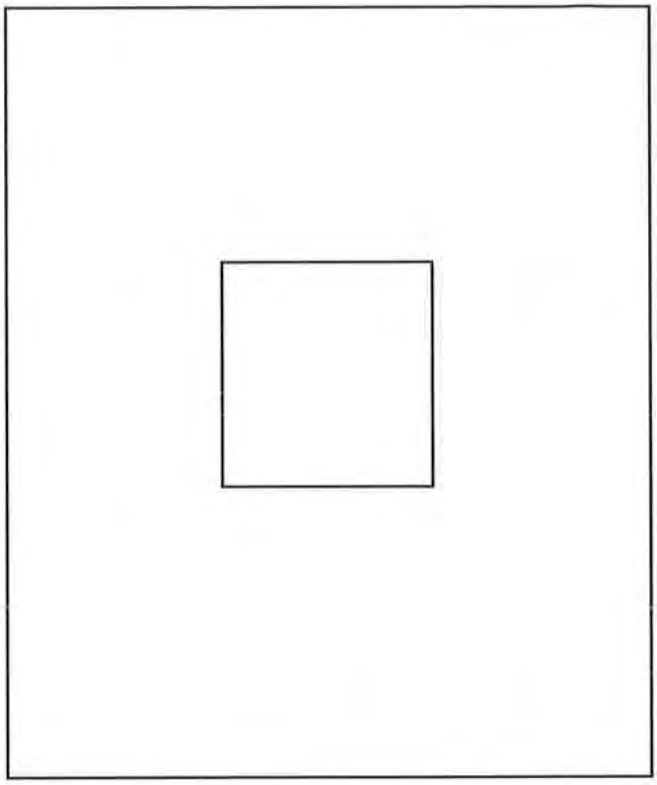
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
All is working fine. Also have alarms in basement.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

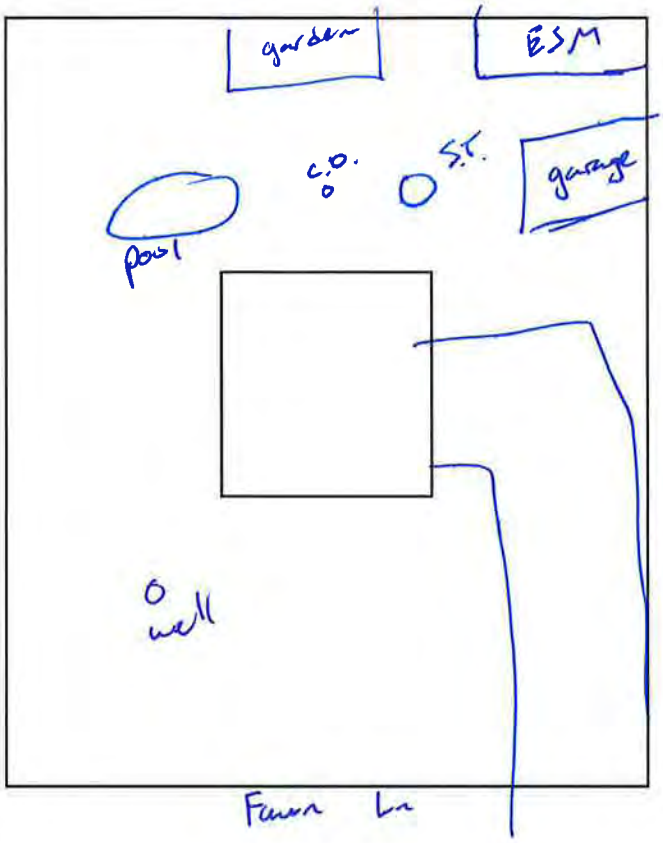
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/29/19 WEATHER: 50° Rain



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 4193 13

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot: 1/2 No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

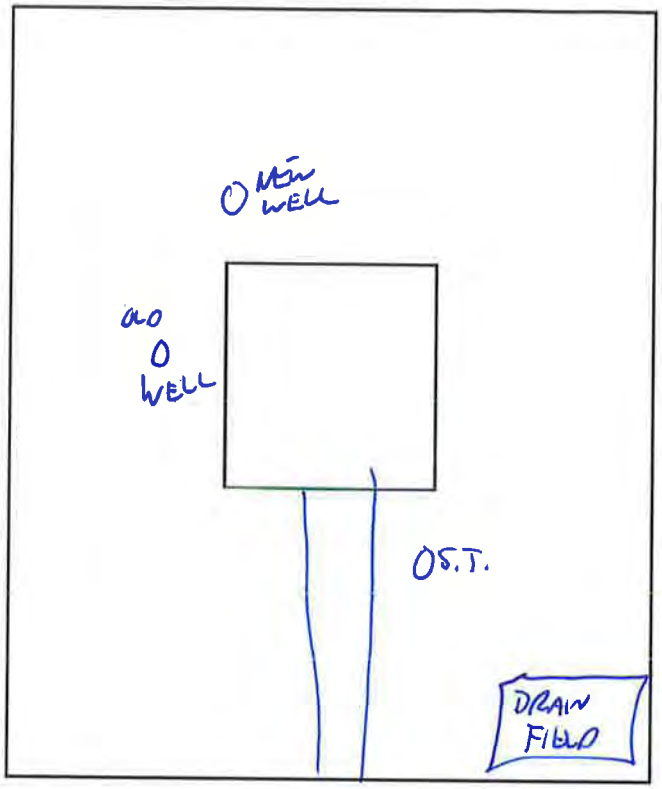
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

WELL

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: G4-11-4A

Name: Phone: 610-654-4391

Address: Nazareth, PA

(Own) or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) ?? How Deep: 600 plus ft. Cased: Y / N N/A
How far is the well or spring from the drain field: ?? ft. Is the well (UP) or DOWNHILL? ??

Do you treat your water: (Y) / N How? CL (UV DISINFECTION) / (SOFTENER) / ION OTHER _____
Was the water ever tested (Y) / N When? 2016
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 2 acres No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ?? house built 2007 Was it permitted: Y / N When: ? Check with twp

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

(GREEN, LUSH GRASS) NO	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out (Y) / N How often: _____ Date last pumped: 2017
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: N/A

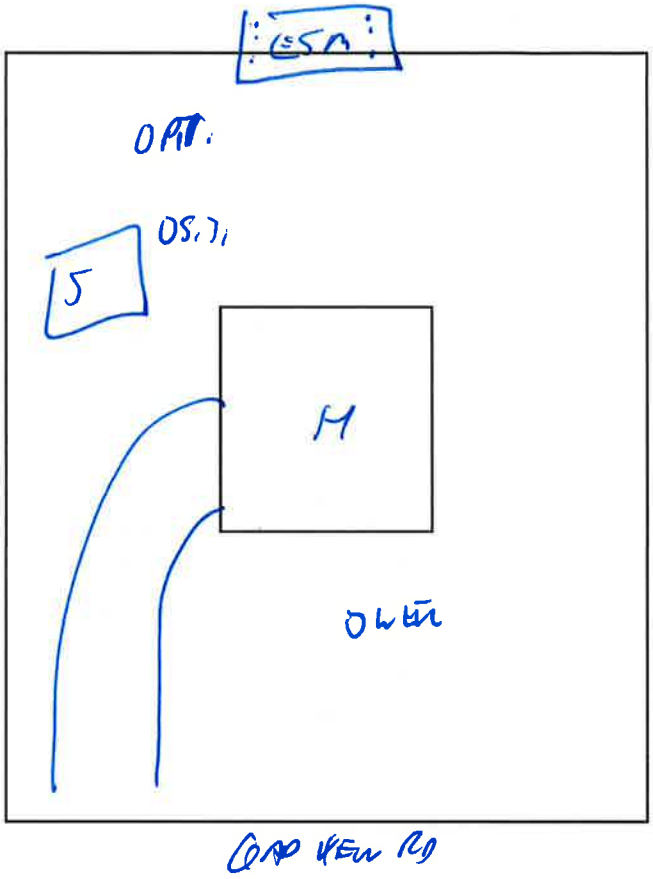
Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/4/14 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

FARM @ OFFICE CLARK

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MG-10-20

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: Unknown ft. Cased: Y / N
How far is the well or spring from the drain field: 125 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER —
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) —

How large is your lot: 3/4 AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1970's Was it permitted: Y / N When: Unknown

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 6 years Date last pumped: 2014
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

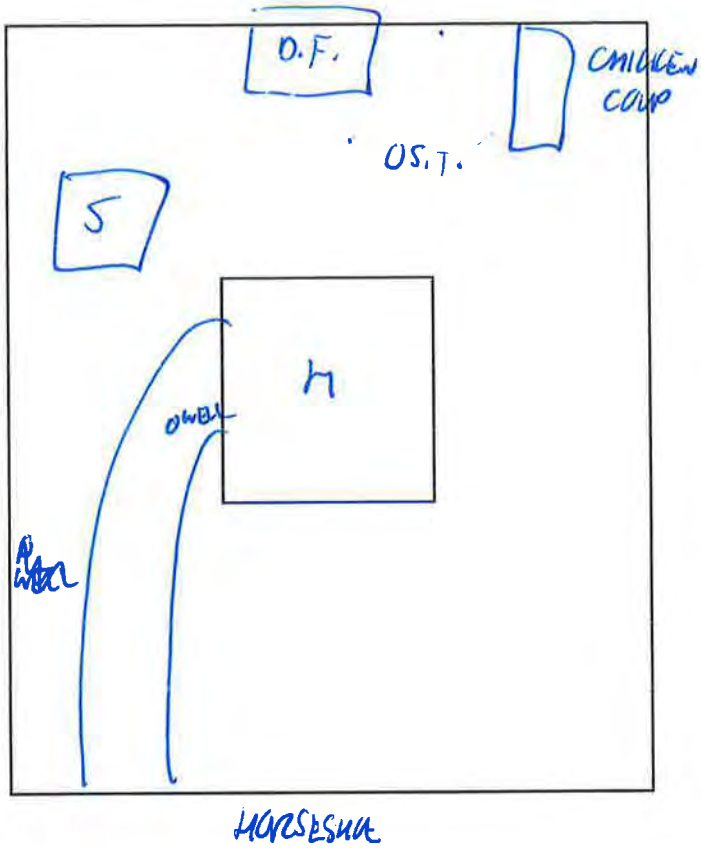
Has the system ever been repaired: Y / N When: — By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/15/19 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HG-10-2T

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

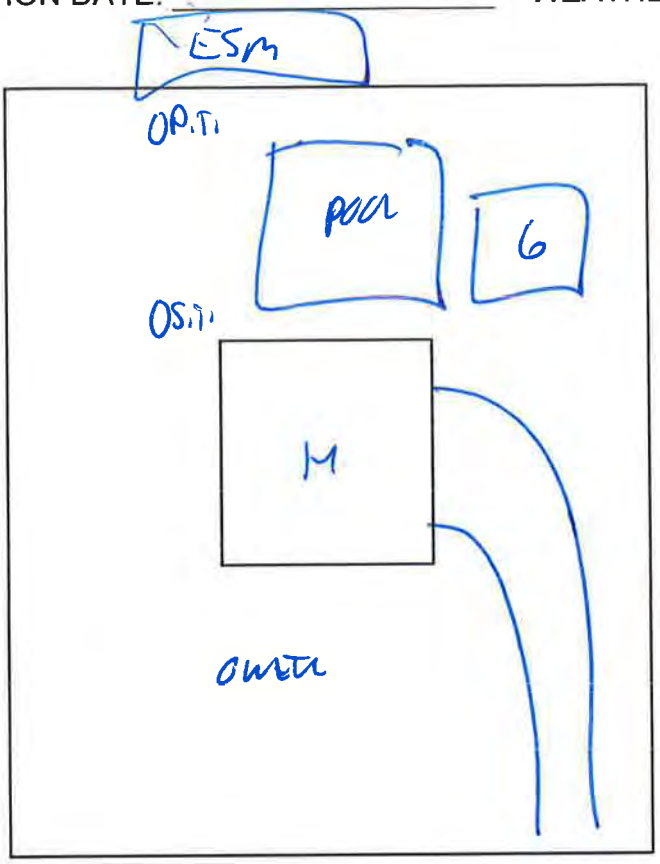
Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/15/19 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MG-10-8

Name: _____ Phone: 610-248-1322

Address _____ Easton PA 18040

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED?) How Deep: 100 ft. Cased: (Y) N

How far is the well or spring from the drain field: 200+ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? unknown when

Any contamination: Y (N) What (TC, FC, N, etc.) none that we know of

---

How large is your lot: total property 43 acres No. of dwelling units: 1

One or more sewage systems? none COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK / SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 30 years? Was it permitted: (Y) / N When: unknown when

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: March 2019

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: both

Has the system ever been repaired: (Y) / N When: March 2019 By permit? ~~Y~~ (N) N/A

What part: ~~TANK~~ (Repaired)/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

Baffles

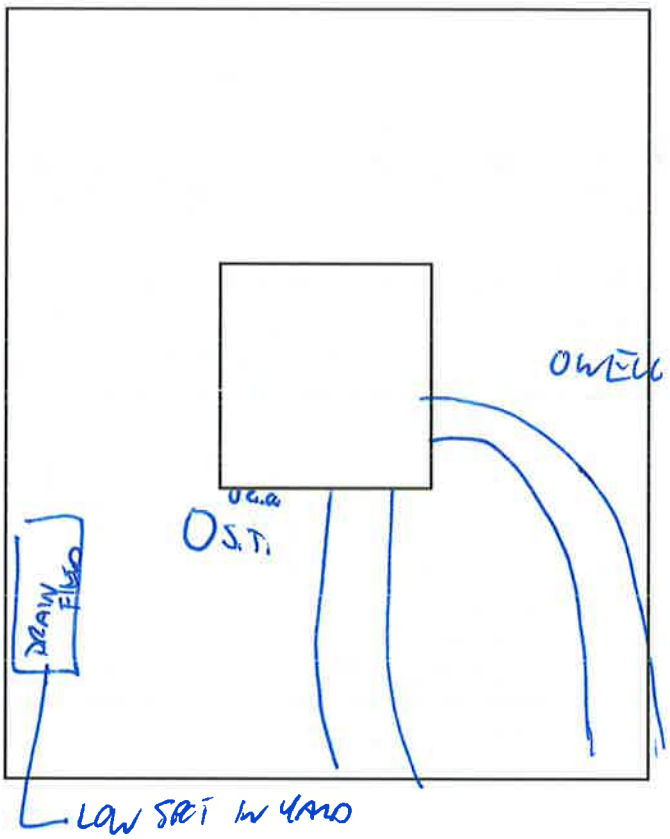
General Comments:

Just moved in on April 30th 2019, have not lived here long.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/4/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: WELL 100', DRY DURING DRY SEASON (WARRANTY)

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 46-10-9

Name: ____ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ 10 Ac _____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

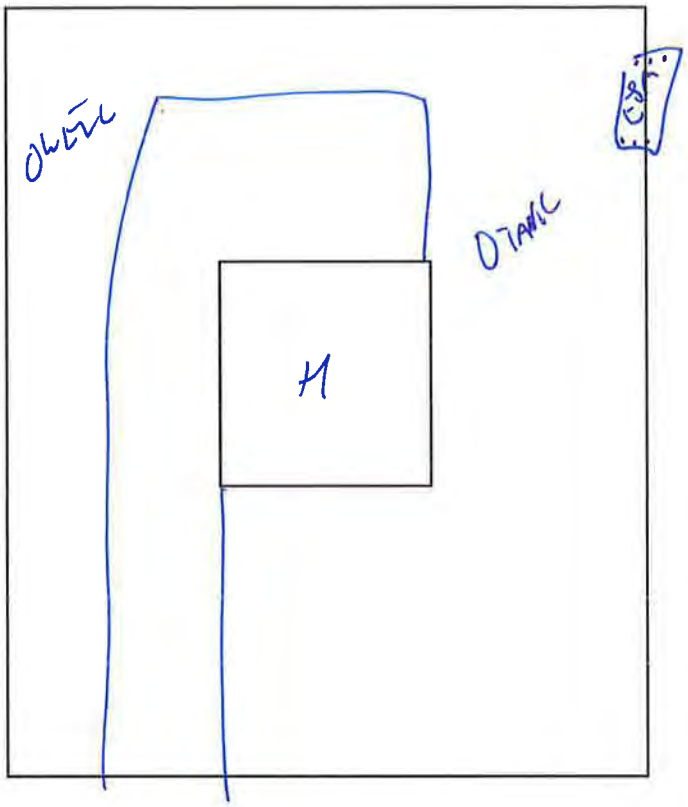
_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/28/19 WEATHER: 50° SUNNY

OWNER



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

NO SMOKE

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: M9-6-34

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: UNKNOWN
If you have a well, is it: DUG or DRILLED How Deep: UNKNOWN ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1AC No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1970's Was it permitted: Y / N When: UNKNOWN

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3-5yr Date last pumped: 2016
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

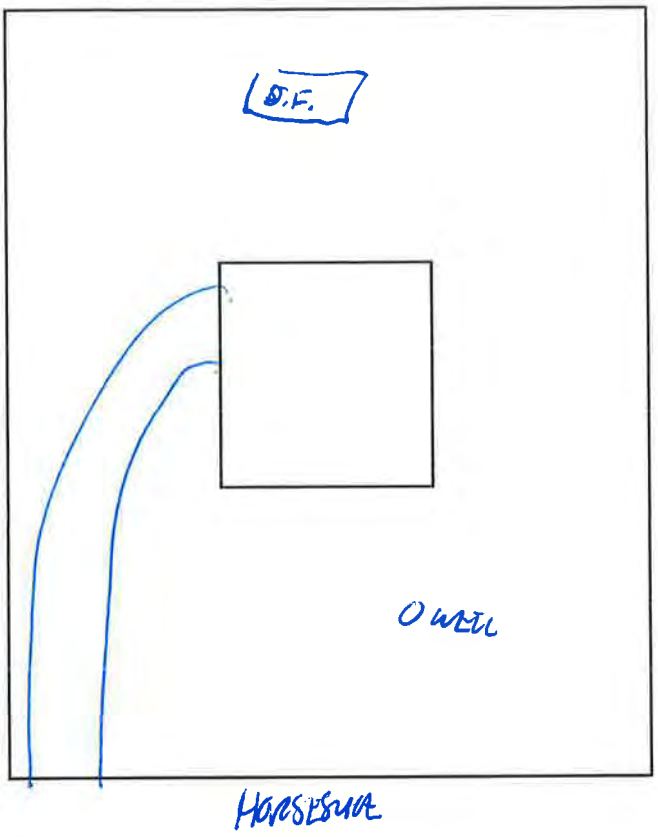
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: _____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/15/19 WEATHER: 20



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MA-10-20

Name: [illegible] Phone: 610-252-8279

Address:

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER:

If you have a well, is it: DUG or (DRILLED) How Deep: 225 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER

Was the water ever tested: (Y) / (N) When? IT WAS PUT IN

Any contamination: Y / N What (TC, FC, N, etc.)

How large is your lot: ½ ACRE No. of dwelling units:

One or more sewage systems? COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

How old is your system: 1983 Was it permitted: (Y) / N When: 1983

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

~~GREEN, LUSH GRASS~~	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER

If you noticed any of the above, is it seasonal or year-round?

Have you ever had your system pumped out: (Y) / N How often: 3 years Date last pumped: 10-1-19

If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part:

Has the system ever been repaired: Y / (N) When: By permit? Y / N

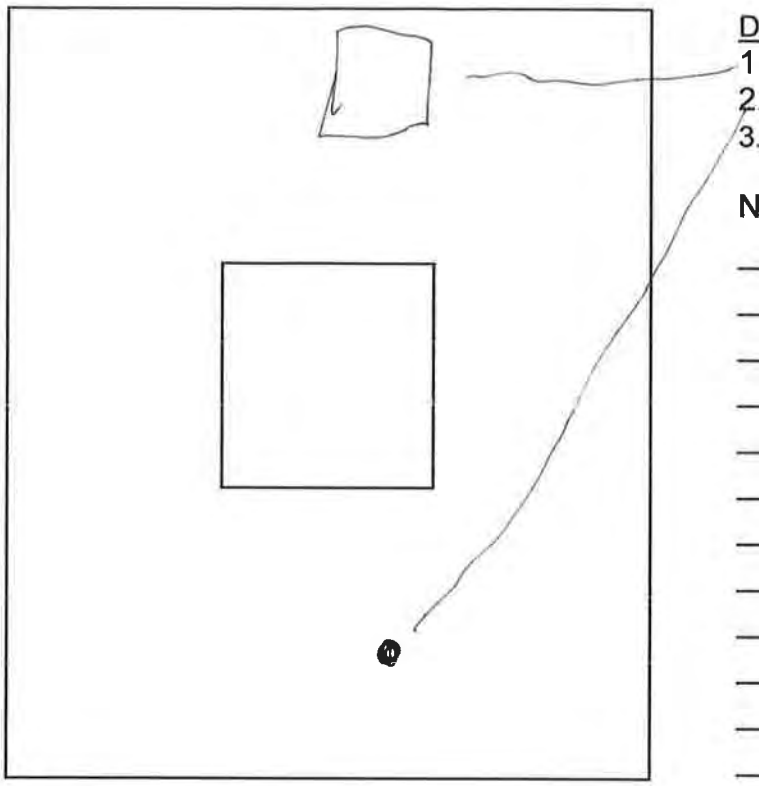
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/4/19 WEATHER: 90° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☑	☐	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MG-10-2J

Name: _____ Phone: 610 258-9862

Address EASTON, PA 18040

(Own) or Rent No. of Residents: 1

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: UNKNOWN ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 51 Was it permitted: (Y) / N When: 1968

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 5-11-19
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

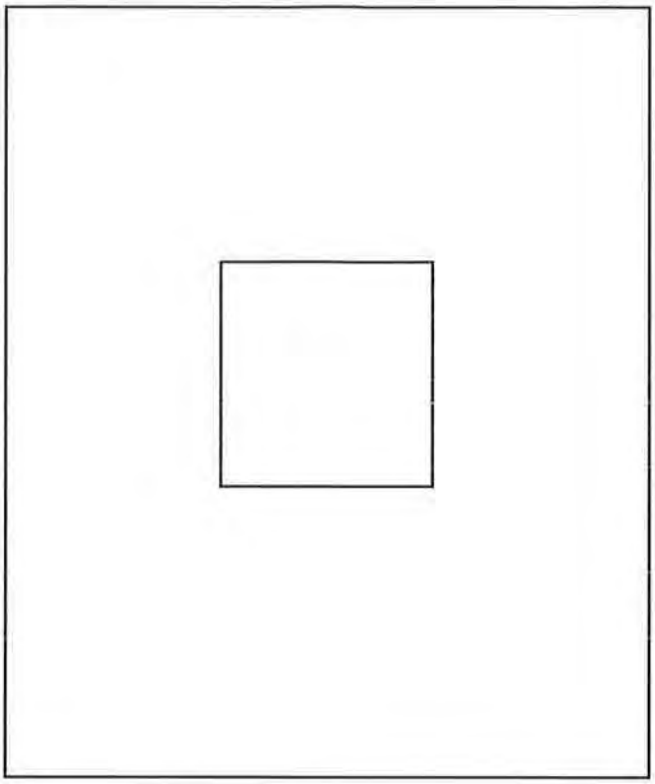
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
HUSBAND COULD ANSWER ALL QUESTIONS
HE IS DECEASED.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

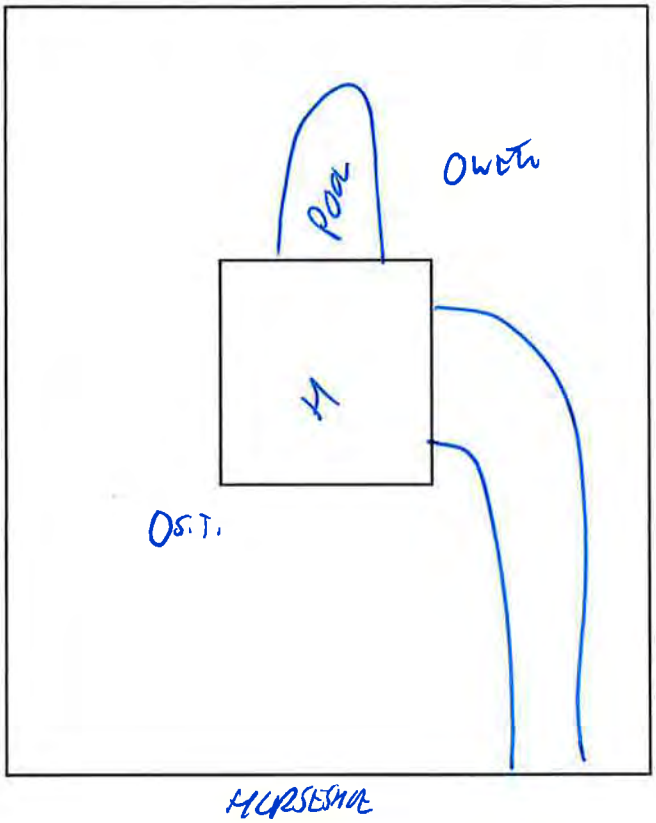
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/15/19 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

FORM @ OFFICE

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: 610-253-7561

Address: 569 HORSESHOE DR. EASTON, PA. 18040

(Own) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: (DUG) or DRILLED How Deep: 225 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 200 - ~~225~~ 250 ft. Is the well UP or (DOWNHILL)?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____
Was the water ever tested: (Y) / N When? YEARS AGO
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: ALMOST 1/2 ACRE No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 45 YEARS Was it permitted: (Y) / N When: WHEN HOME WAS BUILT

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 5 YRS Date last pumped: MAY, 2016
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

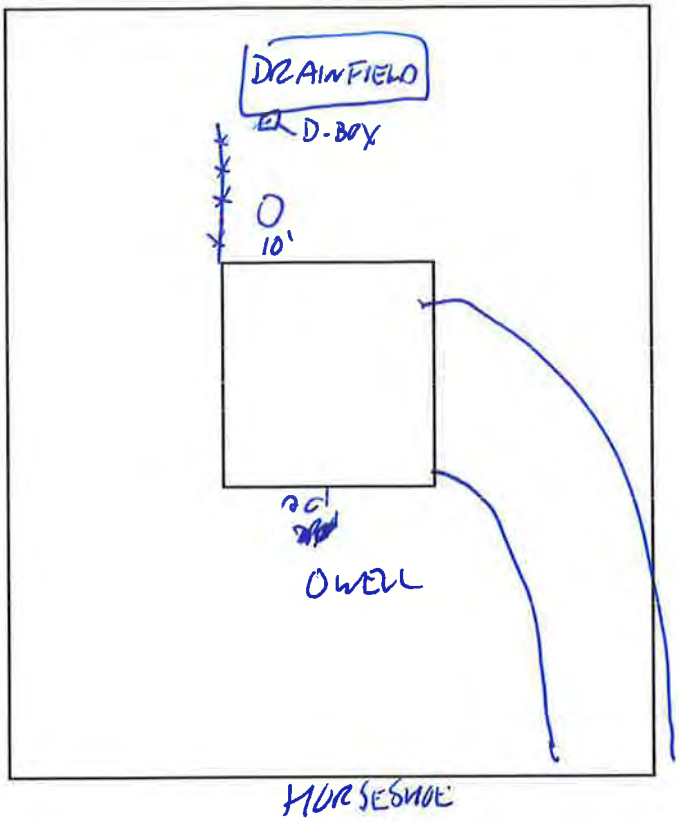
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/16/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MI-10-2m

Name: Phone: 610-258-1223

Addres EASTON PA. 18040

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 134 ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 3/4 No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 47 YRS Was it permitted: Y / N When: 1972

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3 YRS Date last pumped: 8-22-19
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

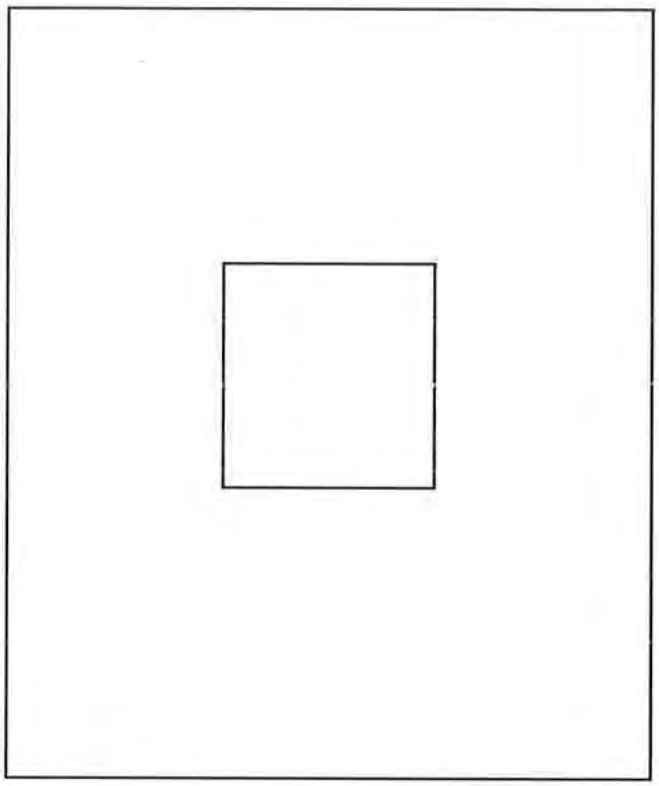
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

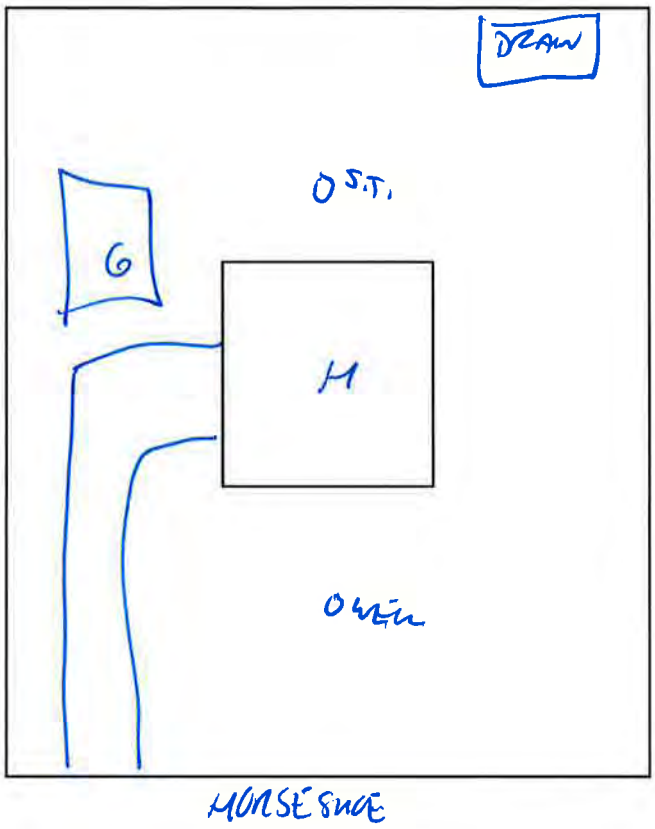
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/4/19 WEATHER: 40's Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 13' ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HG-10-20

Name: ___ Phone: _____

Address: _____

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 300 ft. Cased: Y / N
How far is the well or spring from the drain field: 117 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1973 Was it permitted: Y / N When: UNKNOWN

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3-5 YEARS Date last pumped: 2014
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: —

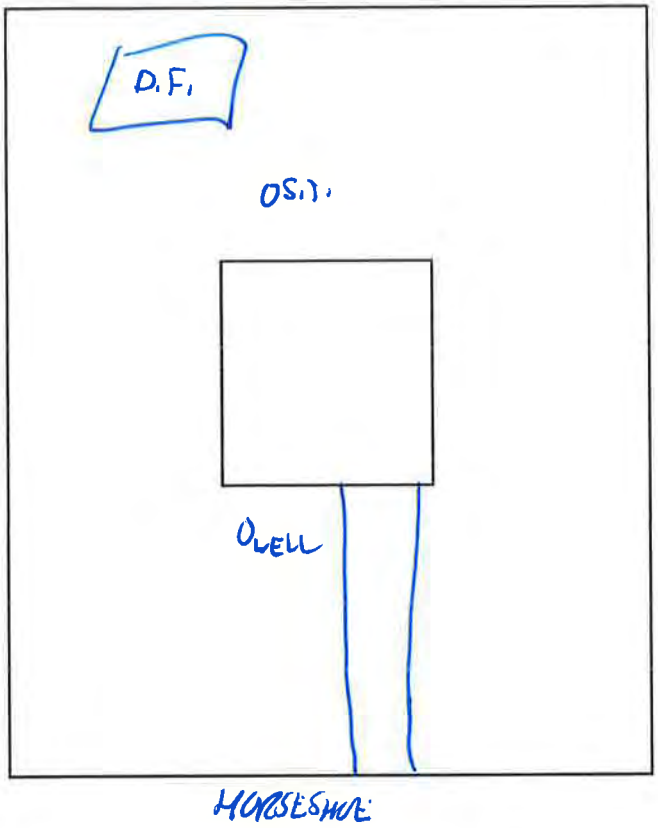
Has the system ever been repaired: Y / N When: — By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: —

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/15/19 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MG-10-21C

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .5 AC No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

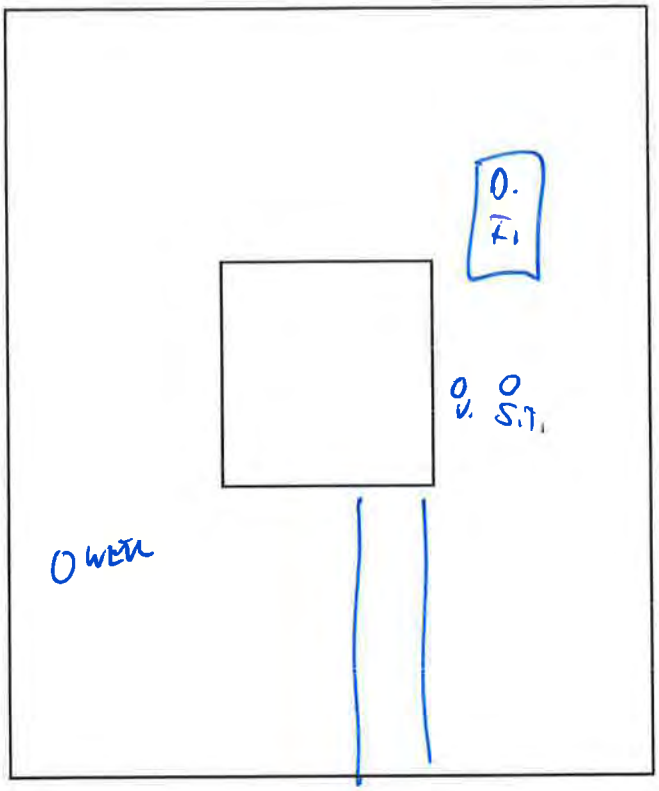
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/15/19 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: J8-73

Name: _____ Phone: 610 759 0705

Address: _____

Own or Rent No. of Residents: 1

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: (DUG) or DRILLED How Deep: 20 ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 50+ Acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 65 yrs Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2-3 yrs Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

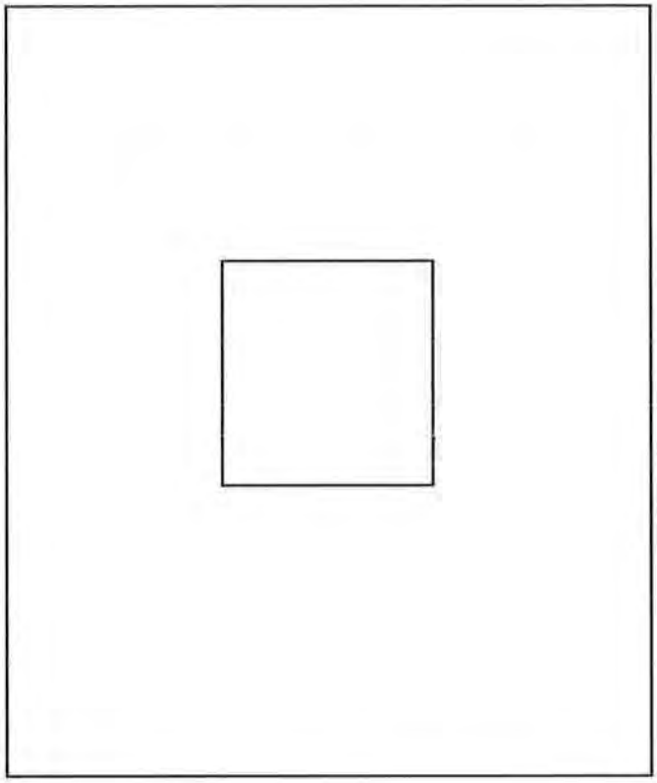
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 18-21-1A

Name: _____ Phone: 610 759-0705

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 2
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 30 yrs Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2-3 yrs Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

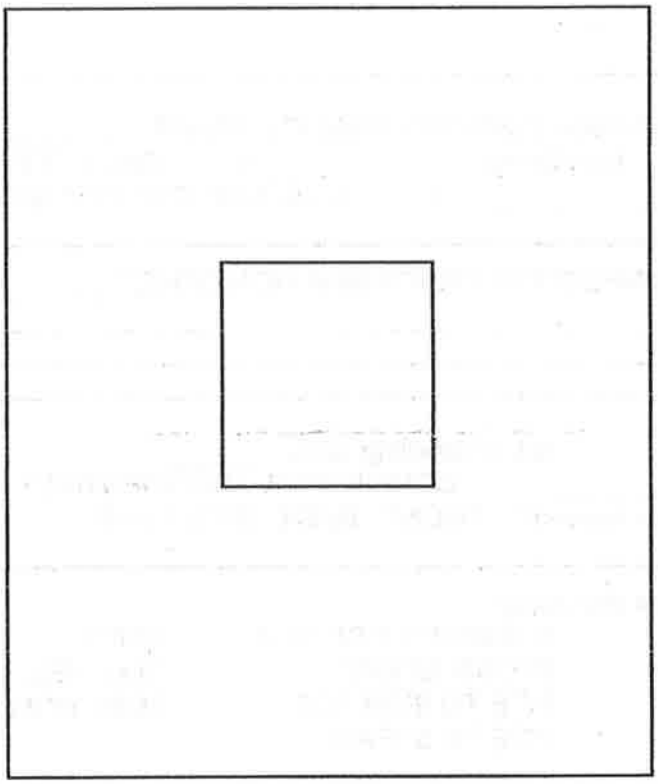
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-16DA-1

Name: _ Phone: 610 759 0705

Address _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 10 Acres No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 40 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2-3 yrs Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

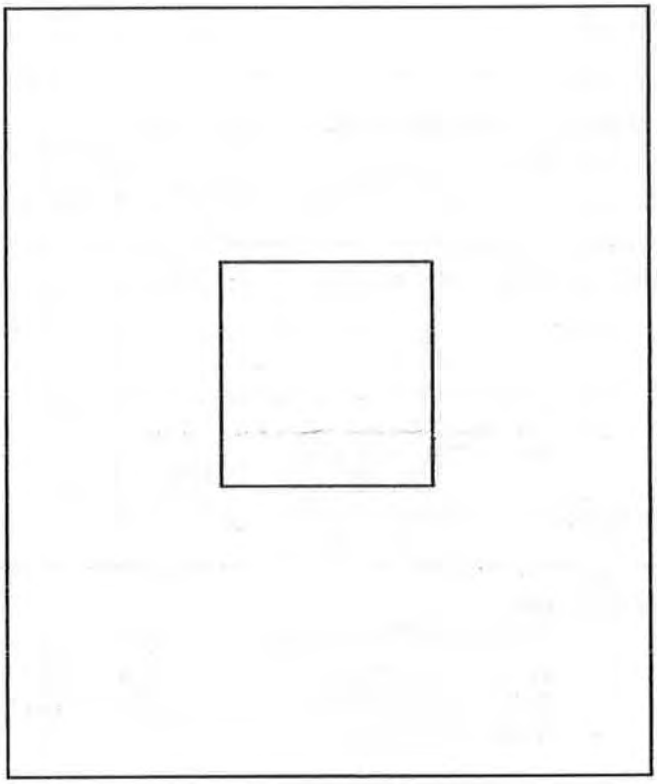
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MA-16-DA-1

Name: _____ Phone: 610 759 0705

Address: 239 LEFEVRE Rd.

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 10 Acres No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 40 yrs Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2-3 yrs Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

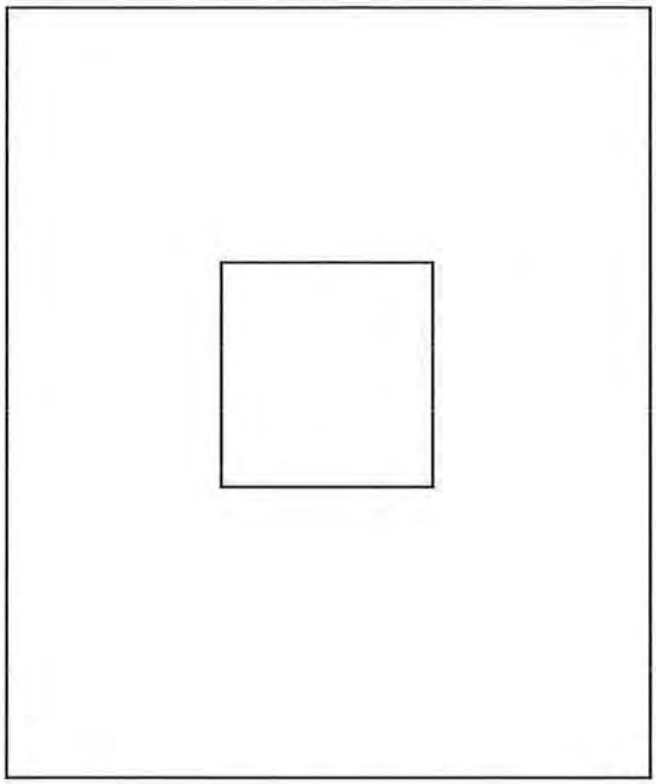
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: JF-7-3

Name: _ _____ Phone: 610 759 0705

Address: _____

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: (Y) / N
How far is the well or spring from the drain field: 3+400 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 50+ Acres No. of dwelling units: 2
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 18 yrs. Was it permitted: (Y) N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: 2-3 yrs Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

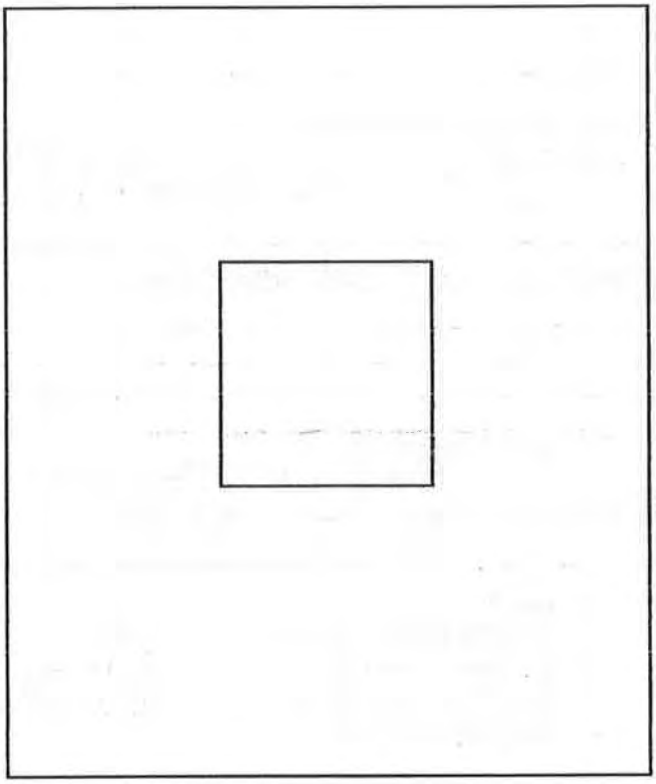
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: JF-7-38

Name: _ Pennsylvania PA 18072 (H) (C) 610-973-4462

Phone: 610-863-5626

Address: _____ EASTON 18040

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: 300 ft. Cased: Y / N

How far is the well or spring from the drain field: ~100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? ?

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .45 ± Acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1949 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3-5 yr Date last pumped: 2018

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: 1960's By permit? Y / N

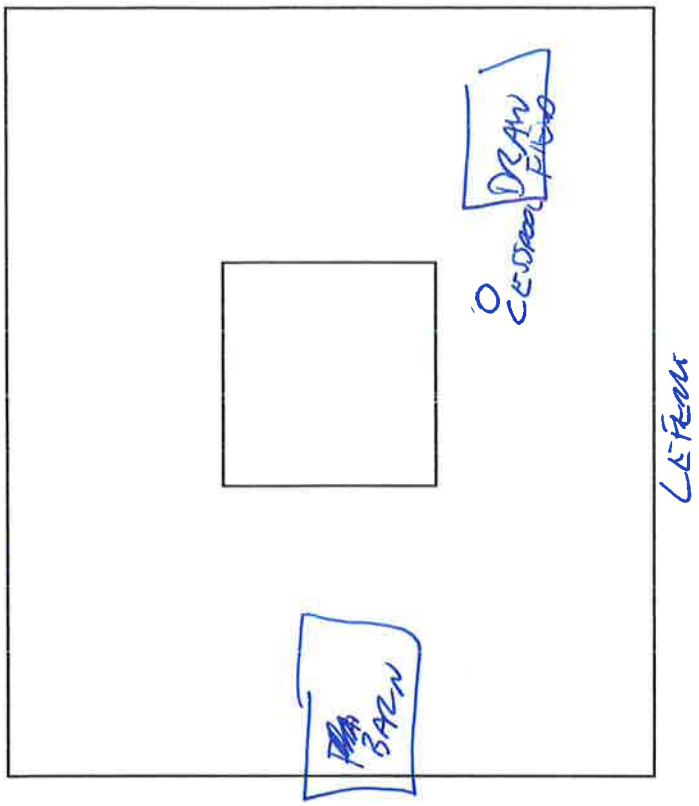
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/22/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 15' DEEP

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: H8-21-3A

Name: _ K Phone: 610-360-8276

Address: EASTON PA

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 150 ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 10/2019
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 2.09 AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1991 Was it permitted: Y / N When: 1991

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* N/A

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

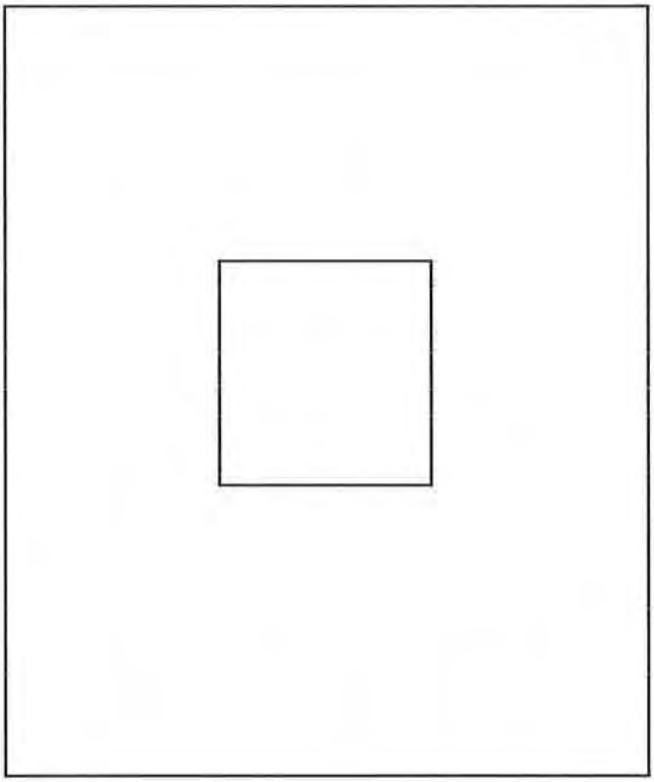
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: SYSTEM WORKING PROPERLY, NO INSPECTION NEEDED

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 49-3-5

Name: _____ Phone: 484-274-9621

Address: EASTON PA 18040

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: ? ft. Cased: Y / N

How far is the well or spring from the drain field: 200 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? 2009

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1 1/2 No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT / BACK / SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 15 yrs Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: 2017

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

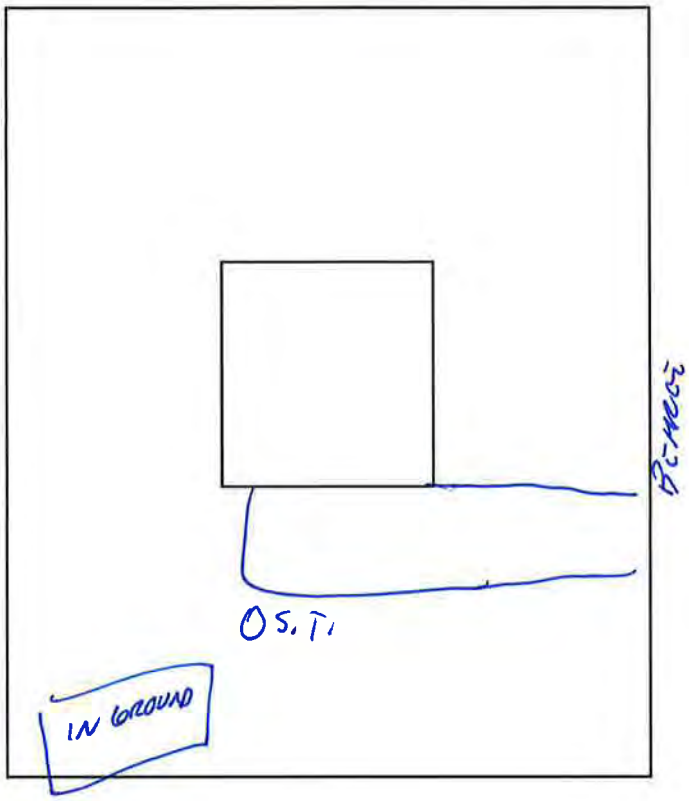
General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/22/14 WEATHER: 30'

LEFEVRE



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

Farm of Tanner
well

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 5 YEARS Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MG-10-6A

Name: _ Phone: 610-252-1103

Address: EASTON, PA. 18040

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 125 ft. Cased: Y / N
How far is the well or spring from the drain field: 90 ft. +/- Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION FILTER / OTHER DIRT
Was the water ever tested: Y / N When? ?
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 2 + ACRES No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1978 Was it permitted: Y / N When: 1978

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: WHEN NEEDED Date last pumped: 7/8/2017
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

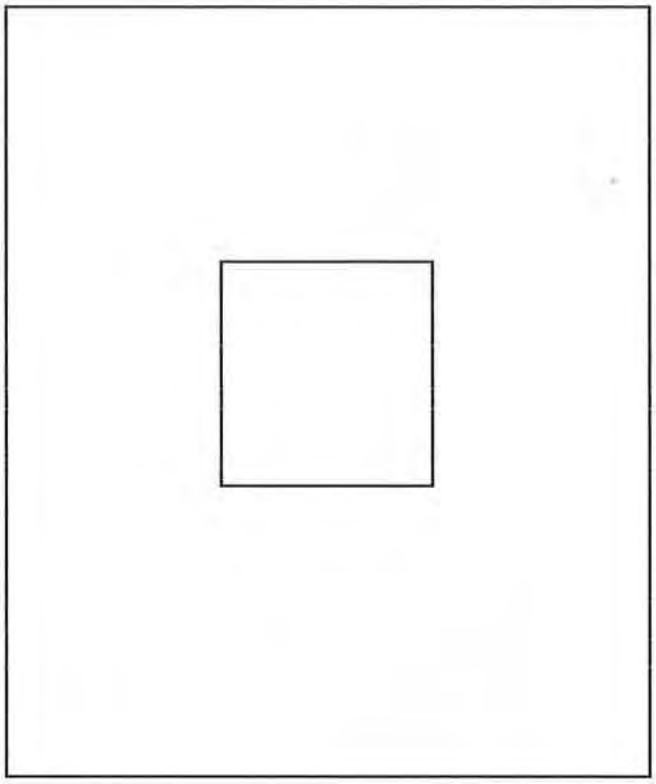
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

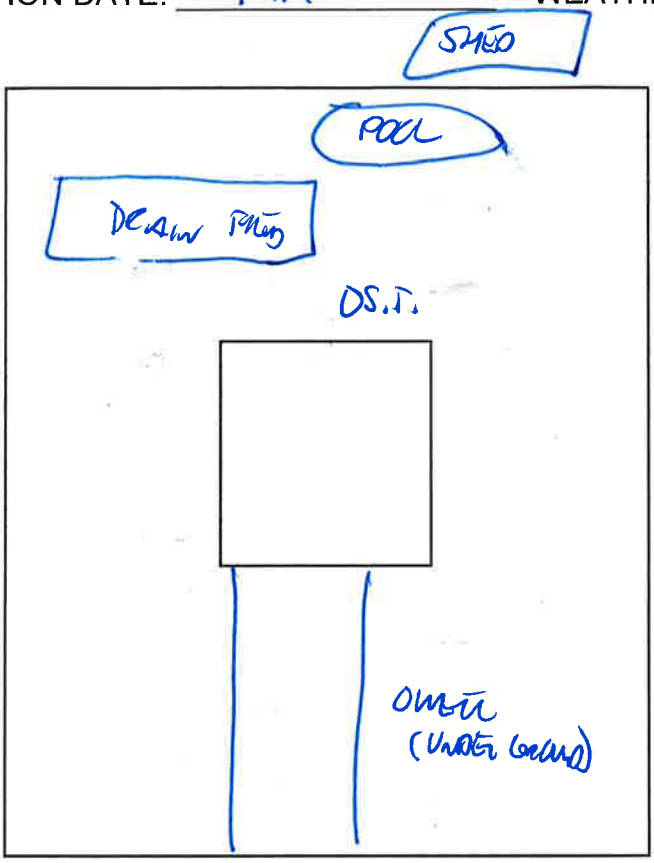
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/8/19 WEATHER: 30° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____

_____

_____

_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MG-3-20

Name: _____ Phone: 484-903-5343

Address Easton Pa 18040

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 499 ft. Cased: Y / N
How far is the well or spring from the drain field: 1000 ft ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 175' x 680' No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 16 yrs Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: 10/17
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

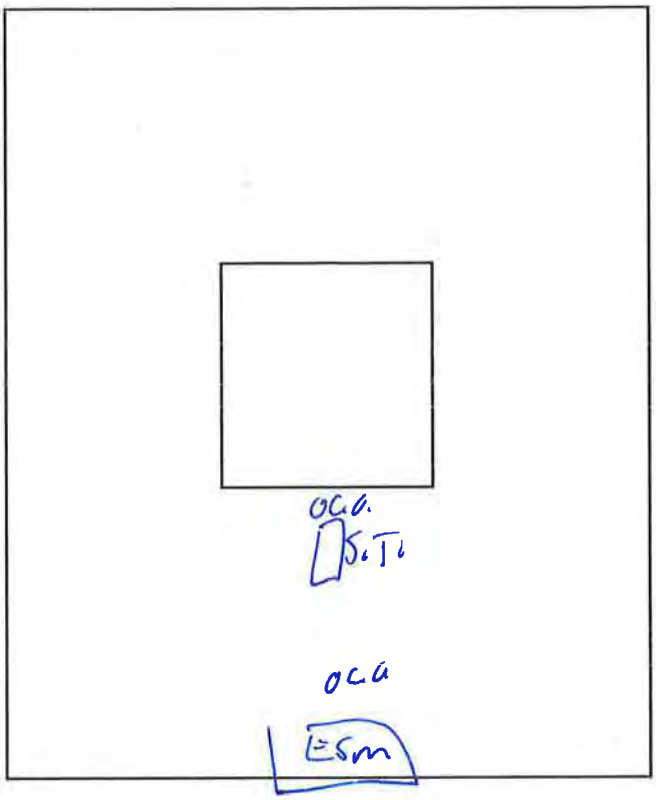
General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/16 WEATHER: _____

Lefevre



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: M43-76

Name: _ Phone: (610) 295-3713 (Scott)

Address: _____ 2, EASTON, PA. 18040-6500

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: unknown ft. Cased: Y / N (?)

How far is the well or spring from the drain field: approx. 400 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER Long's Water Technology

Was the water ever tested: (Y) / N When? years ago, exact date unknown

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 2.4 ACRES No. of dwelling units: 1

One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: approx. 17 years Was it permitted: (Y) / N When: house construction started 2002 move in was 2004

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	(ODORS)
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? seasonal

Have you ever had your system pumped out: (Y) / N How often: every 3-4 years Date last pumped: June 2019

If it was pumped, was it inspected for cracks or broken baffles: Y (N) What part: _____

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

above answers are to the best of my knowledge

Scott M Reph.

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 19-3-01

Name: [illegible] Phone: 610-217-3455

Address:

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y N When? _____
Any contamination: Y N What (TC, FC, N, etc.) _____

How large is your lot: 3 Acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 1 Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MG-10-DF

Name: _ _____ Phone: 610-462-9944

Address: _____, EASTON, PA 18040

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: 200+ FT.? ft. Cased: Y / N

How far is the well or spring from the drain field: See 50 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? 2012

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 150' x 250' No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

10'

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: LIVED HERE 50 YEARS Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: 2016

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

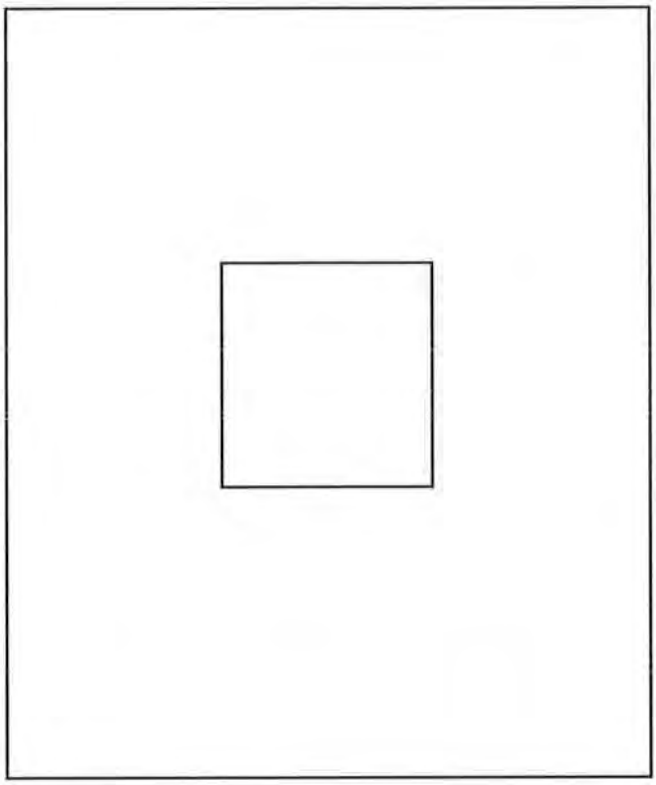
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 1-19-3-21C

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

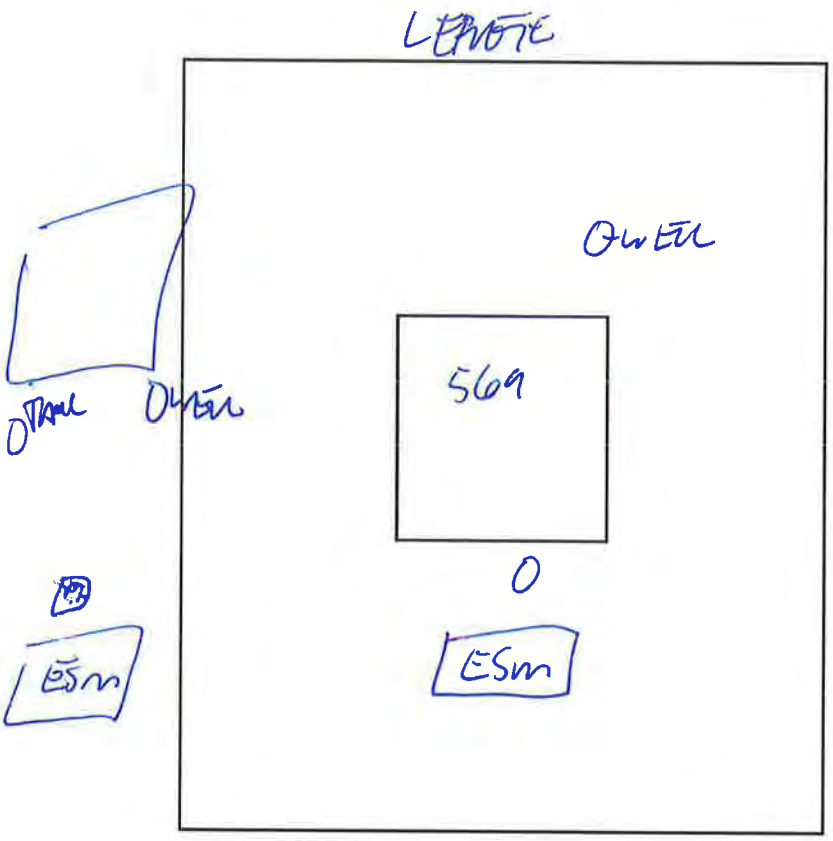
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 49-3-2L

Name: _____ Phone: 610-417-4238

Address: EASTON PA 18040

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.9 ACRE No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 15 YR Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: YEARLY or BI YEARLY Date last pumped: 8-2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

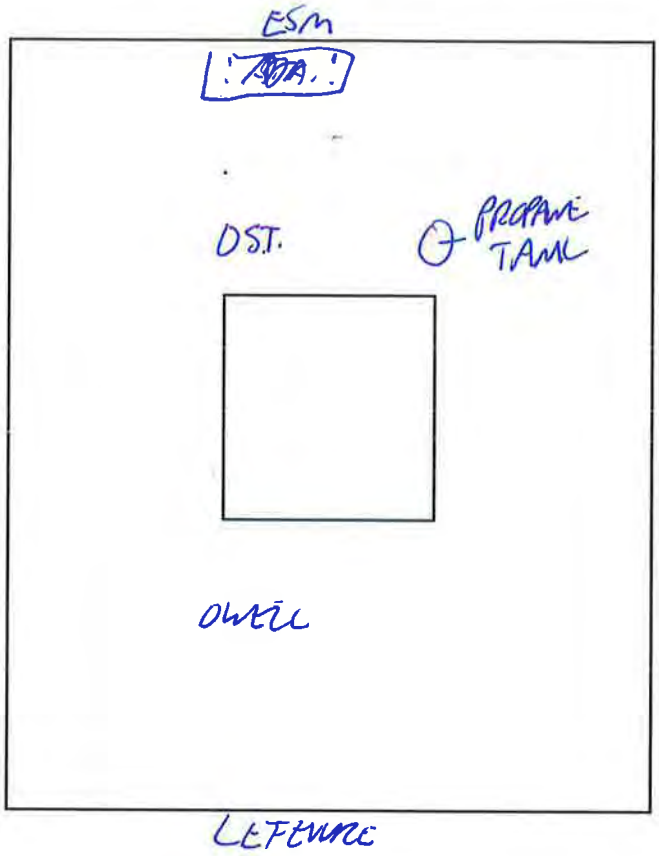
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/11/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-19-6

Name: _ Phone: 484 294-1918

Address:

Own or (Rent) No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: ? ft. Cased: (Y) / N
How far is the well or spring from the drain field: 150 - 170 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? ?
Any contamination: Y / N What (TC, FC, N, etc.) ?

How large is your lot: .9 ACRE No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? (FRONT) BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED -- ?	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out (Y) / N How often: _____ Date last pumped: 2016-17
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ?

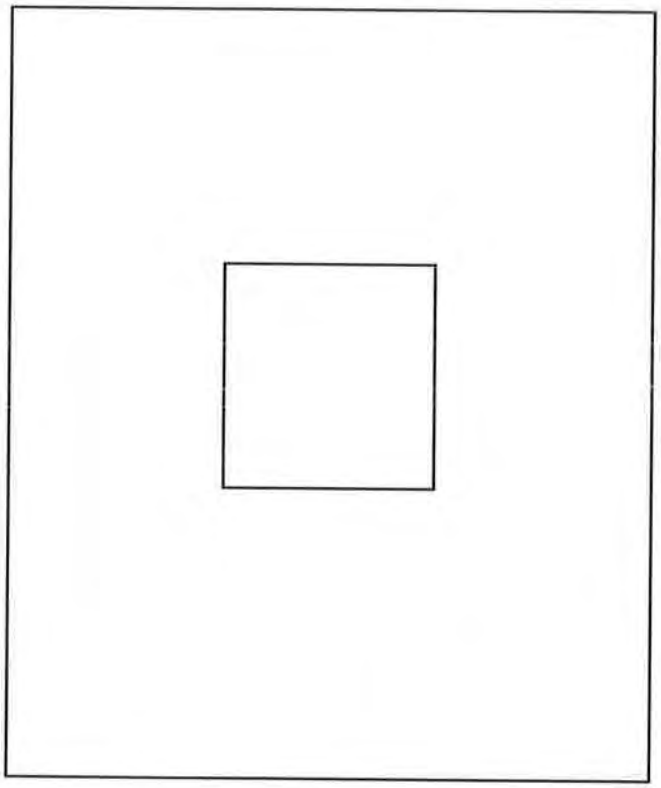
Has the system ever been repaired: Y / N ? When: ? By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

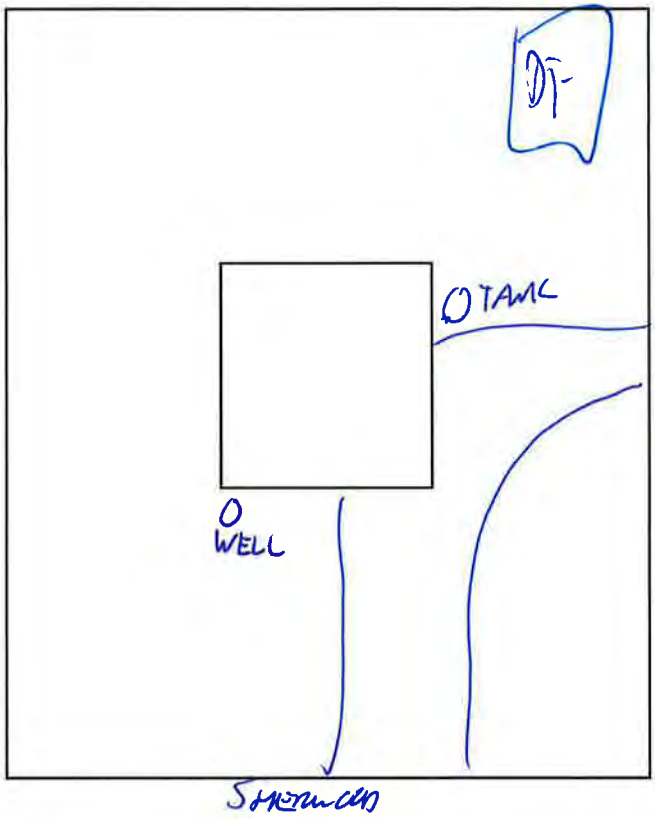
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/24/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. ~~Well~~
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

WATER SAMPLE

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:___ _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: NE-1960

Name: [redacted] Phone: (610) 462-1816

Address: [redacted] Easton PA 18040

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: at least 50 ft. Is the well UP or DOWNHILL?

Well in front of house, drain field out back

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? 2/2016

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1 acre No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or ~~sink water~~ go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ~25 yrs Was it permitted: Y / N When: When Built

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: ~2-3 yrs Date last pumped: 2018

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

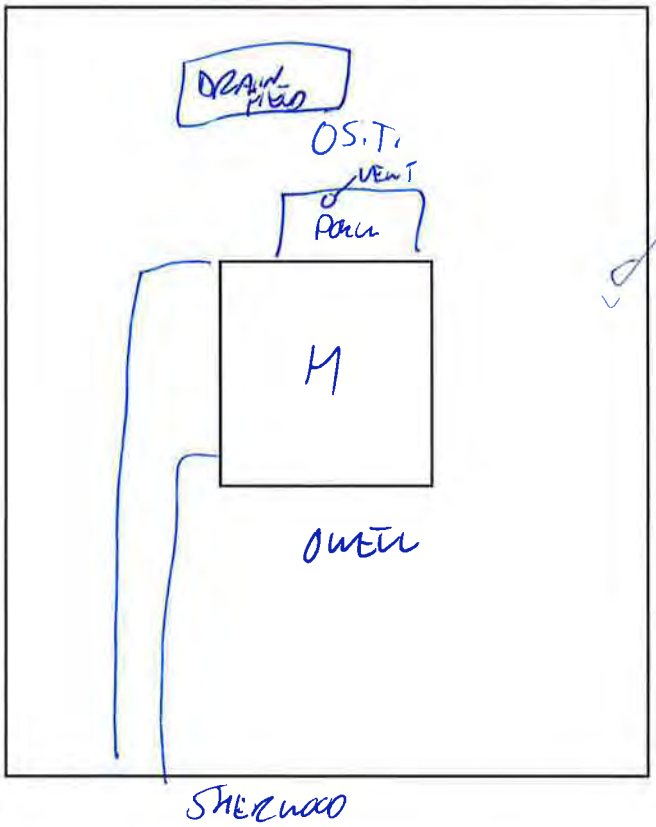
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/2/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

WELL
ROBOW name

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: M8-19-60

Name: _____ Phone: 610-759-8736

Address: Easton PA 18040

(Own) or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 250 ft. Cased: (Y) / N

How far is the well or spring from the drain field: approx 120 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested: Y / N When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 185 x 195 No. of dwelling units: 1

One or more sewage systems? One COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 47 yrs. Was it permitted: (Y) / N When: 1972

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

(GREEN, LUSH GRASS)	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? Seasonal

Have you ever had your system pumped out: (Y) / N How often: 3yrs. Date last pumped: 6/2018

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

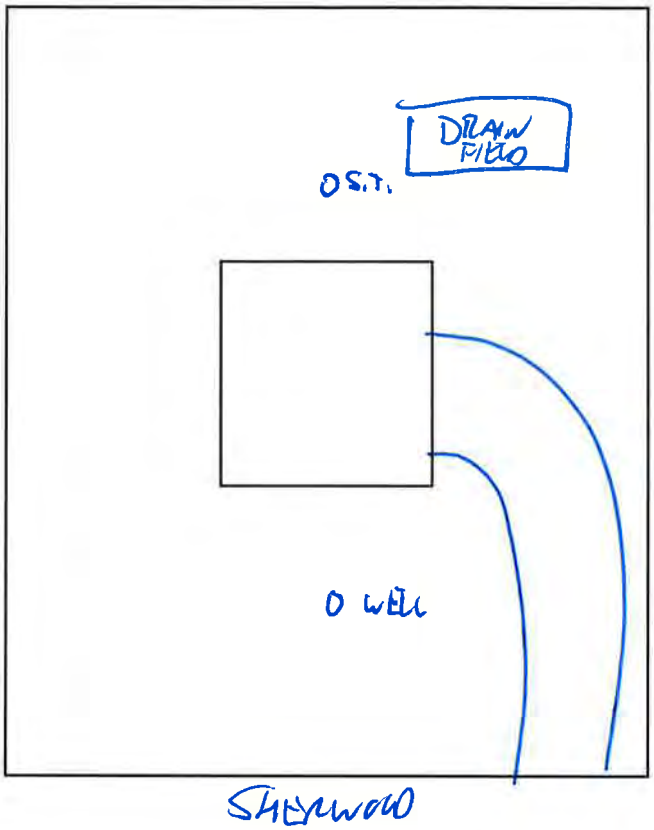
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/4/19 WEATHER: 40's Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

PUMP REQUIRED

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MP-1916E

Name: __ _____ Phone: 610 759 1650

Address: EASTON PA 18040

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 440 ft. Cased: Y / N
How far is the well or spring from the drain field: 102 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 3/4 ACRE No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 49 YEARS Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3 YR Date last pumped: SEPT. 19 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

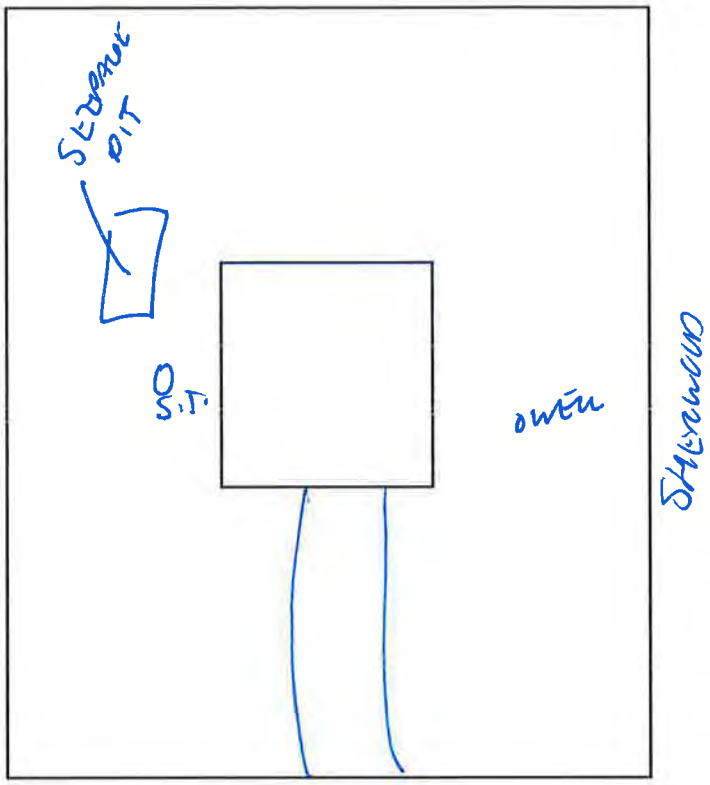
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/4/19 WEATHER: 40's Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-19-6W

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

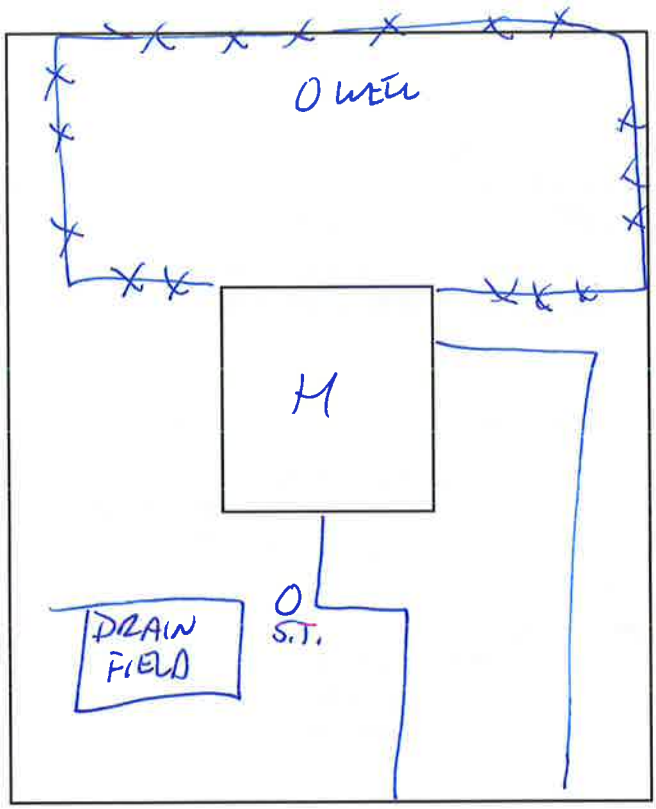
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/24/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-19-6 unit 1

Name: _ 4 Phone: 484 280-6138

Address: EASTON PA 18040

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: ± 125 FT. ft. Cased (Y) / N

How far is the well or spring from the drain field: ± 125 FT. ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested (Y) / N When? 2000

Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 3/4 ACRE No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 42 YEARS Was it permitted (Y) / N When: ± 1977

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 4 years Date last pumped: 4/10/2019

If it was pumped, was it inspected for cracks or broken baffles: Y / N ? What part: _____

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N

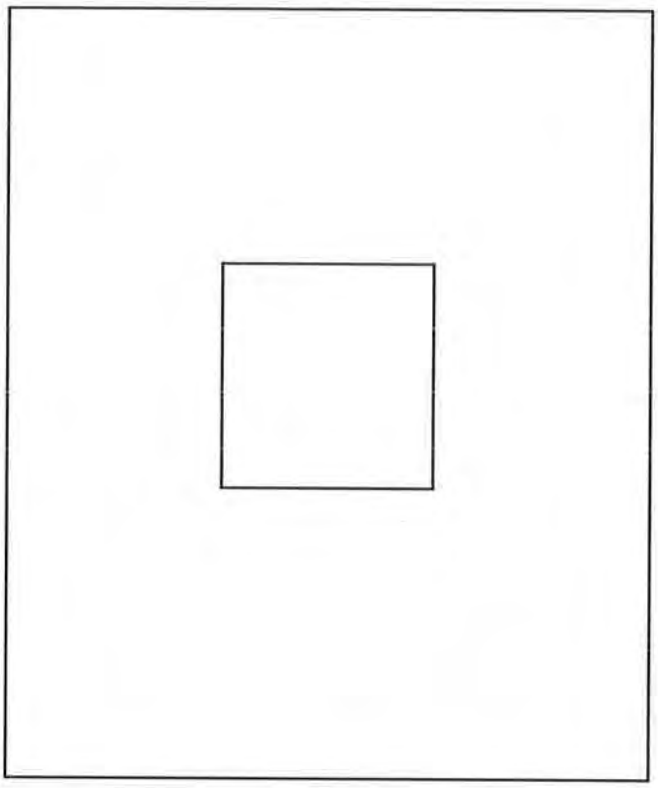
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

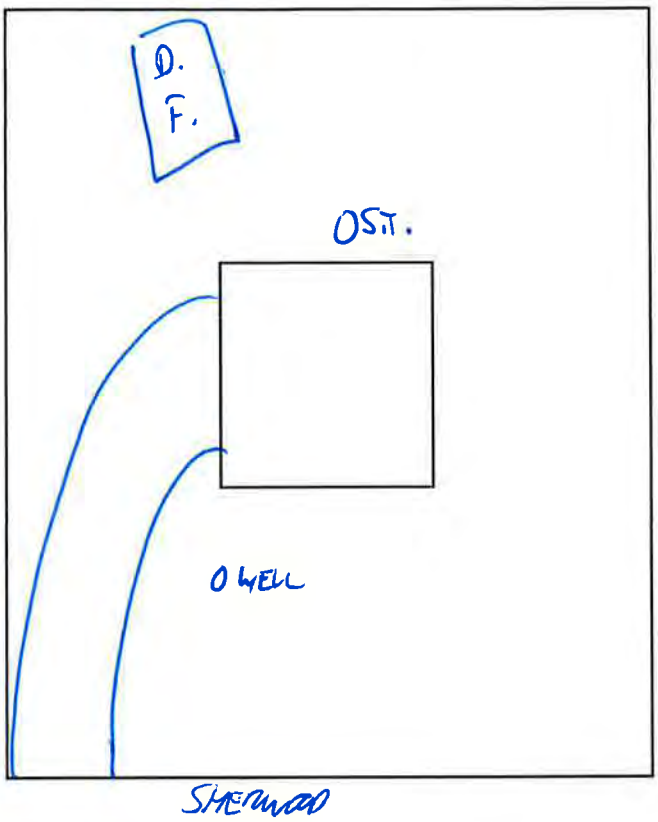
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/15/19 WEATHER: 50'



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

FORM @ OFFICE

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: M8-19-6R

Name: _____ Phone: 610-759-2848

Address _____

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 128 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 100 ft ? ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 3/4 ac. No. of dwelling units: 1
(One) or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 47 yrs Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* (NO)

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3-4 yrs Date last pumped: 2016
If it was pumped, was it inspected for cracks or broken baffles: ~~Y / N~~ ?? What part: _____

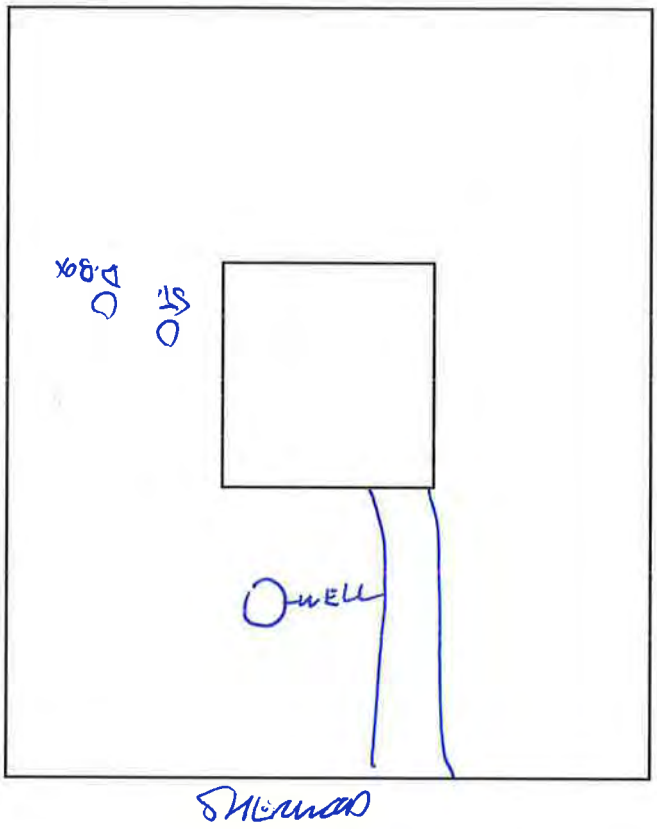
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: System works effectively

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/24/19 WEATHER: 50° sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-19-69

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100' ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

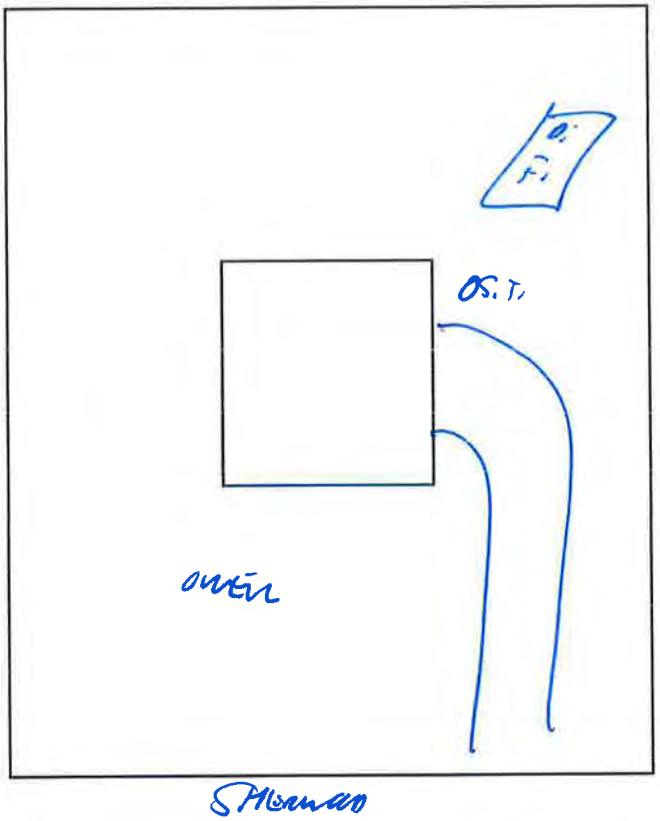
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/14 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69-16-1E

Name: [redacted] Phone: 610-905-1e1e89

Address: [redacted], Nazareth, PA 18064

(Own) or Rent No. of Residents: 6 (2 adults 4 children)

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL? flat

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 2 years ago

Any contamination: Y / (N) What (TC, FC, N, etc.) We have whole house water filter for sediment

How large is your lot: 1.61 No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD) then sand mound in front

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER Front yard

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK) out to sand mound	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER Septic on side of house

How old is your system: 1 Was it permitted: Y / N When: ? House built in 1999

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

(GREEN, LUSH GRASS around sand mound)	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it (seasonal) or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 2018 (MIStaff recommend inspection next pump in 3-5)

If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69. 16 1A

Name: A Phone: 610-393-6405

Address: Nazareth, Pa. 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER:

If you have a well, is it: DUG or (DRILLED) How Deep: 230 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 175 ft. Is the well UP or (DOWNHILL)? ?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER

Was the water ever tested: (Y) / N When? 5-6 yrs Ago

Any contamination: Y (N) What (TC, FC, N, etc.)

How large is your lot 1.7 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL (RESIDENTIAL)?

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

How old is your system: 33 yrs Was it permitted: Y / N When:

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER

If you noticed any of the above, is it seasonal or year-round?

Have you ever had your system pumped out: (Y) / N How often: EVERY 3 yrs. Date last pumped: 2017

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part:

Has the system ever been repaired: Y (N) When: By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69-12-9

Name: [redacted] Phone: 610-217-1231

Address: [redacted] Nazareth, Pa. 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 125' ft. Cased: (Y) / N

How far is the well or spring from the drain field: Approximately 100' ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested: (Y) / N When? 2004

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 17 plus Acres No. of dwelling units: 1

One or more sewage systems? one COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 43 years Was it permitted: (Y) / N When: 1976

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out: (Y) N How often: 5 years Date last pumped: 3/15

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

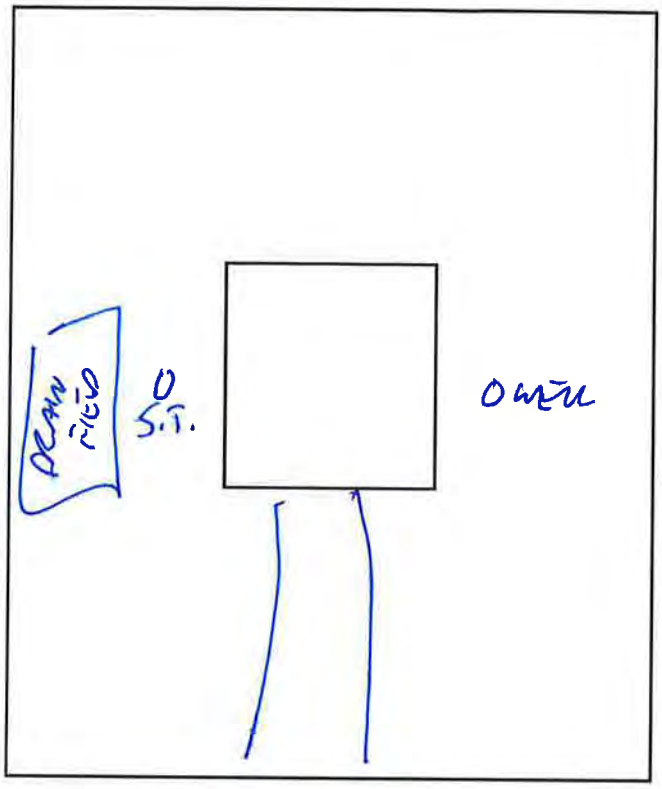
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/24/19 WEATHER: 50° Rain



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 49-5-1-0006

Name: ___ _____ Phone: 610 462 2941

Address: _____

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: ? ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ft. Is the well UP or DOWNHILL? ?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 120+ Ac No. of dwelling units: 1
One or more sewage systems? 1 ONE COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS N/A
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

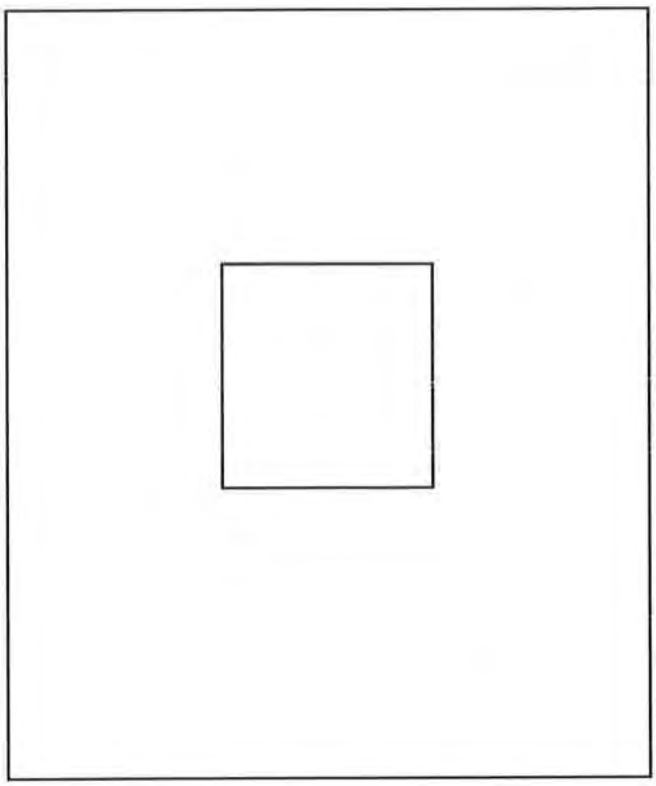
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Purchased in 2014... All was existing

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MG-11-382

Name: _____ Phone: 610.250.0823

Address: Easton, PA 18040

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 350 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 150 ft. Is the well UP or (DOWNHILL)?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) N When? 4/81
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.5 Acres No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 38 years Was it permitted: (Y) / N When: 1980

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: Every 2 years Date last pumped: 6/18
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Tank

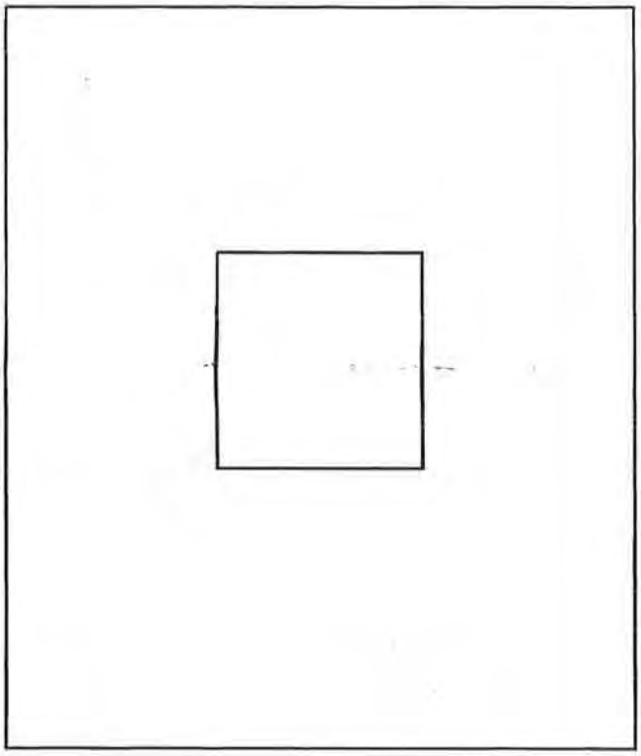
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

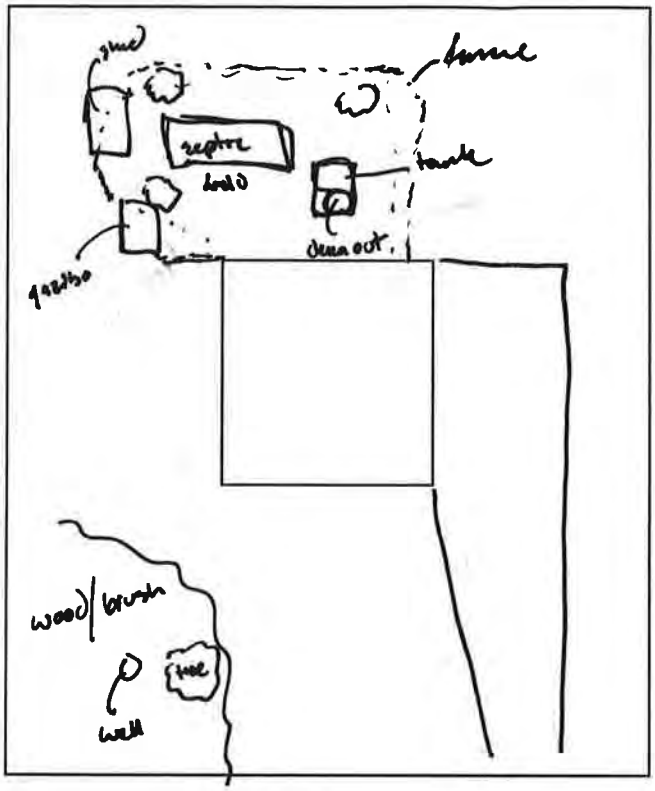
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ____ _____ Phone: _____

Address: _____ * sent rest of form into Township

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 419-11-38-4

Name: __ Phone: 610/252-1889

Address: , Easton, PA 18040

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: Unknown ft. Cased: (Y) / N

How far is the well or spring from the drain field: 135' 8" ft. Is the well UP or DOWNHILL? South

---

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? approximately 1990 - 1991 by CIT

Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.649 acres No. of dwelling units: 1

One or more sewage systems? one COMMERCIAL (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER 2 tank pumped system - NOT a sandmoun

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 29 years Was it permitted (Y) / N When: 1990

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER Nothing

If you noticed any of the above, is it seasonal or year-round? Never

Have you ever had your system pumped out: (Y) / N How often: 3 yrs Date last pumped: July 2017

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: (Y) / N When: July 2017 By permit? (Y) / N

What part: (TANK) Repaired/Replaced pump LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

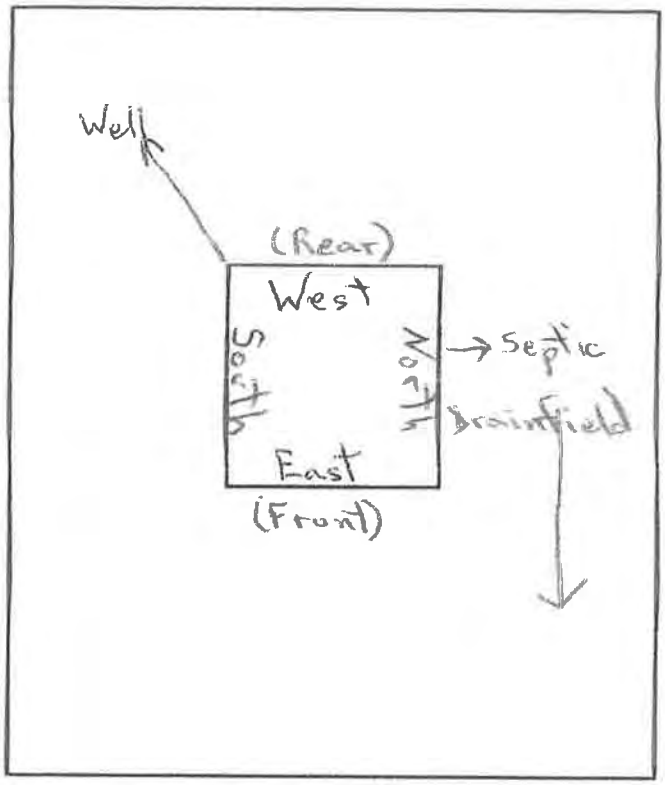
General Comments:

The tank has ALWAYS been cleaned (and repaired if needed) by a reputable firm in a timely manner.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/24/19 **WEATHER:** 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures — None

Notes: _____

SOIL TYPES: Shale

OBSERVATIONS:

Yes	No	
☐	☒	GREEN, LUSH GRASS
☐	☒	WETNESS OR SPONGY AREAS
☐	☒	ODORS
☐	☒	WATER PONDING OR SURFACING
☐	☒	SYSTEM OVERFLOW
☐	☒	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MQ-11-38

Name: _____ Phone: 610 360-6768

Address: Easton (Forks Twp.) 18040

(Own) or Rent No. of Residents: 1

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: (Y) / N

How far is the well or spring from the drain field: 25 250 ? ft. Is the well UP or (DOWNHILL)?

well in front yard, Sand Mound far back section back yard

Do you treat your water: Y / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested: (Y) / N When? March 2017

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.5 No. of dwelling units: 1

One or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 2002 Was it permitted: (Y) / N When: 2002

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 5 Years Date last pumped: 2018

If it was pumped, was it inspected for cracks or broken baffles: (Y / N What part: _____

Has the system ever been repaired: (Y) / N When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

New sewer pump + electric line.
Pump out Septic tank every 5 years
only 1 person in home.

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48/12A

Name: ___ Phone: 610-252-8849

Address: Easton, PA 18040

(Own) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: (Y) / N

How far is the well or spring from the drain field: 90 ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested: (Y) / N When? 2018

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.66 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	(INGROUND TRENCH)	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 50 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 yrs. Date last pumped: 07/18

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

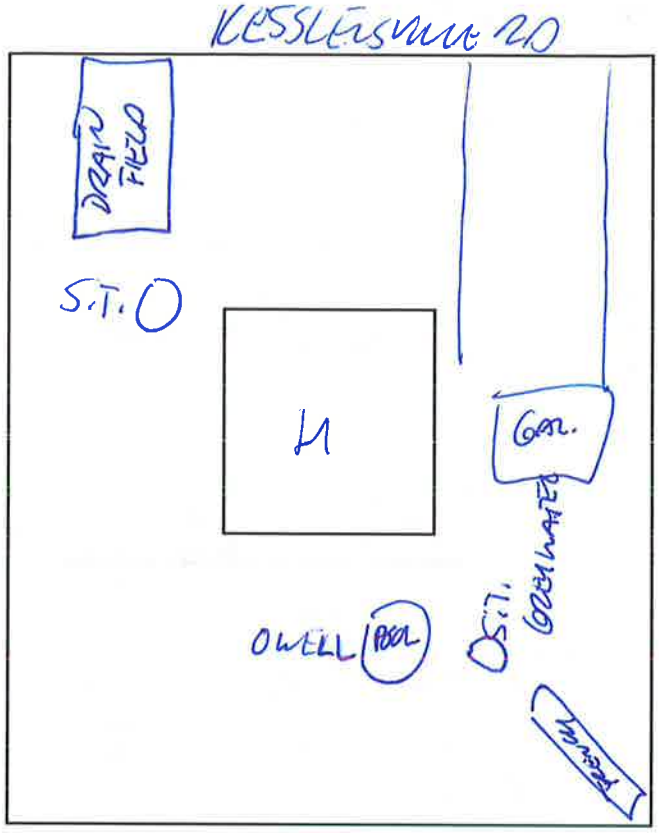
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MG-2-7

Name: _____ Phone: 610-559-8750

Address: NAZARETH PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: 240 ft. Is the well UP or DOWNHILL?

Do you treat your water (Y) / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 4/18

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 6 ACRES No. of dwelling units: 1

(One) or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 20 years Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 yrs Date last pumped: 2017

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MG-4-14A

Name: Phone: 610-258-4669

Address: NAZARETH, PA 18064

(Own) or Rent No. of Residents: TWO

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 340FT ft. Cased: Y / N
How far is the well or spring from the drain field: 80 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 12-7-18
Any contamination: Y / (N) What (TC, FC, N, etc.) SEE ATTACHMENT

How large is your lot: .50 ACRE No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 45 YRS. Was it permitted: (Y) / N When: ?
NEW CONCRETE TANK INSTALLED IN 1973

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? NEVER

Have you ever had your system pumped out: (Y) / N How often: EVERY 3 YRS Date last pumped: JULY 2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

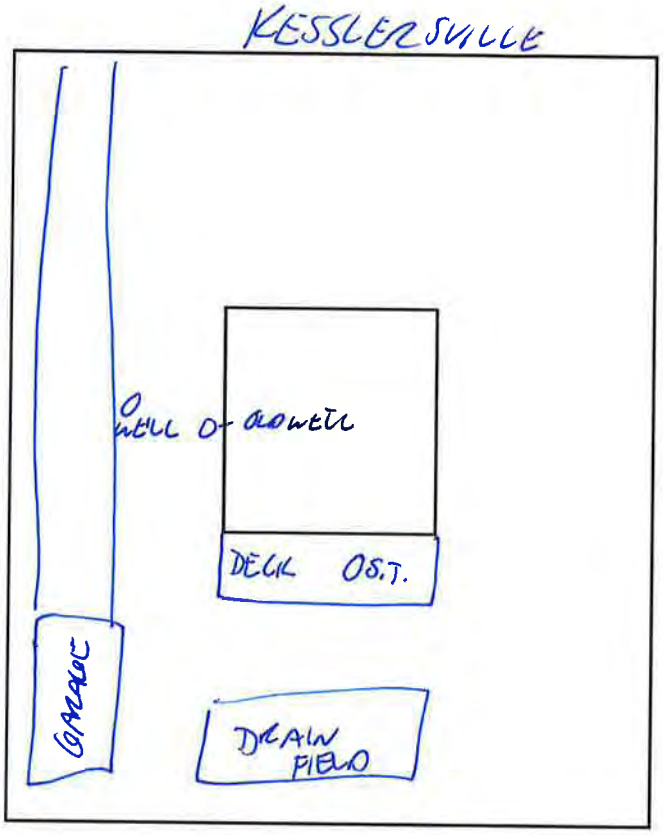
Has the system ever been repaired: Y / (N) When: / By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 19-22

Name: _ Phone: 610-253-8788

Address: NAZARETH, PA. 18064

Own or Rent No. of Residents: ONE

FOR INSPECTION, CALL HER SON AT 610-252-1183 (JOHN PONIST)

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: 300 ft. Cased: Y / N

How far is the well or spring from the drain field: 75 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER TAKE DIRT OUT

Was the water ever tested: Y / N When? ?

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1/2 ACRE +/- ? No. of dwelling units: 1

One or more sewage systems? ONE COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD RIGHT

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: SINCE 1947 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 1 Date last pumped: ?

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

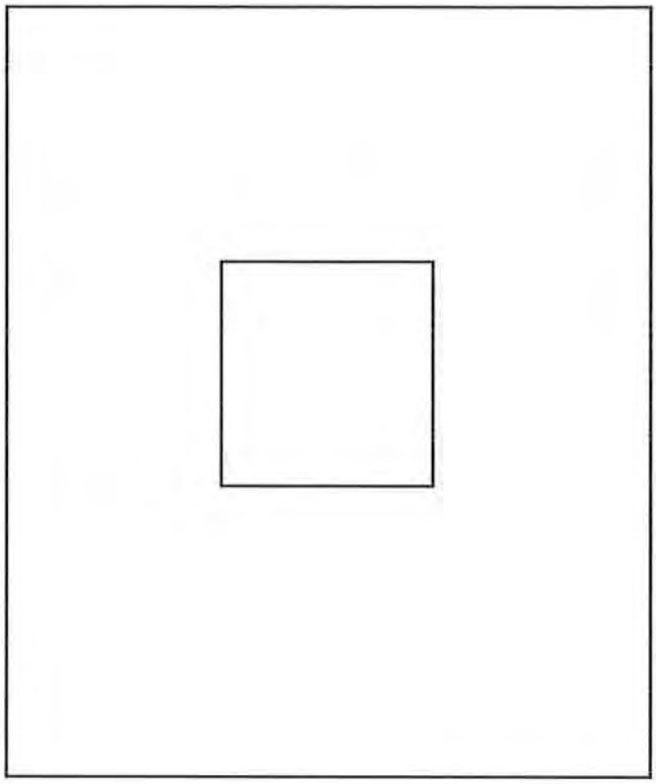
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

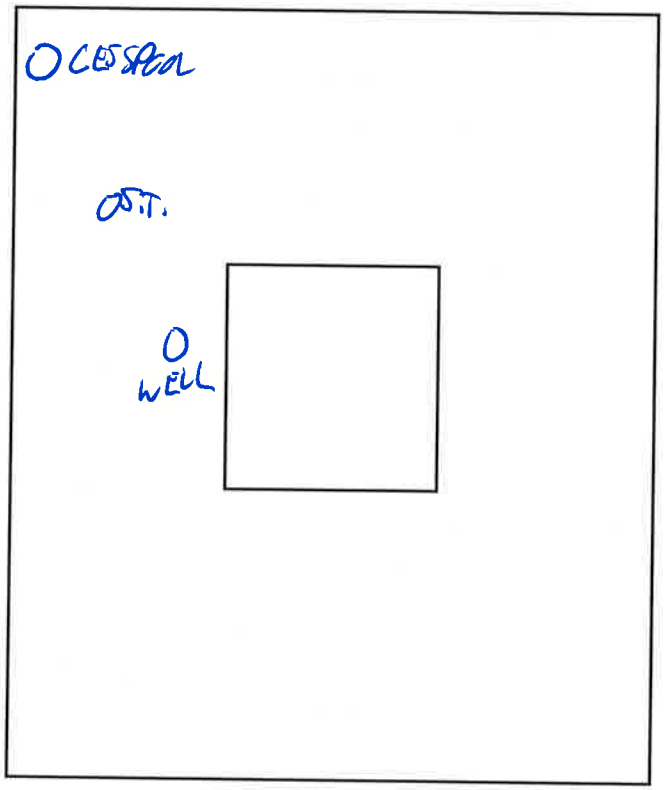
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/8/19 WEATHER: 30° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 6-7' DEEP (C.P.) (6-7' W IDE)

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

(SEND WATER HERE)

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 19-4-3

Name: ___ ____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

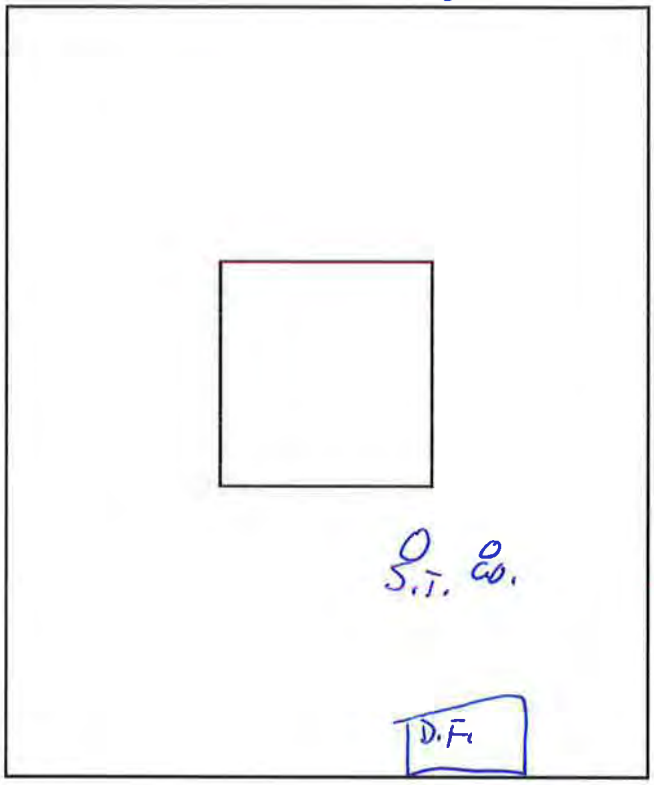
_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/28/19 WEATHER: Sun

KESSEL VILLE



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MG-2-15

Name: _____ Phone: 610-253-9207

Address: Nazareth PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 150 ft. Cased: (Y) / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested: (Y) / N When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 3/4 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 44 yrs. old Was it permitted: (Y) / N When: 1975

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 2 years Date last pumped: 2018

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Septic tank

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

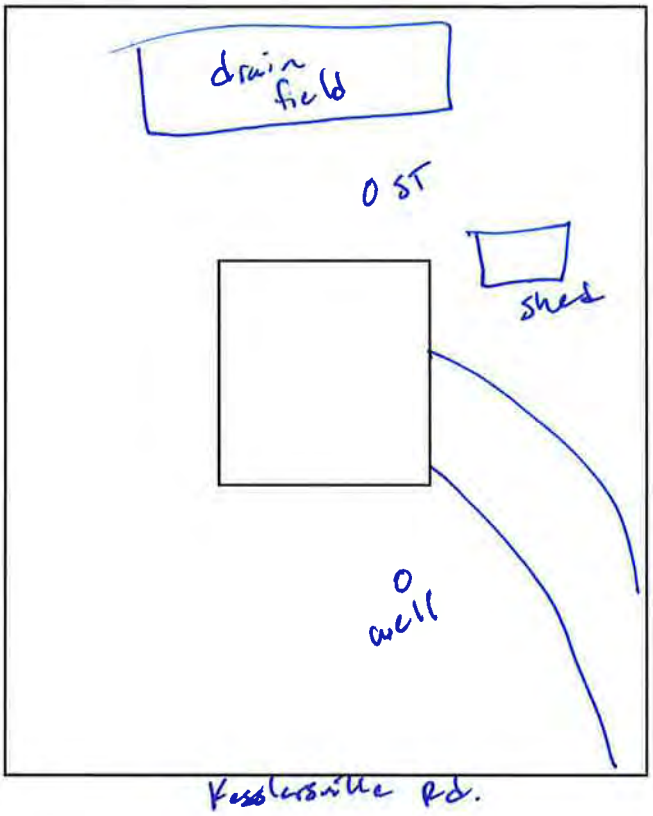
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/29/19 WEATHER: 50° Rain



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 49-1-3B

Name: _____ Phone: 484-894-8531

Address. _____ NAZARETH PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 140 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 200 ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) N How? CL/UV DISINFECTION (SOFTENER) / ION OTHER _____

Was the water ever tested: (Y) N When? year 2000

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.45 Acre No. of dwelling units: 1

One or more sewage systems? yes COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 21 years Was it permitted: (Y) N When: 1998

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None

If you noticed any of the above, is it seasonal or year-round? —

Have you ever had your system pumped out: (Y) N How often: every 3 years Date last pumped: 10-25-19

If it was pumped, was it inspected for cracks or broken baffles: (Y) N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

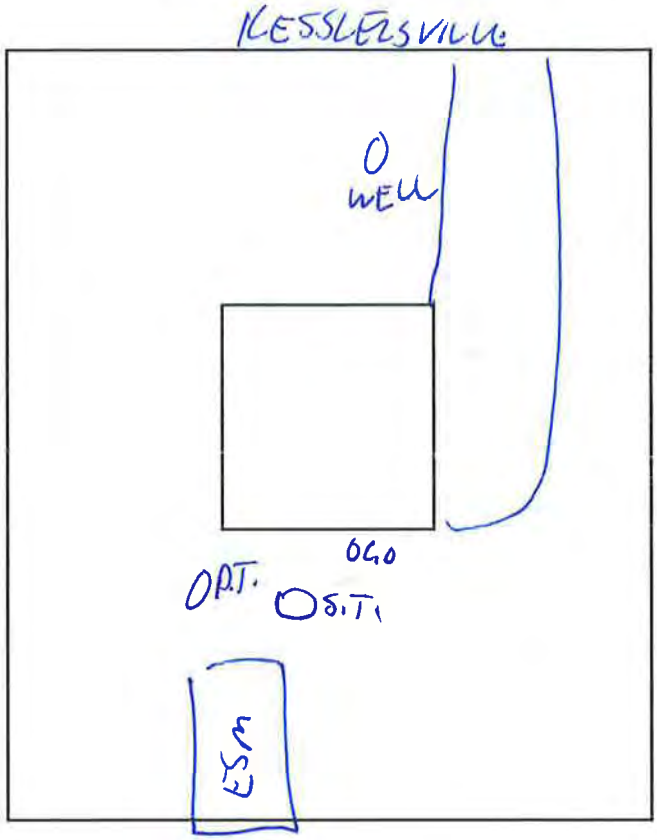
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 56°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MA-4-1A

Name: 6 Phone: 610-253-5187

Address: WAYNESTA PA 19064

Own or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 120 ft. Cased: (Y) / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?
level

Do you treat your water: Y / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 2.3 No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? (FRONT) BACK (SIDE) YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 48 yrs Was it permitted: (Y) / N When: 1972

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: Every 2 yrs Date last pumped: 9/24/19
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

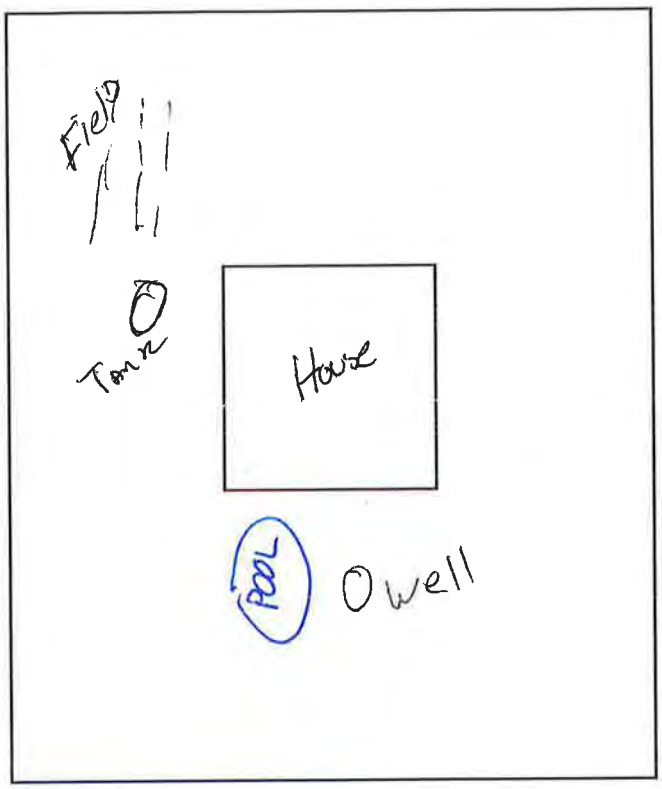
Has the system ever been repaired: (Y) / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 2' DEEP

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☒	GREEN, LUSH GRASS
☐	☒	WETNESS OR SPONGY AREAS
☐	☒	ODORS
☐	☒	WATER PONDING OR SURFACING
☐	☒	SYSTEM OVERFLOW
☐	☒	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: G9-11-90

Name: - Phone: 6102525607

Address: Nazareth Pa. 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 320 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 80 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 10/28/16

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 2 Acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 44 years Was it permitted: (Y) / N When: July 1975

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: Every 4 yrs Date last pumped: 9/13/19

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

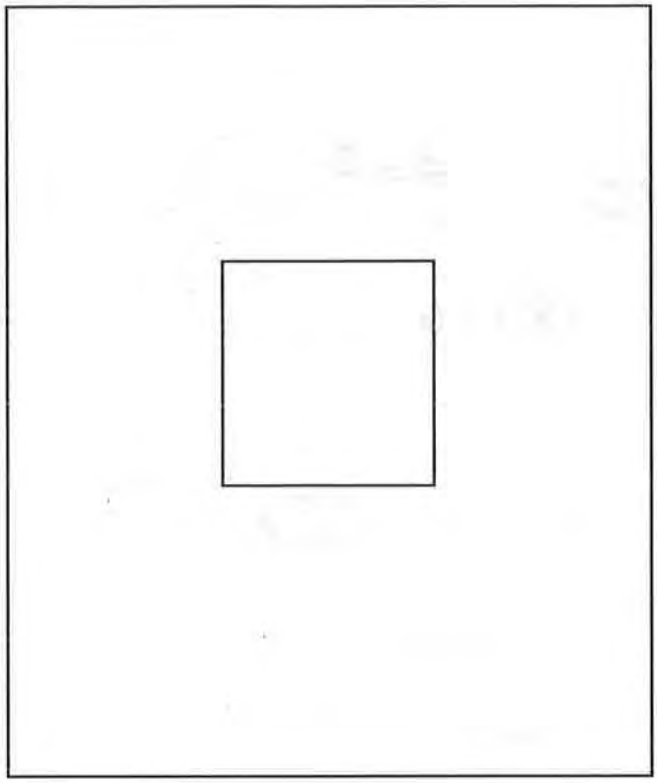
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: G4-16-18

Name: J Phone: 6102533857

Address: NAZARETH PA 18064

(Own) or ~~Rent~~ No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER:

If you have a well, is it: DUG or (DRILLED) How Deep: 125 ft. (Cased: Y) / N

How far is the well or spring from the drain field: 350 ft. Is the well UP or (DOWNHILL)?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER

Was the water ever tested (Y) / N When? 1989

Any contamination: Y (N) What (TC, FC, N, etc.)

How large is your lot: 2.1 ACRES No. of dwelling units: 1

One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER DRAINFIELD

How old is your system: 30 YEARS Was it permitted: (Y) / N When: 1989

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round?

Have you ever had your system pumped out: (Y) / N How often: 3 YRS Date last pumped: OCT 2019

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part:

Has the system ever been repaired: Y / (N) When: By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

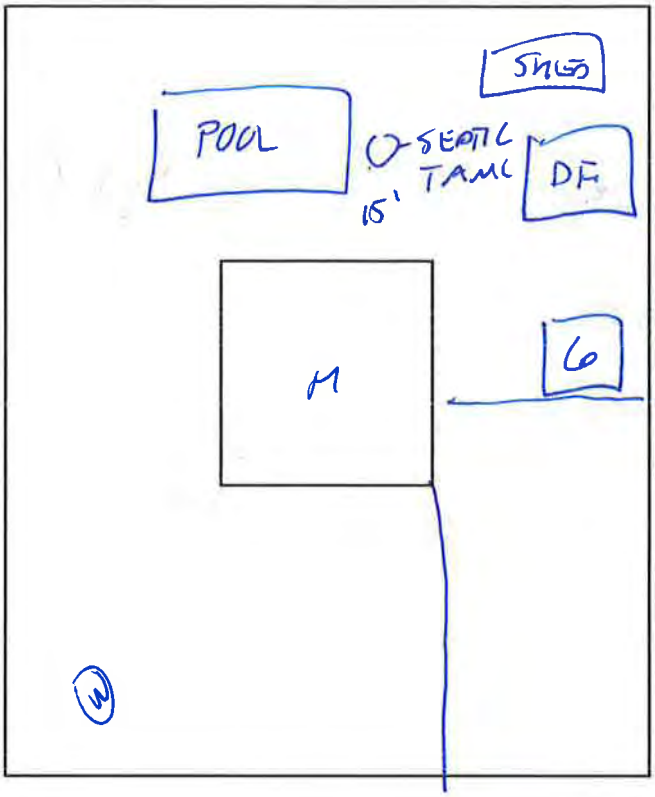
General Comments:

NO PROBLEMS IN 30 YEARS OF USE — ONLY USED 9 MONTHS PER YEAR LAST 20 YEARS

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/16/19 WEATHER: 52°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: G9-11-9A

Name: _____ Phone: 610-252-7230

Address: Nazareth, PA 18064-9377

(Own) or Rent No. of Residents: 1

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / (N) When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____

One or more sewage systems? One COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 61 yrs. Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2 yrs. Date last pumped: 7-15-19

If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

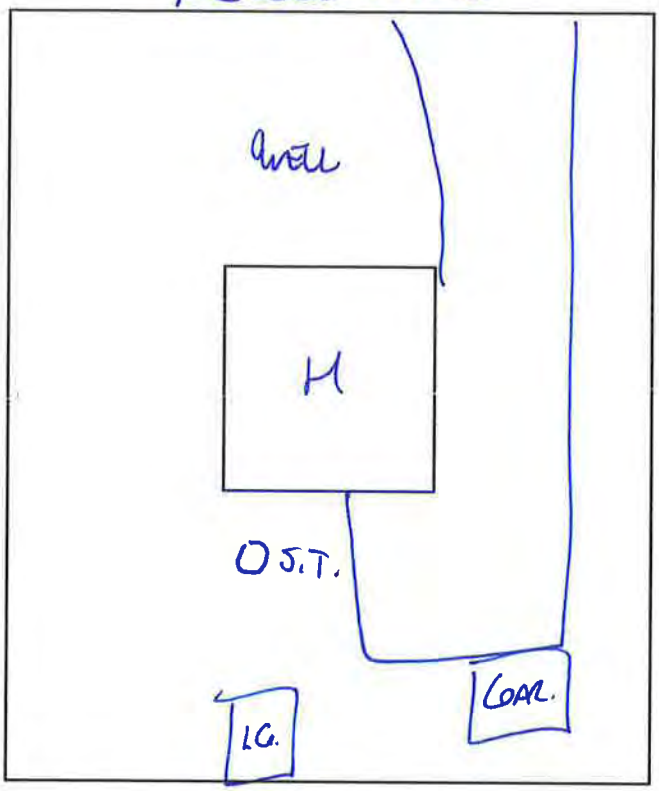
General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 50°

KESSLERSVILLE



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69-12-11C

Name: _____ Phone: 610 554 2019

Address: [redacted] Nazareth PA 18064

(Own) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: 150 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 10/2006

Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.5 acres No. of dwelling units: 1

(One) or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 15 yrs Was it permitted (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 yrs Date last pumped: 6/14/19

If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

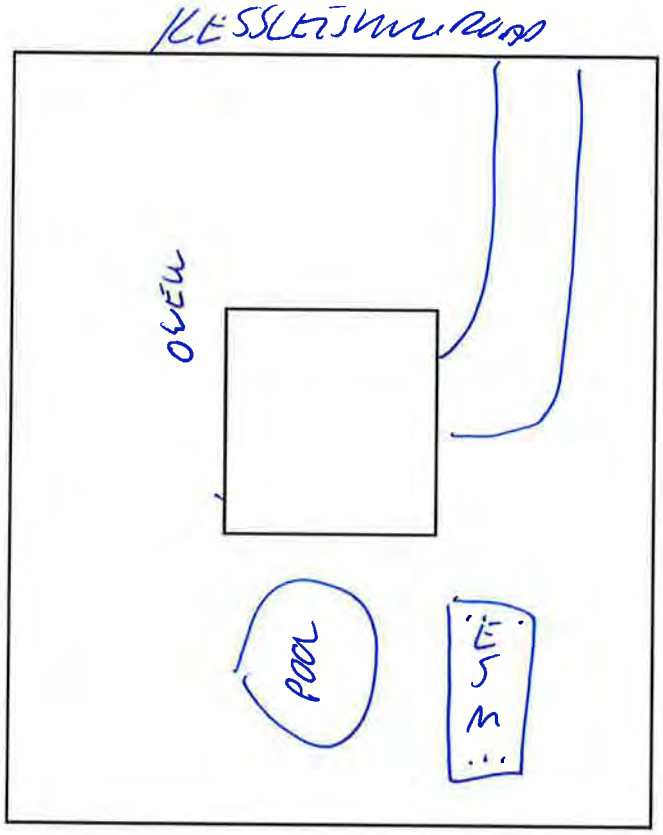
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: __ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: M1-11-38-1

Name: _____ Phone: 610-258-3098

Address: Easton, PA 18040

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 80 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 2000
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1 1/2 Acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: Every 3 yrs Date last pumped: ~ 14r
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

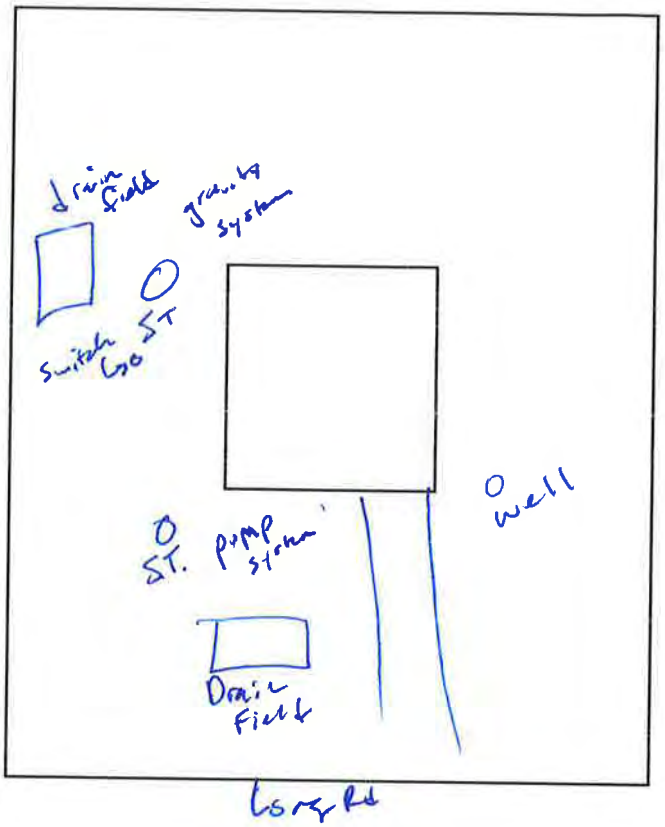
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69-D-12A

Name: _ Phone: H 610 588 7836

Address: Nazareth Pa 18064

(Own) or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 248 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 125 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) N When? ~~test~~ 1984
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 35 Was it permitted: (Y) N When: 1984 ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: Every 3 years Date last pumped: Spring 2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Both

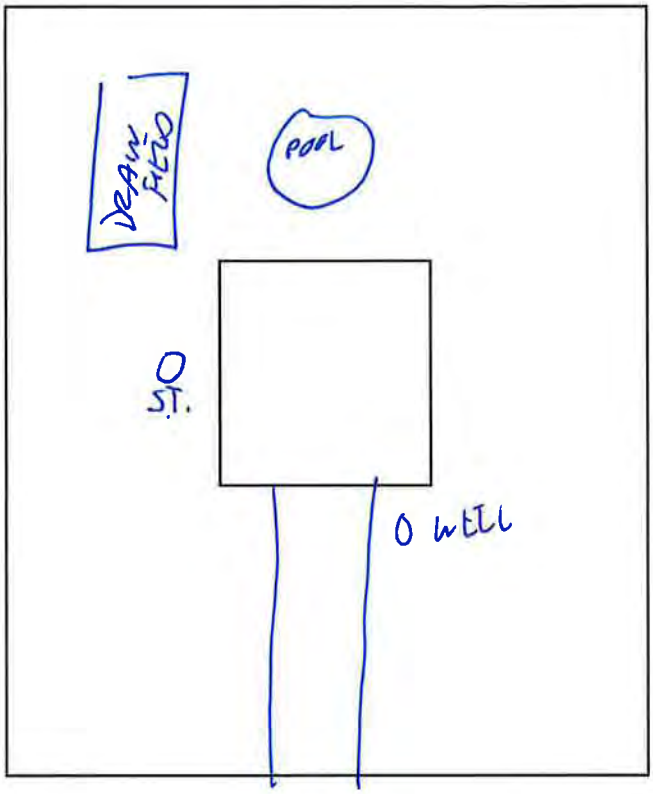
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/28/19 WEATHER: 50° SUNNY



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: ____ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69-6-(8.2)

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 135' ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.74c No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 15 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

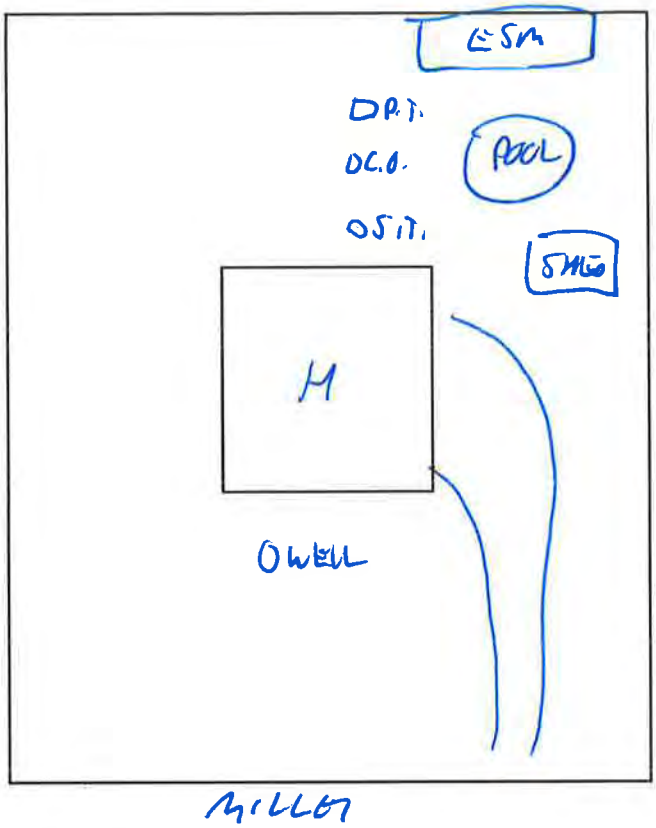
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 1/11/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Foam @ 12"

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 09-736

Name: a Phone: 610-588-7585

Address: Nazareth, Pa. 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 120 ft. Cased: (Y) / N 20 ft.

How far is the well or spring from the drain field: 85 - 100 ft. Is the well UP or DOWNHILL?

8

Do you treat your water: (Y) / N How? (CL/UV DISINFECTION) / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? _____

Any contamination: Y / (N) What (TC, FC, N, etc.) Coliforms

How large is your lot: 1 1/4 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 51 yrs. Was it permitted: (Y) / N When: _____

Redone

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 3 yrs. Date last pumped: October 2018

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: (Y) / N When: 3-24-05 By permit? (Y) / N

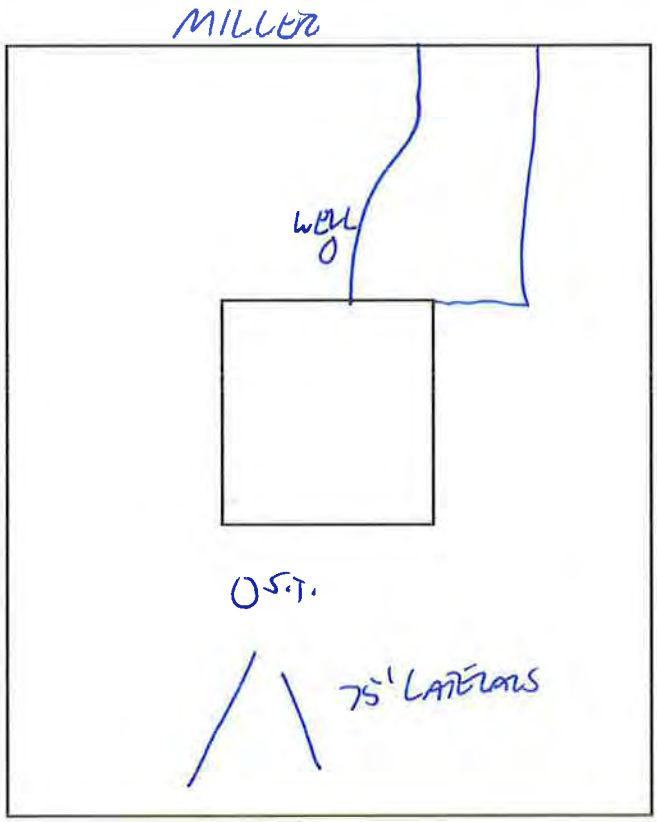
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/28/16 WEATHER: 50° SUNNY



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 1000 GAL TANK

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69-12-5A

Name: _____ Phone: 610 253 5347

Address: _____ EASTON PA 18040

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: 30 ft. Cased: Y / N

How far is the well or spring from the drain field: 75 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 13 ACRES No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 47 YEARS Was it permitted: Y / N When: DON'T REMEMBER

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3/4/Y Date last pumped: 2016

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

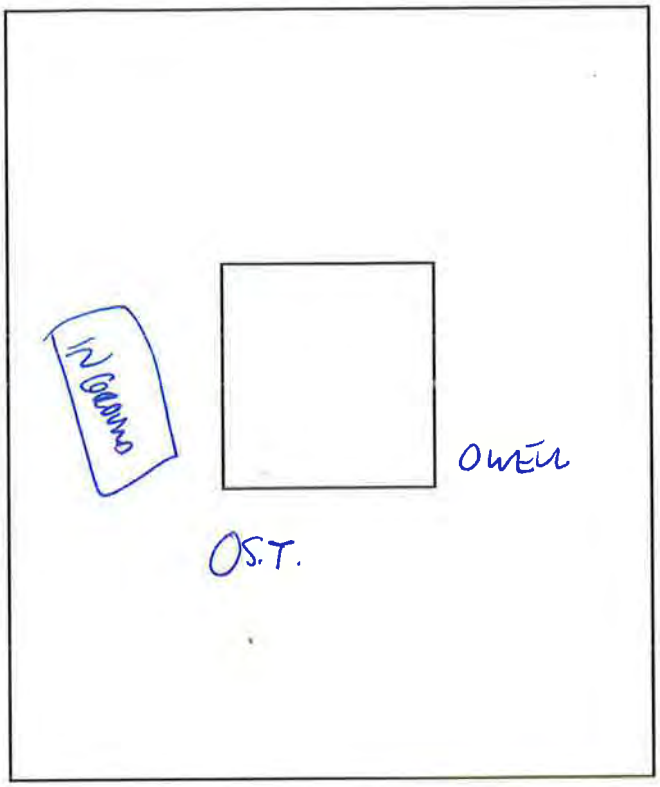
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/22/19 WEATHER: 50° Cloudy



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: BUILT SYSTEM - STONE/APPLS

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69-133

Name: _____ Phone: 6107455400

Address: Nazareth, PA 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 600 ft. Cased: Y / N
How far is the well or spring from the drain field: 150 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? @ 2015
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: @6 acres No. of dwelling units: 1
One or more sewage systems? 2 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: No idea Was it permitted: Y / N When: _____
was here when purchased by my family in 1990

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2-3 yrs Date last pumped: Oct 2017 19
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: the tank

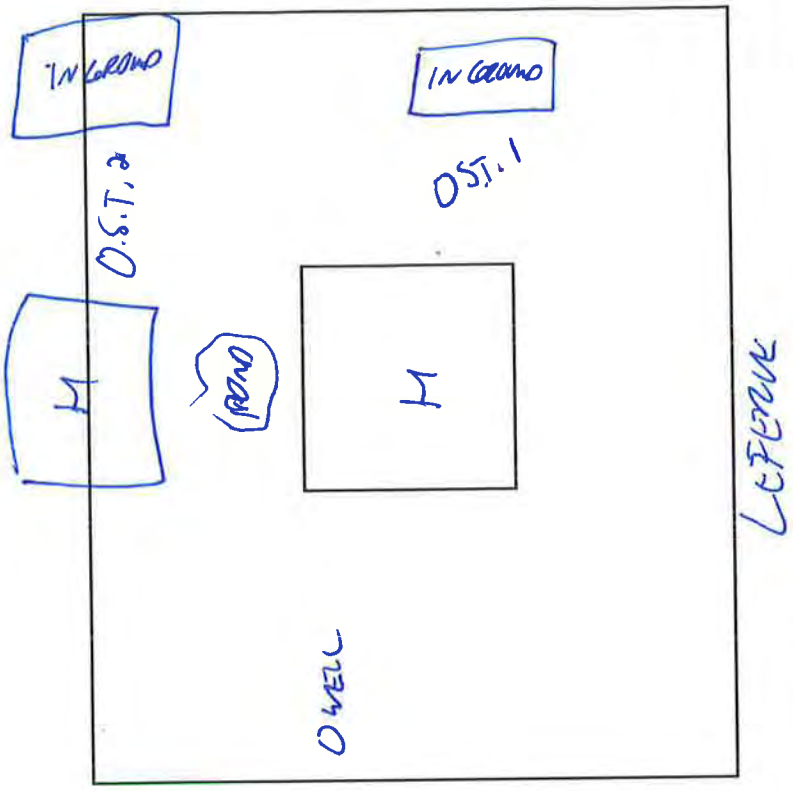
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/22/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 1= RARELY USED

PEACOCKS ONSITE

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69-75A

Name: _____

Address: _____ Phone: 610 588 8767

Nazareth Pa 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 180 ft. Cased: (Y) / N (20ft)

How far is the well or spring from the drain field: _____ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested: (Y) / N When? About 2010

Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: about 2 3/4 Acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL (RESIDENTIAL)?

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 39 years Was it permitted: (Y) / N When: May 1980

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 2019

If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

Only problem was a clog in line from house to tank. No problem after line was opened.

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69-6-2A

Name: _____ Phone: 610 599 0151

Address: _____ Nazareth PA

(Own) or Rent No. of Residents: _____

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 70 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 110 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 1999

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 2+ Something Acres No. of dwelling units: 1

(One) or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1995 Was it permitted: (Y) / N When: Should Be on Record

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

(OTHER) Nothing

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 4 yrs Date last pumped: 2 years Ago

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

I Don't understand The purpose of This ?? I Think The Township Needs To Conduct A Survey As To what the Police Do Or Better yet Don't Do !! 191, Sellers Tavern, Kesslersville Rd & Penn Argyl Rd Are like Race Tracks !!! & you Never See Anyone Stopped For Speeding !!!

** OVER **

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69-16-15

Name: _ Phone: 610-258-1068

Address: _____ Nazareth, PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: Well
If you have a well, is it: DUG or (DRILLED) How Deep: approx 400 ft.+ Cased: (Y) / N
How far is the well or spring from the drain field: approx 150 ft. Is the well UP or DOWNHILL? (not sure)

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____
Was the water ever tested: (Y) / N When? 2000
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.5 acres No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK + SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 20 years Was it permitted: (Y) / N When: 1999 ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 2-3 years Date last pumped: 9/16/19
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: inspected when pumped

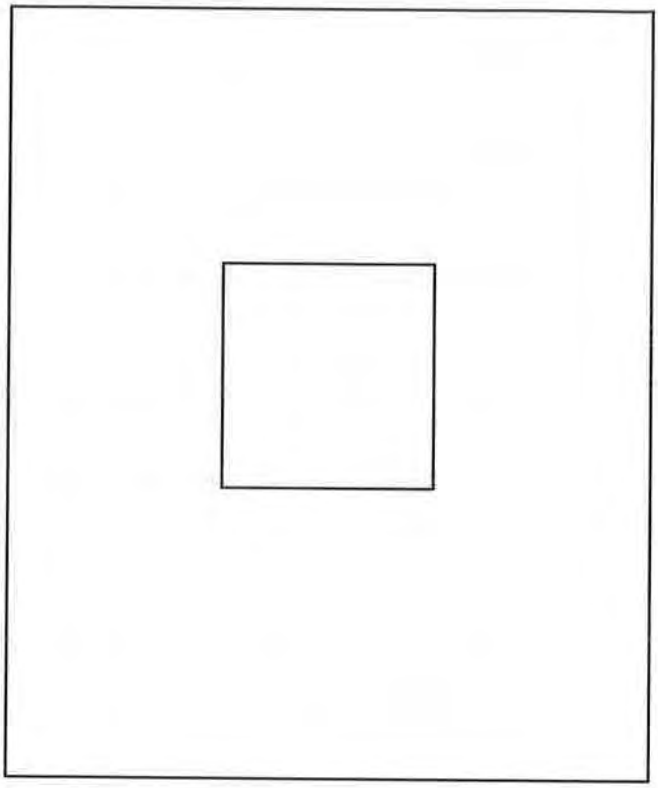
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
Have yet to experience any problems - system still working well

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

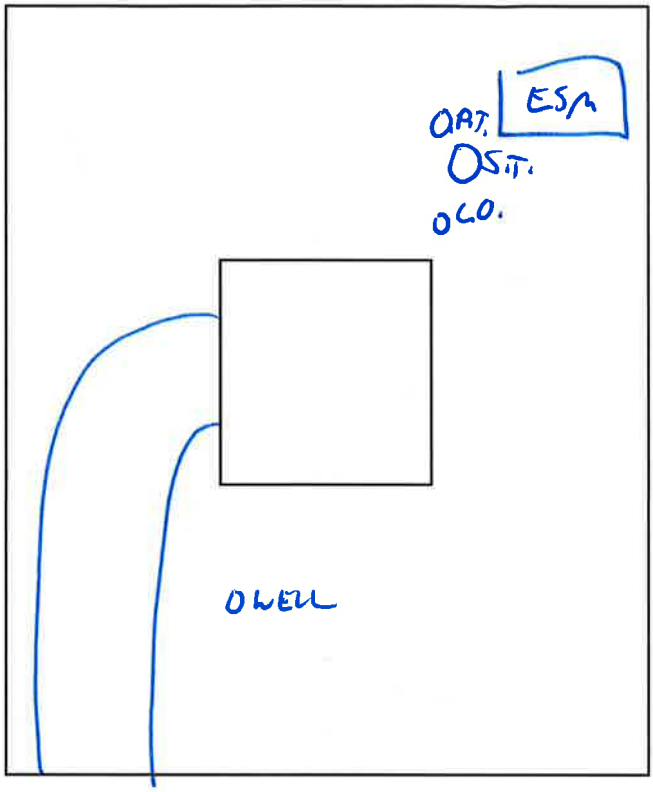
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/4/15 WEATHER: 40°S Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

FORM OFFICE

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69-16IN

Name: [redacted] Phone: 610-618-0162

Address: [redacted]

(Own) or Rent No. of Residents: 1 or 5

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 285 ft. Cased: (Y) / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested: (Y) / N When? March 2019

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.5 acres No. of dwelling units: 1

One or more sewage systems? NO COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

~~OTHER~~ settling tank, lifting station, sand mound.

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 28 years. Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: (Circle all that apply)

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? N/A October 2019

Have you ever had your system pumped out: (Y) / N How often: 3-4 years Date last pumped: ~~Aug. 2015~~

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: No issues reported.

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 09-16-16

Name: _

Phone: 917 705 3725

Address:

(Own) or Rent No. of Residents: ~ 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: (Y) / N
How far is the well or spring from the drain field: 300 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____
Was the water ever tested: (Y) / N When? 2012
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.78 ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

~~What kind of~~ sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1999 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: 2 Date last pumped: 5/18
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MG-11r1

Name: _ Phone: (610) 297-5350

Address: _____, Easton, PA 18040

(Own) or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: Well

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N Don't Know,

How far is the well or spring from the drain field: 110 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / (N) When? _____

Any contamination: Y / N What (TC, FC, N, etc.) N/A

How large is your lot: 22.68 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	(OLD WELL)
ELEVATED SAND MOUND	PIPE TO DITCH	(PIPE TO SURFACE)	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	(PIPE TO SURFACE)	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 50+ Was it permitted: Y / N When: Unknown

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None.

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: Every few years. Date last pumped: 10.24.19

If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

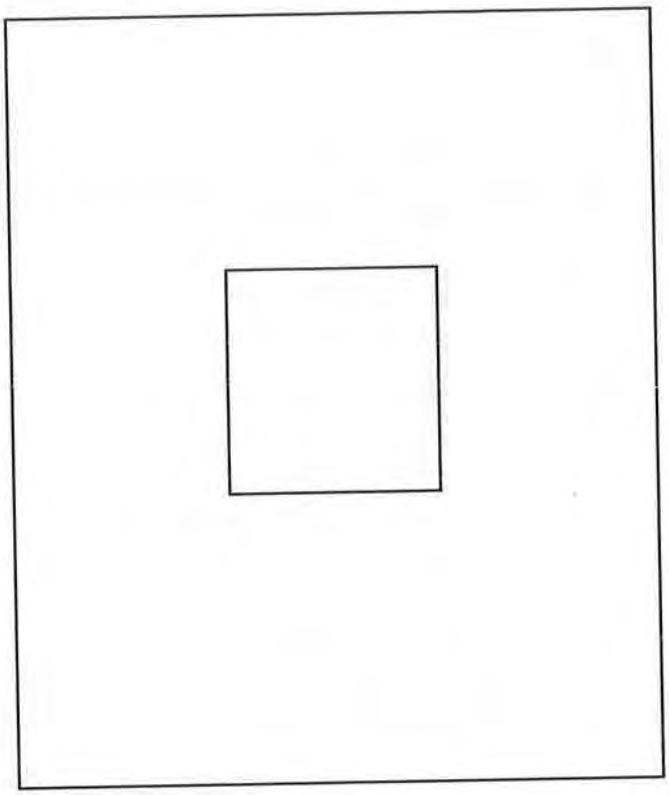
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 49-11-1A

Name: _____ Phone: 610-252-8190

Address EASTON, PA. 18040-6529

(Own) or Rent No. of Residents: ONE

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: THIRTY ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.22 ACRES No. of dwelling units: ONE
One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1950's Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 4 yrs Date last pumped: 7/6/2018
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

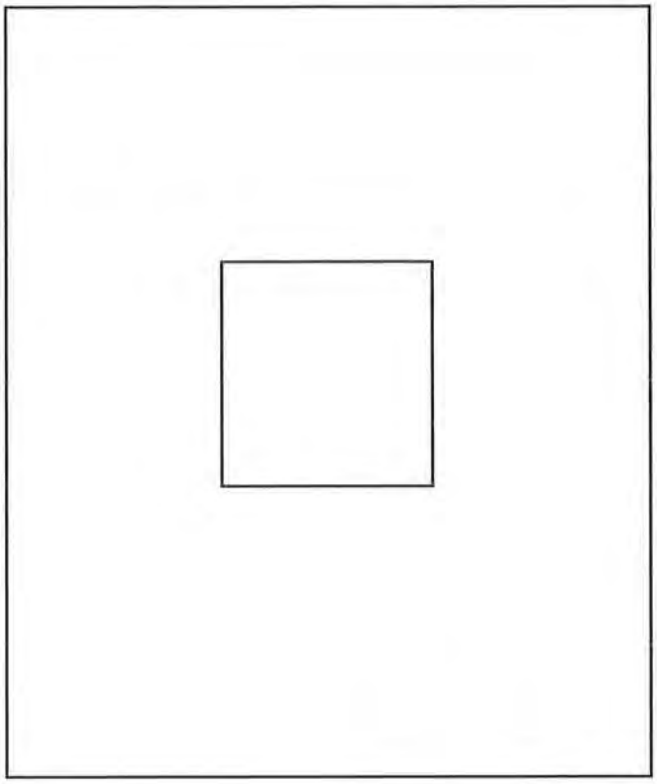
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

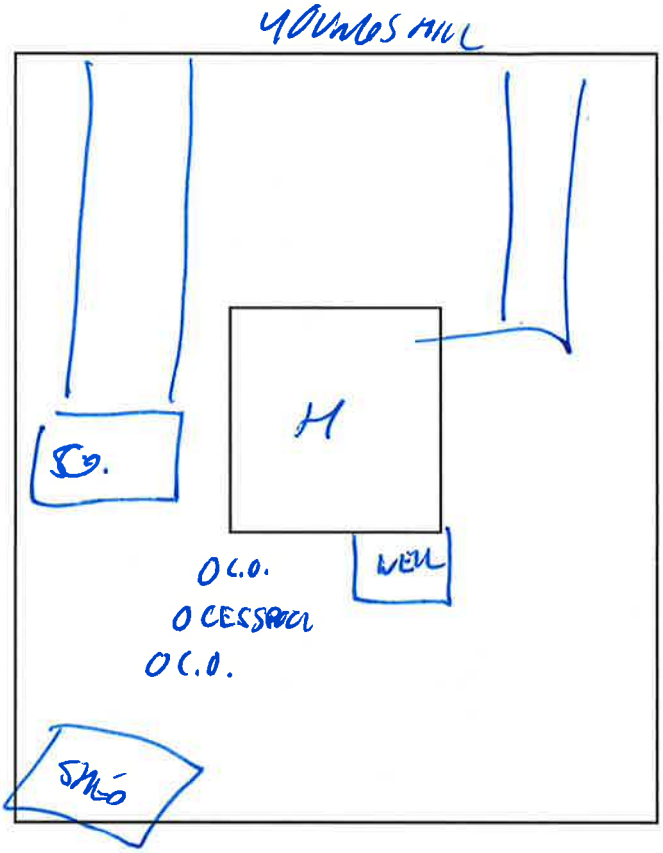
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/4/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____ FARM & TOWNSHIP

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

WATER SAMPLE

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____

_____

_____

_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MG-11-28

Name: _____ Phone: 610-984-5249

Address: _____ Easton, PA

Own or (Rent) No. of Residents: 1

Tenant - Kurt Davis - 610-597-8797

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N - unknown - Tenant Kurt Davis

How far is the well or spring from the drain field: more than 100 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 2 ACRES No. of dwelling units: 1

One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER All details filed with you 2015 or 2016 when I bought Property + Installed new System

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 3 years Was it permitted: (Y) N When: 2015 To 2016

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* (Notice Nothing)

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS All Good
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 1 Date last pumped: 2019

If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

New Septic System Installed on or about 2015-2016 with Permits + Drawings. Call Tenant if you want to Inspect well!

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 49-11-2F

Name: _ Phone: 9086128527

Address:

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER:
If you have a well, is it: DUG or DRILLED How Deep: 120 ft. Cased: Y / N
How far is the well or spring from the drain field: 400 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER
Was the water ever tested: Y / N When? January 2018
Any contamination: Y N What (TC, FC, N, etc.)

How large is your lot: 6.5 Acre No. of dwelling units: 1
One or more sewage systems? One COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

How old is your system: 2/2000 Was it permitted: Y / N When: 9/1988

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS NO WETNESS OR SPONGY AREAS NO ODORS NO
WATER PONDING OR SURFACING NO SYSTEM OVERFLOW NO
SLUGGISH DRAINS NO WASTEWATER BACKING INTO THE HOME NO
OTHER None Noticed
If you noticed any of the above, is it seasonal or year-round?

Have you ever had your system pumped out: Y / N How often: 5 Years Date last pumped: July 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:

Has the system ever been repaired: Y / N When: By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

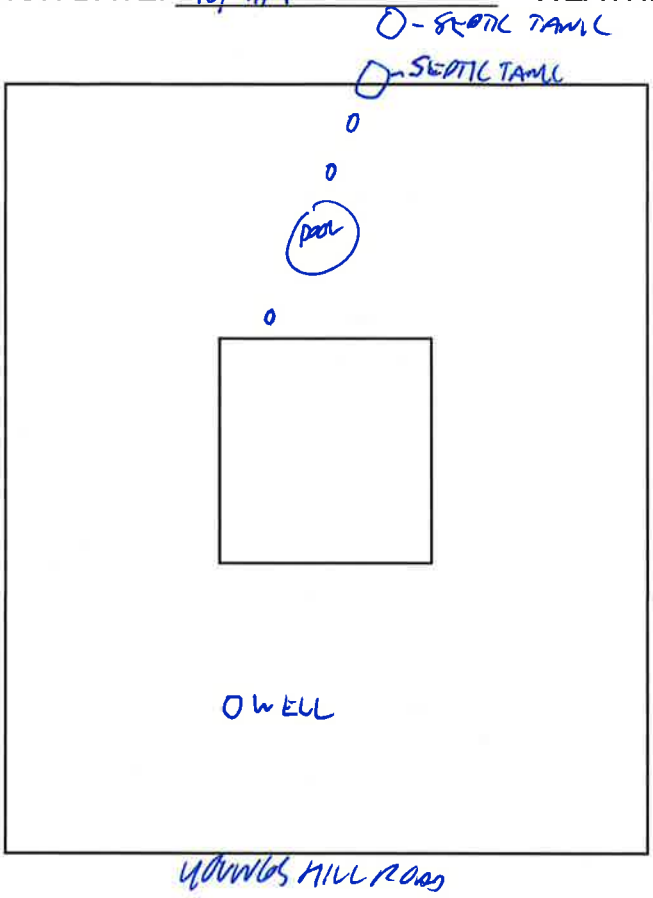
General Comments:

** OVER**

IN-GROUND

*** ~~THIS SIDE~~ FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/21/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

FARM ANIMALS

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MA-4-24A

Name: _____ Phone: 616-258-5161

Address: _____

(Own) or Rent No. of Residents: Ø

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: ? ft. Cased: (Y) / N
How far is the well or spring from the drain field: 500 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 1996
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 27 ACRES No. of dwelling units: Ø
One or more sewage systems? 1 (COMMERCIAL) / RESIDENTIAL?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 1 Date last pumped: 1996
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

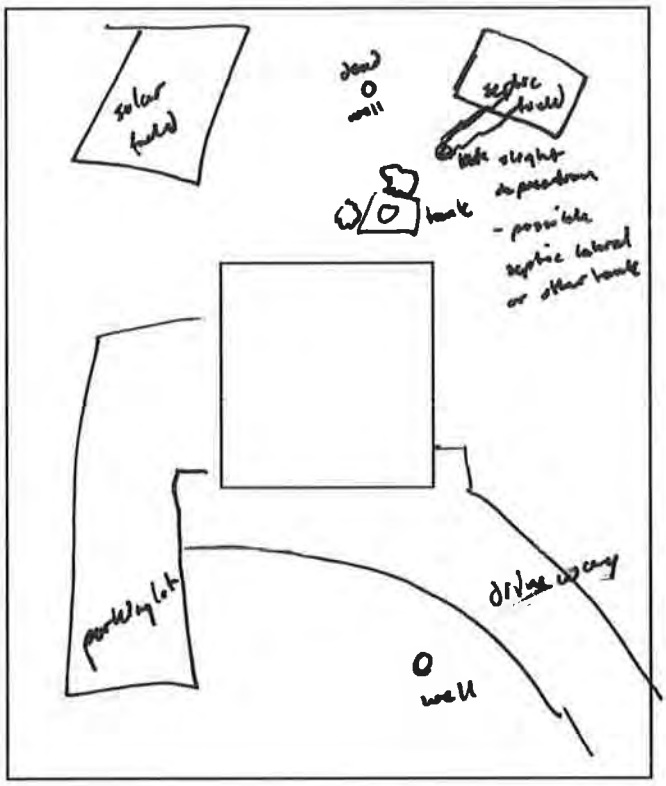
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-17-19 WEATHER: Overcast



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: • communal treatment

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

1986

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

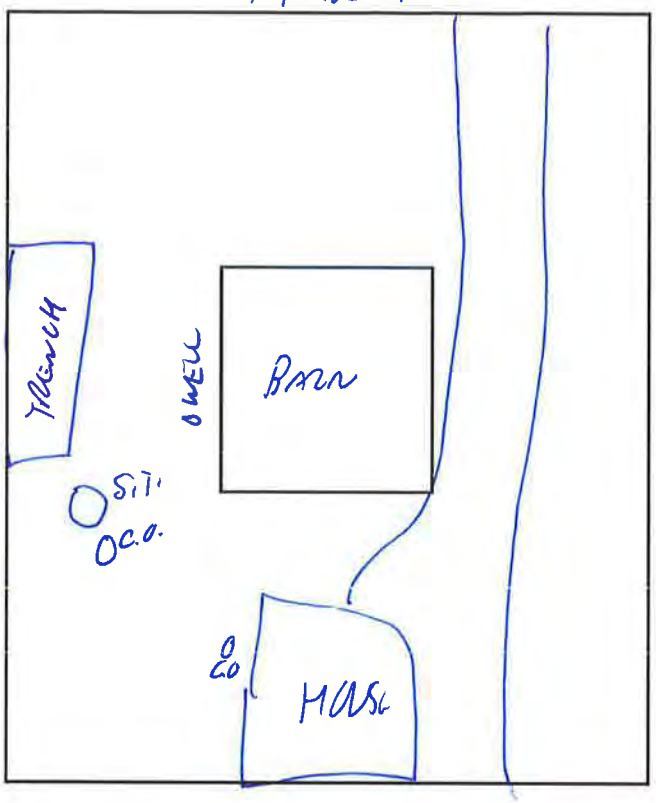
General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/14 WEATHER: 50°

ALBERT



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

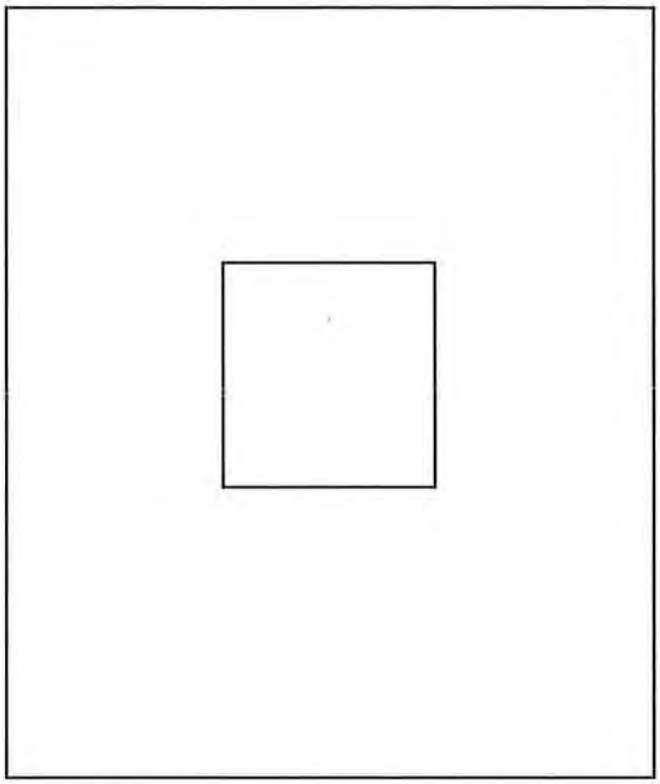
WELL

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GF-210

Name: _____ Phone: ~~610-863-8764~~ 484-515-2553

Address: _____

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 150 ft. Cased: Y / N
How far is the well or spring from the drain field: 250 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 2016
Any contamination: Y / N What (TC, FC, N, etc.) FC

How large is your lot: 8.2 Acres No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 33 Was it permitted: Y / N When: 1986

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: Every 4 yrs Date last pumped: 6/18
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: TANK

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

FSSW4-1-15

Name: ___ Phone: 610 - 863-7979

Address: ___

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: ___
If you have a well, is it: DUG or DRILLED How Deep: ___ ft. Cased: Y / N
How far is the well or spring from the drain field: ___ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER ___
Was the water ever tested: Y / N When? ___
Any contamination: Y / N What (TC, FC, N, etc.) ___

How large is your lot: .75 ACRES No. of dwelling units: N/A
One or more sewage systems? ___ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

How old is your system: 29 YEARS Was it permitted: Y / N When: 1990

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER N/A
If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out: Y / N How often: EVERY 2 YEARS Date last pumped: 2017
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ___

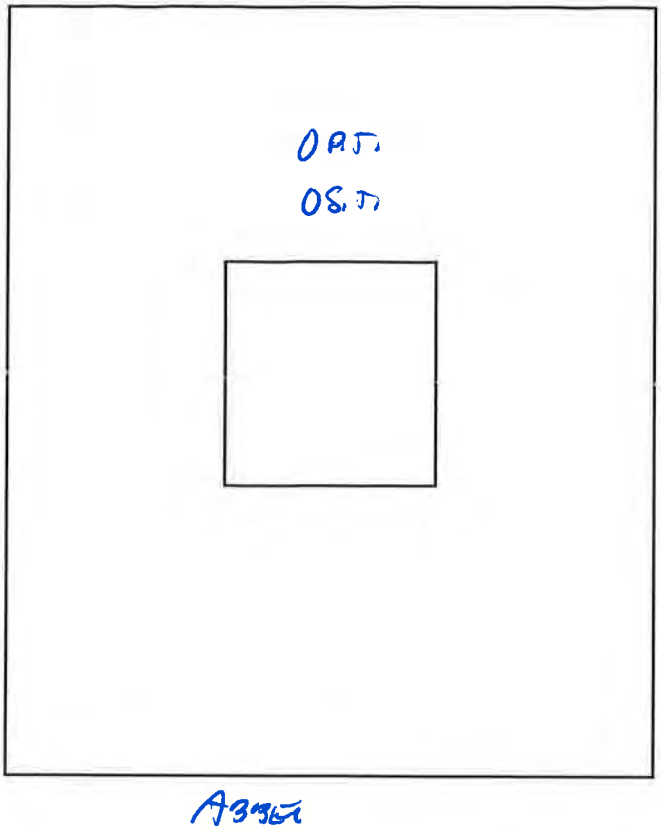
Has the system ever been repaired: Y / N When: N/A By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
N/A

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/7/19 WEATHER: 40° Cloudy



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: #8SWL-114

Name: __ Phone: 610 863 5258

Address: WIND GAP PA. 18091

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 3/4 ACER No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 29 YEARS Was it permitted: (Y) / N When: 1990

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER GRASS IS ALWAYS A LITTLE GREENER DRAIN FIELD
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 YEAR Date last pumped: 11/8/2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: (Y) / N When: 4/5/2010 By permit? Y / (N)
What part: (TANK) Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
NEW PUMP INSTALLED

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68NW1-1-9

Name: _____ Phone: 484-894-3033

Address: WIND GAP, PA 18091

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION / (OTHER) HOUSE FILTER
Was the water ever tested: (Y) / N When? LAST YEAR
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: .75 ACRES No. of dwelling units: 1
One or more sewage systems? 1 SEPTIC COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1989 HOUSE BUILT Was it permitted: (Y) / N When: 1989

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE OF ABOVE
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: ONCE Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: TANKS

Has the system ever been repaired: Y / (N) When: NOT TO MY KNOWLEDGE By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
PUMPED OUT BY YESILA AND TOLD IT WAS IN GOOD SHAPE.
HOME WAS PURCHASED IN 2016.

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HF-15-16

Name: __ _____ Phone: 610-746-9693

Address: _____ NAZARETH, PA 18064

(Own) or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .8 ACRE No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK - WATER)	SEEPAGE PIT	PIPE TO STEAM	

OTHER 2ND TANK HAS PUMP TO FIELD SYSTEM

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 26 YEARS Was it permitted: (Y) / N When: 1993 OR 1992

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

(GREEN, LUSH GRASS) - SO/SO	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round? NO ISSUES

Have you ever had your system pumped out: (Y) N How often: 5 YRS Date last pumped: 2017
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

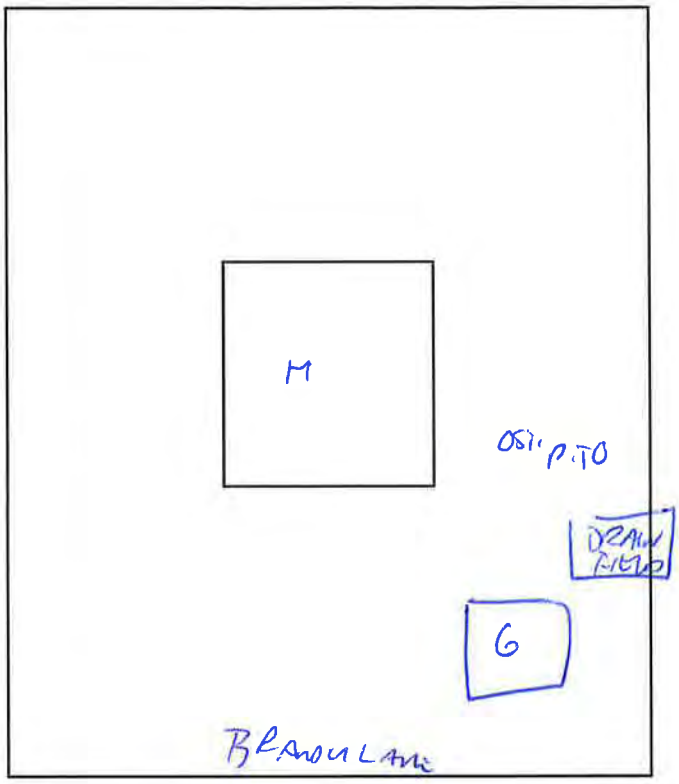
Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
WATER PUMP REPLACED APPROX 2016

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/28/16 WEATHER: 60° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MF-15-1E

Name: _____ Phone: 610 216 4523

Address: Nazareth PA 18064

Own or ~~Rent~~ No. of Residents: 2

What kind of water system do you have: ~~WELL~~ / ~~SPRING~~ / ~~CISTERN~~ / PUBLIC / ~~OTHER~~: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: ~~Y~~ / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: ~~Y~~ / N When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1

One or more sewage systems? one ~~COMMERCIAL~~ / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT ~~BACK~~ ~~SIDE YARD~~

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 25 yrs Was it permitted: Y / ~~N~~ When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER N/A

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / ~~N~~ How often: _____ Date last pumped: 2012

If it was pumped, was it inspected for cracks or broken baffles: Y / ~~N~~ What part: _____

Has the system ever been repaired: ~~Y~~ / N When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48Sw2 3-2

Name: _____ Phone: 610 746 3350

Address: Nazareth PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? ?

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: ¼ Acre No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 22 yrs Was it permitted: (Y) / N When: 1997

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER We REPLACED THE WHOLE SEPTIC System 1997

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 4-5 yrs Date last pumped: 8-14-2019

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ?

Has the system ever been repaired: Y / N When: 1997 By permit? Y / N

What part: TANK: Repaired/(Replaced) LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F-7-18-7

Name: _ Phone: 610-703-1783 610-390-3604

Address: _

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _
If you have a well, is it: DUG or DRILLED How Deep: 350 ft. Cased: Y / N
How far is the well or spring from the drain field: 150 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _
Was the water ever tested: Y / N When? 2019
Any contamination: Y / N What (TC, FC, N, etc.) _

How large is your lot: 3 acres No. of dwelling units: 1
One or more sewage systems? _ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _

How old is your system: 22 Was it permitted: Y / N When: 1997

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _
If you noticed any of the above, is it seasonal or year-round? _

Have you ever had your system pumped out: Y / N How often: bi-yearly Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: cap

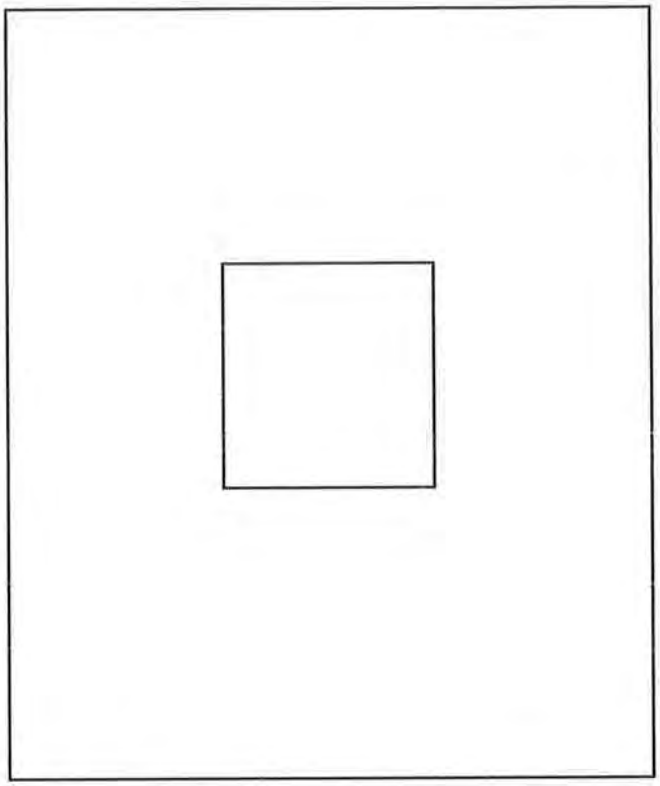
Has the system ever been repaired: Y / N When: _ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F218-2A

Name: _____ Phone: 610 865-1788 (cell 610 360 4577)

Address: _____

Own or Rent No. of Residents: N/A

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 60+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? Spring of 2019
Any contamination: Y / N What (TC, FC, N, etc.) NONE

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? 2 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: Unknown Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: Yearly Date last pumped: Spring 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: Holding Tank

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: ES-19-2

Name: _____ Phone: lot 908-619-0174

Address _____ Wind Gap PA

(Own) or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 27 acres. No. of dwelling units: 1
One or more sewage systems? 2 (COMMERCIAL / RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	
OTHER Don't Know			

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	
OTHER Don't Know			

How old is your system: ? Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	
OTHER NO		

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out (Y) N How often: 3 years Date last pumped: 2016
If it was pumped, was it inspected for cracks or broken baffles: Y (N) What part: _____

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GS-14-18

Name: _____ Phone: 610-905-3071

Address: Nazareth, Pa 18064

(Own) or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 200 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 185 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER Neutralizer

Was the water ever tested: (Y) / N When? 4-19-18

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1.25 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1996 Was it permitted: (Y) / N When: 5/9/96

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: Every 3 Yrs Date last pumped: 6/28/18

If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

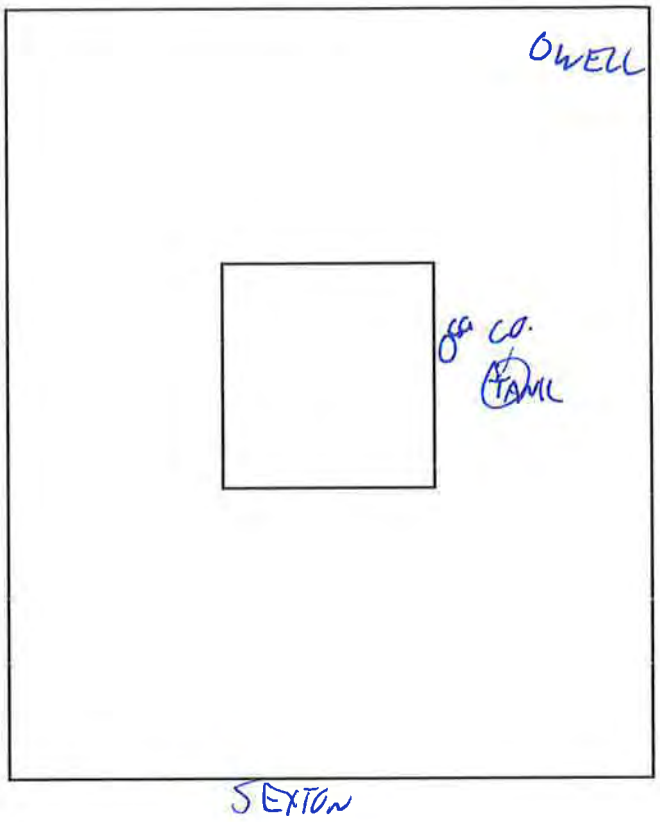
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/10/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-14-1C

Name: C _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

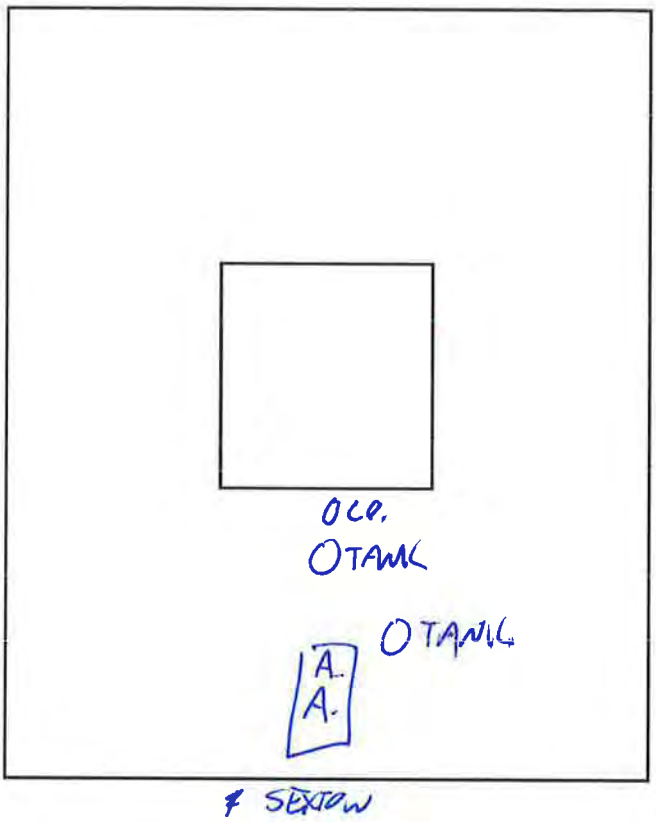
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/14/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-1-20

Name: [illegible] Phone: 484-904-2939

Address Nazareth PA 18064

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: ½ Acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED ?	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ??? Was it permitted: Y / N When: ???

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3-5 yrs Date last pumped: 2 yrs
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

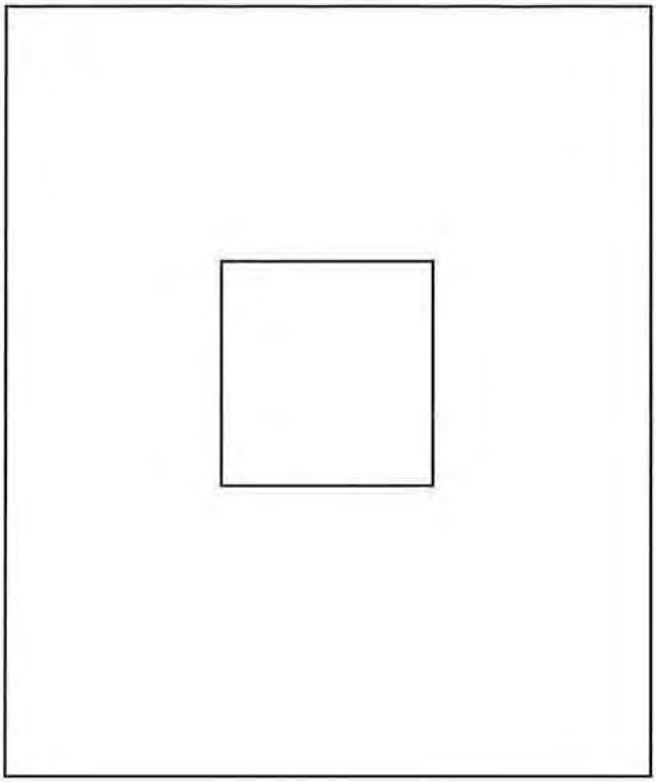
Has the system ever been repaired: Y / N When: ??? By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Purchased Existing Home

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MF-L-19

Name: _____ Phone: 610 759 0296

Address: Nazareth PA 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 50' x 212' No. of dwelling units: 2
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: Tank is 55 years Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None apply

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every year Date last pumped: 11/6/18
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: the Tank + Baffles

Has the system ever been repaired (Y) / N When: About 18 years ago By permit? (Y) / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

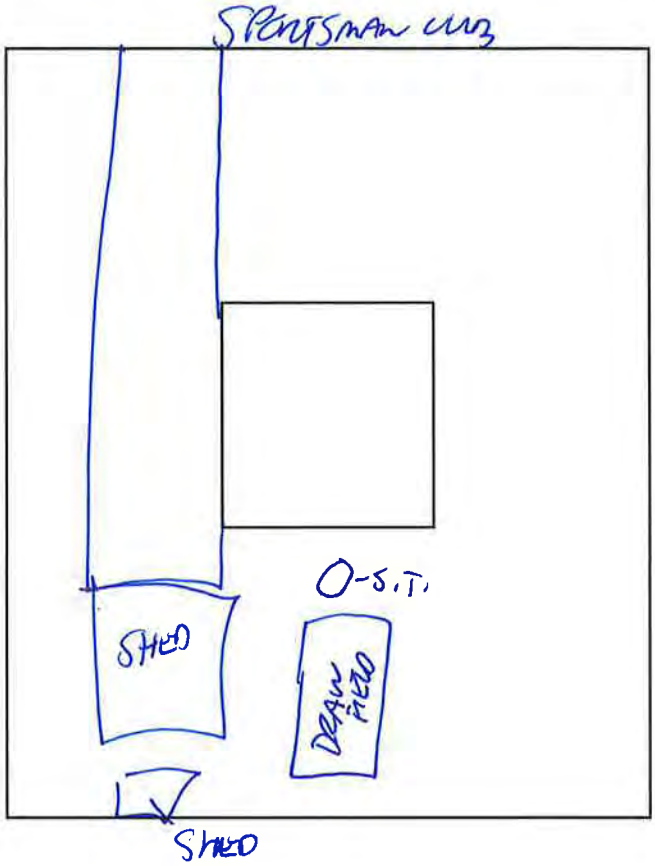
General Comments:
Drain field was replaced due to tree roots Pushing on the drain line

---

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/24/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 500 gallon

SOIL TYPES: _____

OBSERVATIONS:

PUBLIC WATER

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ ___ Phone: _____

Address: ___ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 18-1-16

Name: [redacted] Phone: 484-894-9476

Address: [redacted] Nazareth PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CLR/V DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 100 X 120 No. of dwelling units: 1

One or more sewage systems? yes COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 10 months Was it permitted: (Y) / N When: December 2018

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* None

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / (N) How often: _____ Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

we have a metal plastic septic tank

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-2-15A

Name: _____ Phone: 610-863-4547

Address: Wind Gap, Pa. 18091

(Own) or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: dont Know ft. Cased: (Y) / N

How far is the well or spring from the drain field: around 56 ft. ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION (SOFTENER) / ION OTHER _____

Was the water ever tested: (Y) / N When? years ago

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: .664 No. of dwelling units: 1

One or more sewage systems? one COMMERCIAL (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	~~PIPE TO SURFACE~~	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ~~Sump Pump~~

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	(PIPE TO SURFACE)	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER Sump pump

How old is your system: 60yrs. Was it permitted: Y / N When: dont Know

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER system works great

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: Once every at least 5 Date last pumped: 2019

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: both

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

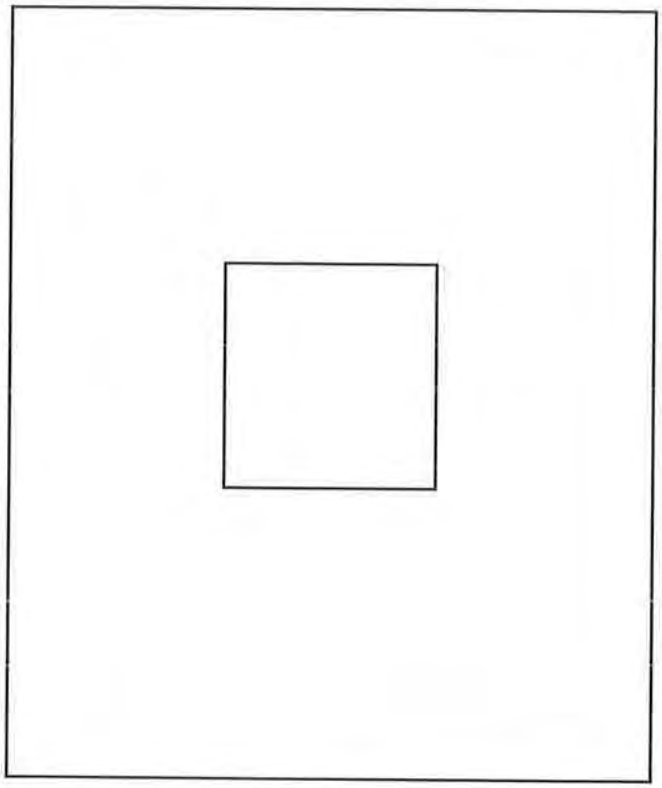
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

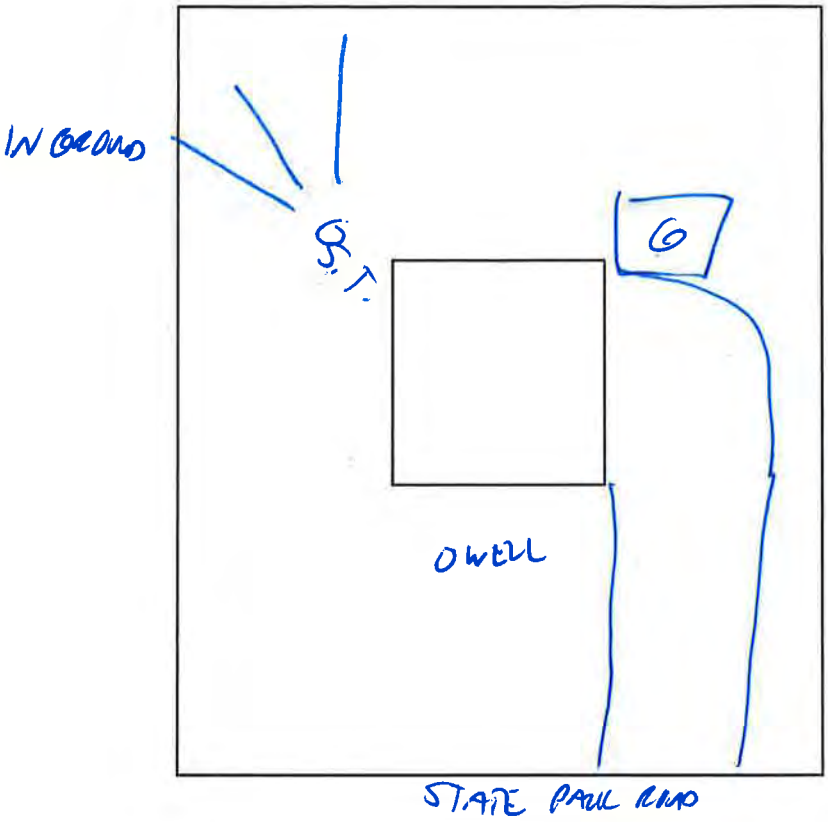
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/4/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

NO WELL SAMPLE

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-8-12

Name: [redacted] Phone: 484-809-0453

Address [redacted] Wind Gap, PA, 18091

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? 2007

Any contamination: Y / N What (TC, FC, N, etc.) "high" iron content

---

How large is your lot: 1.5 acres No. of dwelling units: 1

One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 2006 Was it permitted: Y / N When: 2005

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: once Date last pumped: 2019

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-2-13

Name: A Phone: 610-863-9480

Address WIND GAP, PA 18091

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 100 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 100 ft. Is the well (UP) or DOWNHILL?

Do you treat your water (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____
Was the water ever tested: (Y) / N When? 1992 AND 2015
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1 ACRE No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 30 + YEARS Was it permitted: Y / N When: SYSTEM PUT IN BY PREVIOUS OWNER

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE OF THE ABOVE / NOTHING
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: EVERY 5 YRS - KRATZER SEPTIC Date last pumped: 8/30/2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: TANK

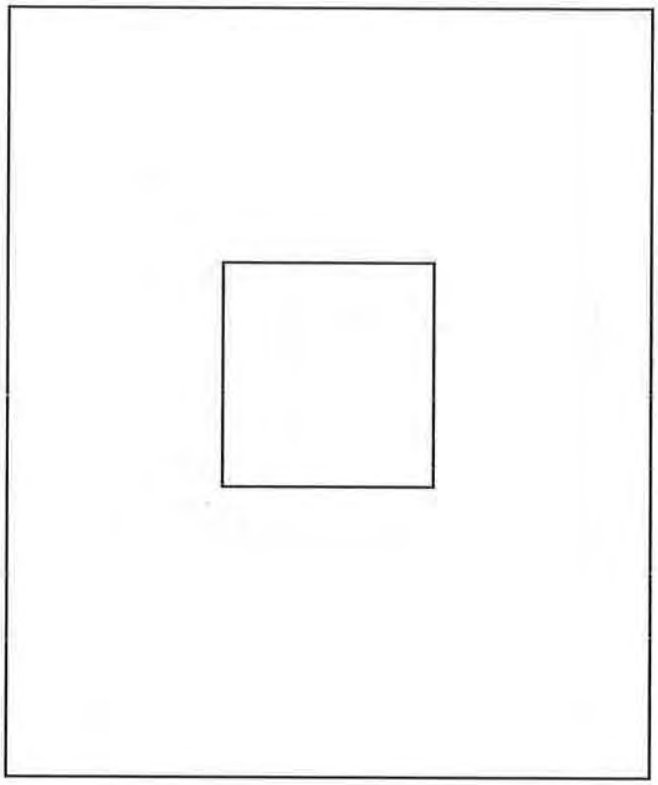
Has the system ever been repaired: (Y) / N When: SEE GENERAL COMMENTS By permit? Y / N
What part: (TANK: Repaired/Replaced) (LINE: Repaired/Replaced) DRAIN FIELD: Repaired/Replaced

General Comments:
NEW TANK AND LINES LEADING TO THE TANK IN 1992. THIS WAS DONE BY PREVIOUS OWNER

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GS-2-9

Name: _____ Phone: 610 301 4618

Address: Wind Gap PA 18091

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .92 No. of dwelling units: _____
One or more sewage systems? one COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER also has leach field to act as Septic system

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: unsure Was it permitted: Y / N When: unsure

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 1 years Date last pumped: 8/20/2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Cesspool

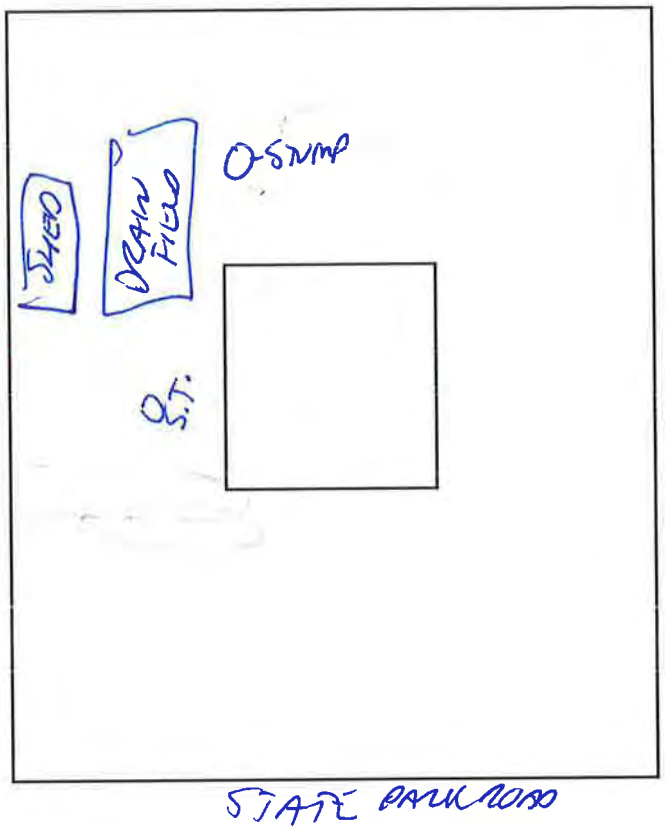
Has the system ever been repaired: Y / N When: unsure By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/16 WEATHER: 50



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MSEU324

Name: ___

Address: _____, Easton PA 18040 Phone: _____

(Own) or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: PAWC
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 20 yrs Was it permitted: (Y) / N When: ? (Husband deceased)

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* None

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: Yearly Date last pumped: 4/12/2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: (Y) / N When: _____ By permit? (Y) / N
What part: TANK: Repaired/Replaced (LINE:) Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MF-18-4

Name: _____ Phone: 610 759 0139

Address: [redacted] Easton PA 18040

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 190 ft. Cased: Y / N
How far is the well or spring from the drain field: 40 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 9 yrs. ago
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 100 x 120 Ft. No. of dwelling units: one
One or more sewage systems? one COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 4 yrs Was it permitted: Y / N When: Nov 15 2014

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? NO

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

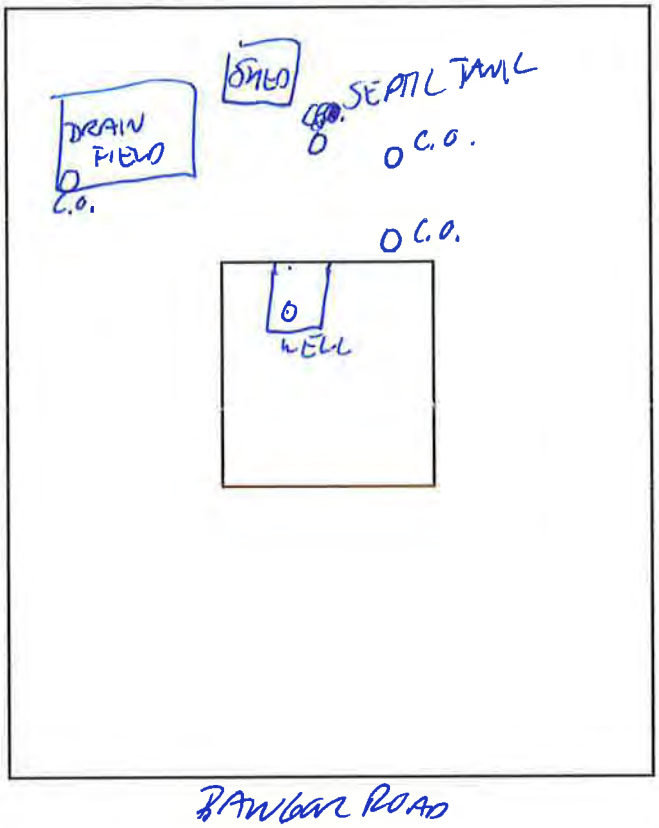
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: SYSTEM 4 MEANS AND REPLACED CESSPOOL.

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HSE 1-3-17

Name: [redacted] Phone: 484-903-8248

Address Easton PA 18040

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / (N) When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: less than 1/2 an acre No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 51 years Was it permitted: Y / N When: N/A ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	(NONE)
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 5 years Date last pumped: 7/9/19

If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

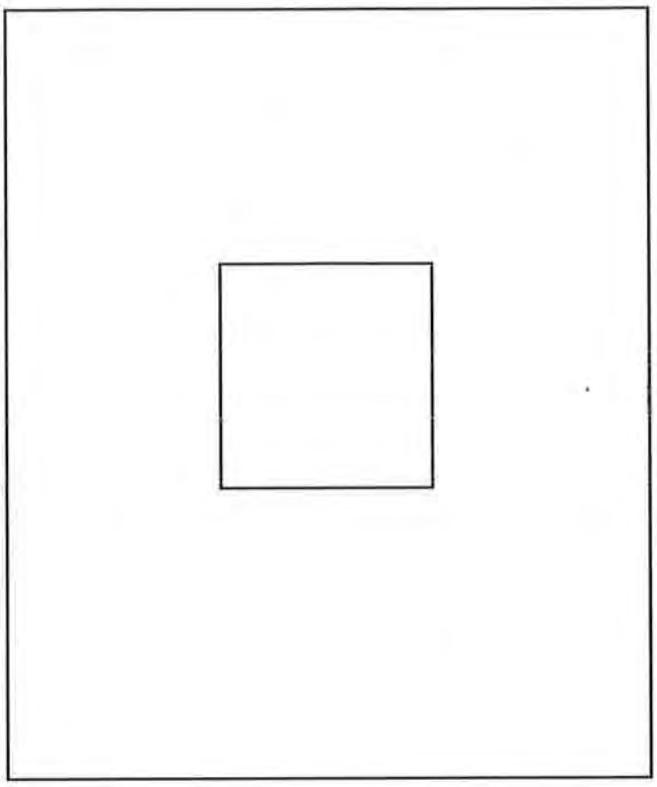
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

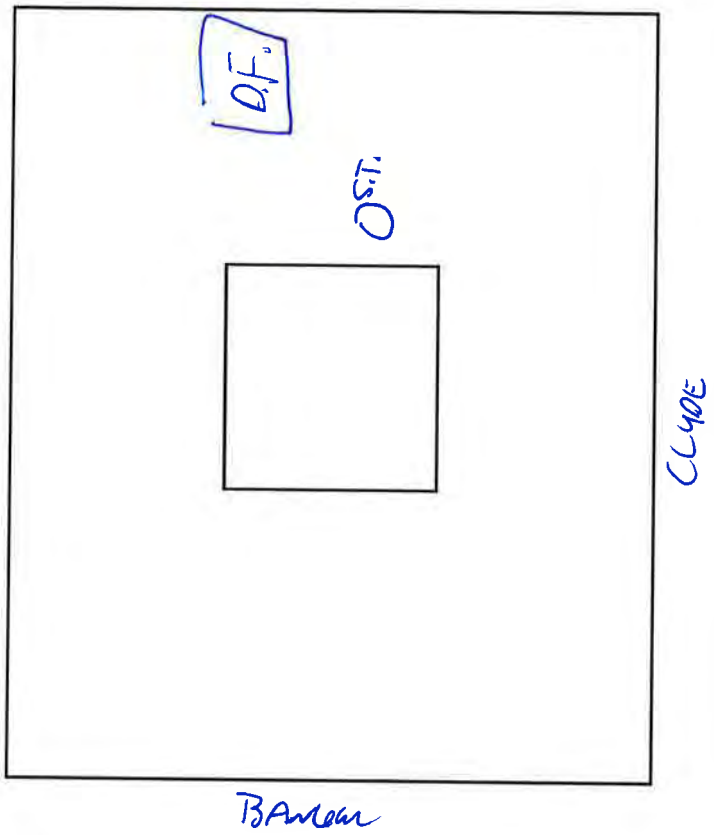
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

P.W.

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _ _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-10-7

Name: _____ Phone: 759 1753 (610)

Address: _____

(Own) or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: 4

If you have a well, is it: DUG or (DRILLED) How Deep: 60 ft. Cased: Y / N

How far is the well or spring from the drain field: 103 ft. Is the well UP or DOWNHILL? UP

Do you treat your water: Y / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested: Y / N When? 6/6/19

Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 1 + Acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 20 Was it permitted: Y / N When: yes

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? No

Have you ever had your system pumped out: (Y) / N How often: 1 Date last pumped: 2015

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / N When: 4 By permit? (Y) / N

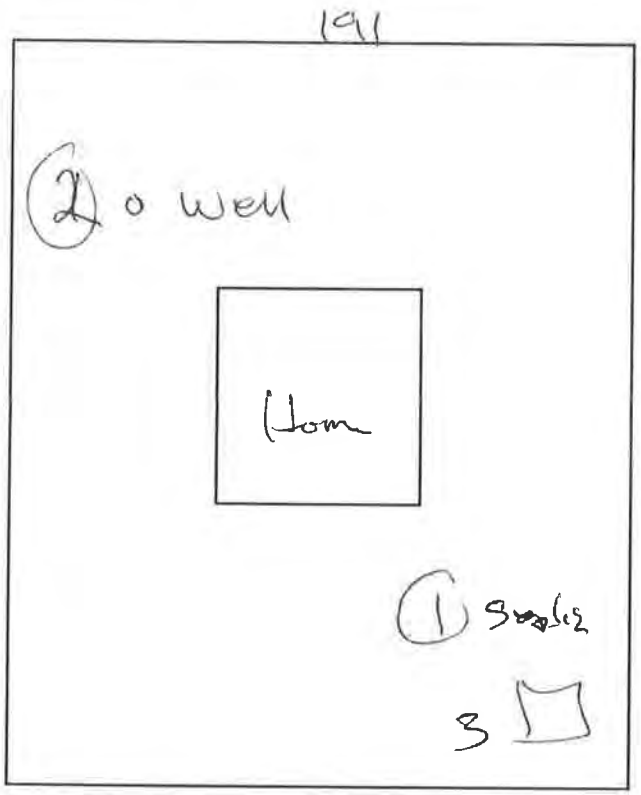
What part: TANK: Repaired/Replaced (LINE: Repaired/Replaced) DRAIN FIELD: Repaired/Replaced

General Comments: Good Shape

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____
(3) up
Uncapped

SOIL TYPES: Loam Shale

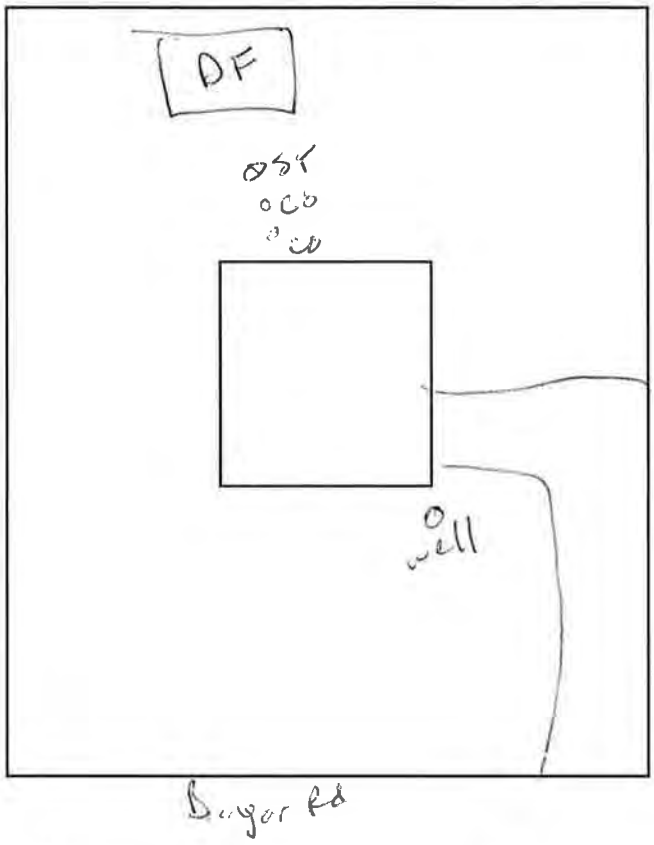
OBSERVATIONS:

Yes	No	
☑	☐	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: +- 5°

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ _____ Phone: _____

Address: ___ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-107A

Name: _____ Phone: 610-759-6059

Address: [redacted] NAZARETH PA 18064-8625

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 140 ft. Cased Y / N
How far is the well or spring from the drain field: 45 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? 1970's & 2/2012
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: approx 150X150 No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK (2)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 69 yrs (?) Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

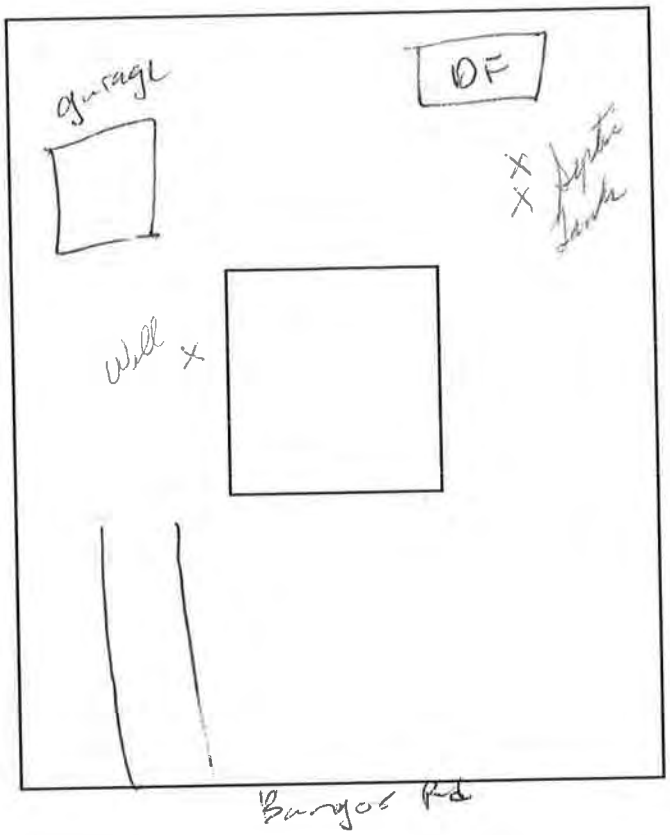
Has the system ever been repaired: Y / N When: 1972 By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

48-2-25D

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 23-192 0720

Name: _ - Phone: 610 759-7177

Address: [redacted], Nazareth PA 18064

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 175 ? ft. Cased: Y / N
How far is the well or spring from the drain field: 350 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 11 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK sink	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER (NA - no laundry)

How old is your system: 33yrs Was it permitted: Y / N When: 8-7-86

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: every 4yrs Date last pumped: 11/2015
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MF-11-8A

Name: C Phone: 215-350-5140

Address: d - Nazareth, Pa 18064

(Own) or Rent No. of Residents: 6

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 140 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 60 ft. Is the well UP or (DOWNHILL)? Lower

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____

Was the water ever tested: (Y) / N When? 9/19/17

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: over 1 Acre No. of dwelling units: 1

One or more sewage systems? Just 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* NO

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 9/20/17

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: The tank

Has the system ever been repaired: (Y) / N When: At one time before us By permit? Y / N

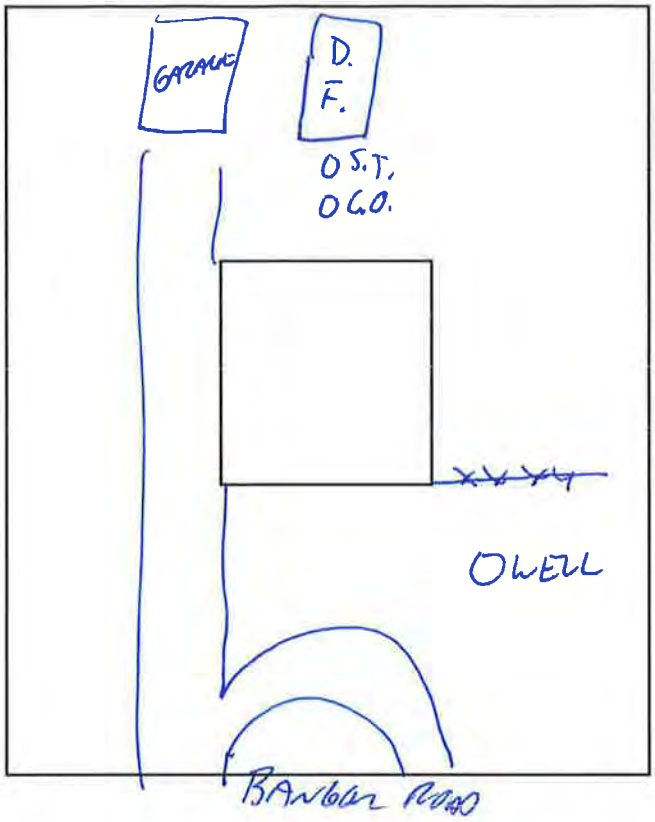
What part: (TANK) Repaired/Replaced (LINE) Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: ALL new

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: M-2-238

Name: TI Phone: 610-759-0171

Address ZARETH PA. 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: (Y) / N

How far is the well or spring from the drain field: 50 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 1987

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 134' X 150' No. of dwelling units: 1

One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted: (Y) / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 yr Date last pumped: 9-16-19

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: (Y) / N When: 18 YEARS AGO APPX. By permit? Y / N ?

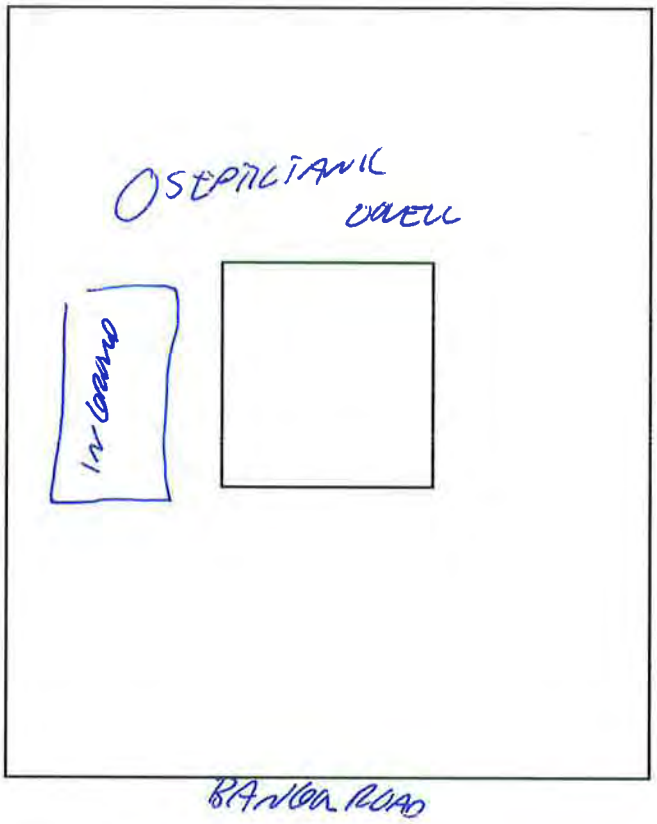
What part: TANK: Repaired/Replaced LINE: Repaired/(Replaced) DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/15/19 WEATHER: 52°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: BAFFLE REPAIR
PVC CONNECTION

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: [illegible]

Name: [redacted] Phone: 610-972-1220

Address: [redacted] Nazareth PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER:

If you have a well, is it: DUG or (DRILLED) How Deep: 255 ft. Cased: (Y) N

How far is the well or spring from the drain field: 40 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER

Was the water ever tested (Y) N When?

Any contamination: Y (N) What (TC, FC, N, etc.)

How large is your lot: .55 Acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER with drain field

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

How old is your system: 1972 Was it permitted: (Y) N When: yes

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER No

If you noticed any of the above, is it seasonal or year-round?

Have you ever had your system pumped out: (Y) N How often: every 3 yrs Date last pumped: 2018

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:

Has the system ever been repaired: Y / (N) When: By permit? Y / N

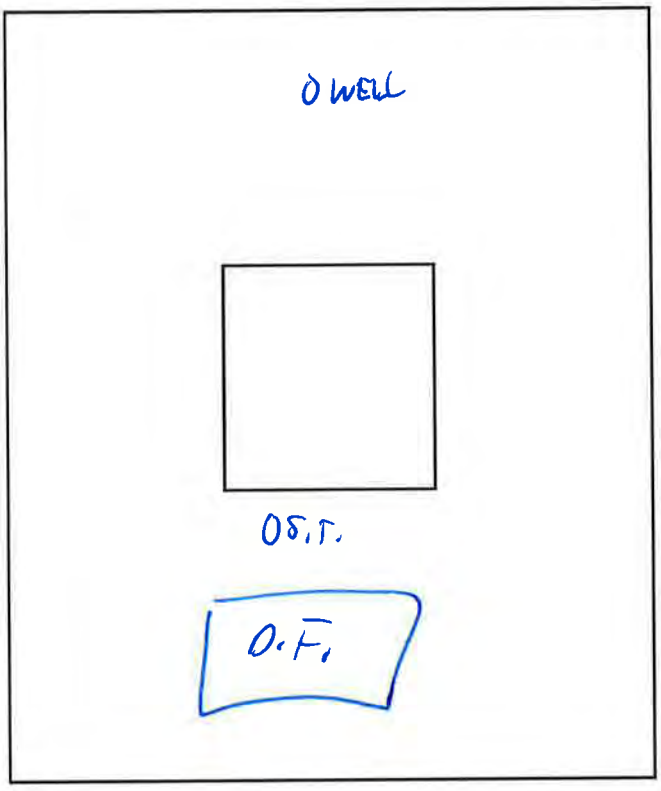
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER **

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/13/19 WEATHER: 20°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

FAX @ OFFICE

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HSNE1-2-4

Name: [illegible] Phone: 610-759-3367

Address: [illegible] NAZARETH PA 18064

(Own) or Rent No. of Residents: 1

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: 100 ft. Cased: (Y) / N

How far is the well or spring from the drain field: 55 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? _____

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 150 X 160 No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	(INGROUND TRENCH)	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

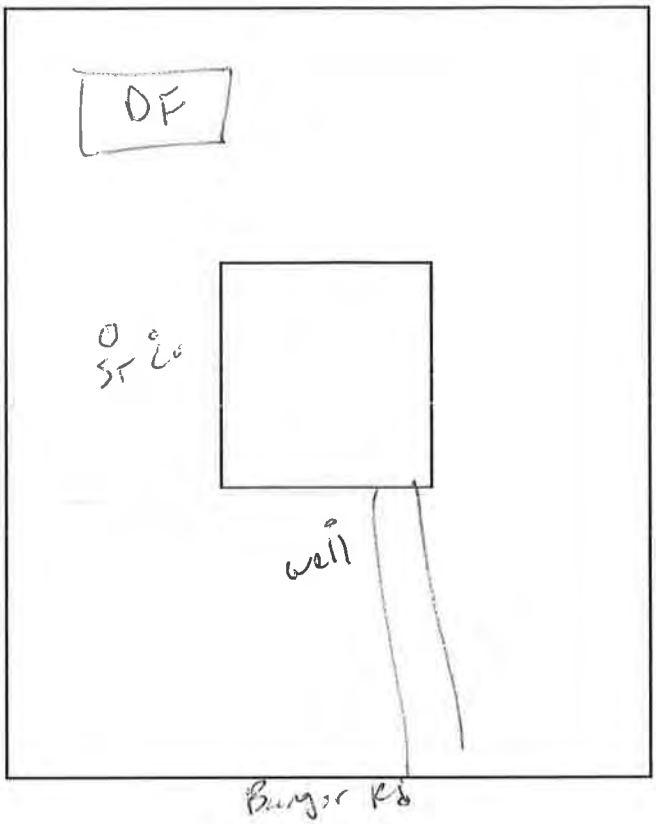
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 52° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MNE1-69

Name: A ___ Phone: (610) 759-9285

Address: 8 1 Nazareth PA 18064-9388

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: about 120 ft. Cased: Y / N

How far is the well or spring from the drain field: 115 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? about 5 yrs

Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1

One or more sewage systems? One COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 45 yrs. Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 5 yrs Date last pumped: 3 1/2 yrs ago

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

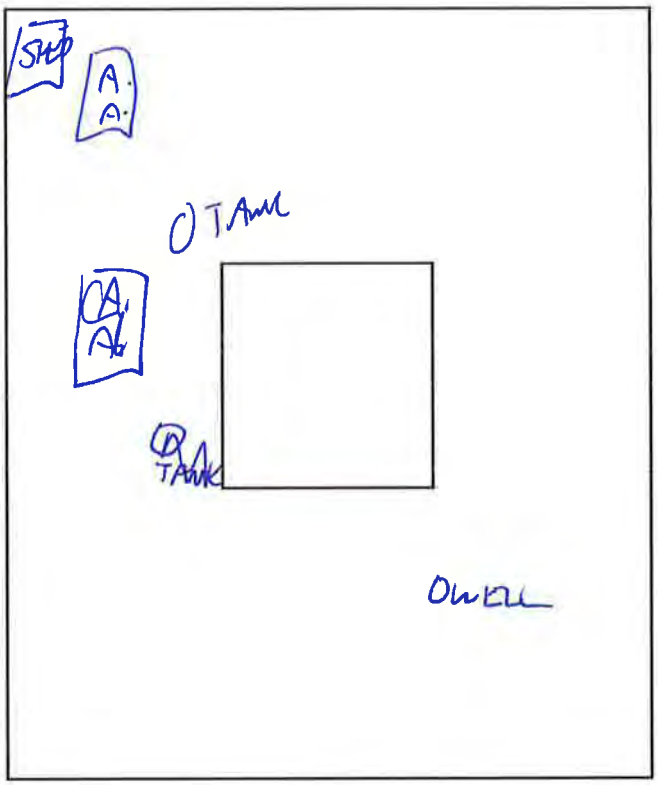
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/10/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MSNE1-2-5

Name: _____ Phone: 610-759-3867

Address: [redacted] NAZARETH PA. 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 120 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 50 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y (N) When? _____
Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 75 FT WIDE x 120 FT DEEP No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 50 YEARS Was it permitted: Y / N When: UNKNOWN

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 YRS Date last pumped: AUG. 2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

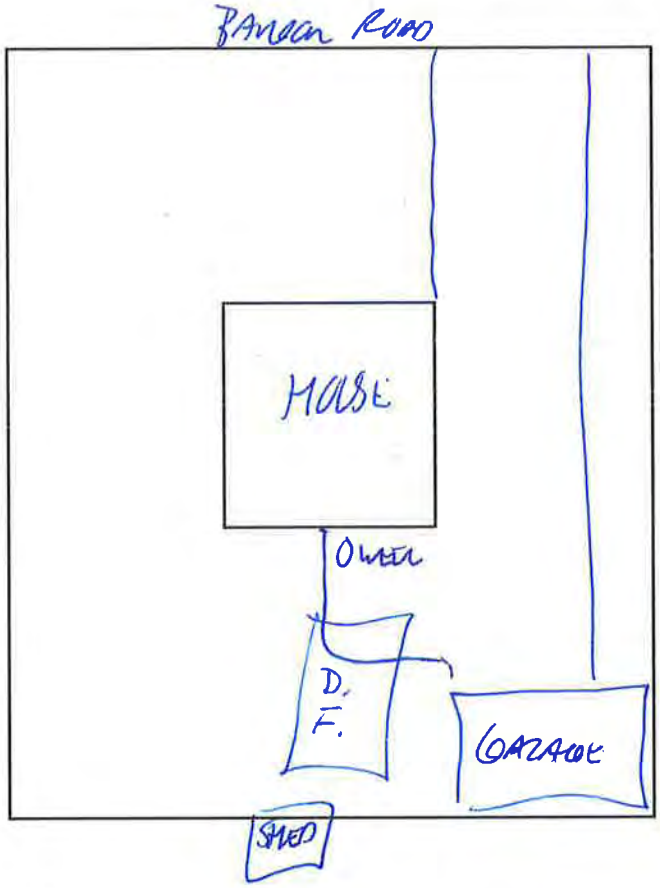
Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: WELL/OD CISTERN CONNECTED GRAVEL NOT PART OF BED

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MNET-7

Name: [redacted] Phone: 908-619-2283

Address: [redacted], Nazareth, PA 18064

(Own) or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: 174 ft. Cased: (Y) / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? 4-18-19

Any contamination: Y / N What (TC, FC, N, etc.) Hardness 8.8, Manganese .543

EColi = Neg

How large is your lot: SF = 11,208 No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER Not sure

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT ?	PIPE TO STEAM	

OTHER Not Sure

How old is your system: 5 yrs Was it permitted: (Y) / N When: Aug 7, 2014

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	(ODORS)
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER Odor near tanks + up thru bathroom sink

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 4-22-19

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: (Y) / N When: Aug 7, 2014 By permit? (Y) / N

What part: (TANK) Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced X

General Comments:

KCE replaced treatment tank on 8-7-2014 Permit = Y018821-1-7

I purchased property on 4-30-19 - Pumped out before closing

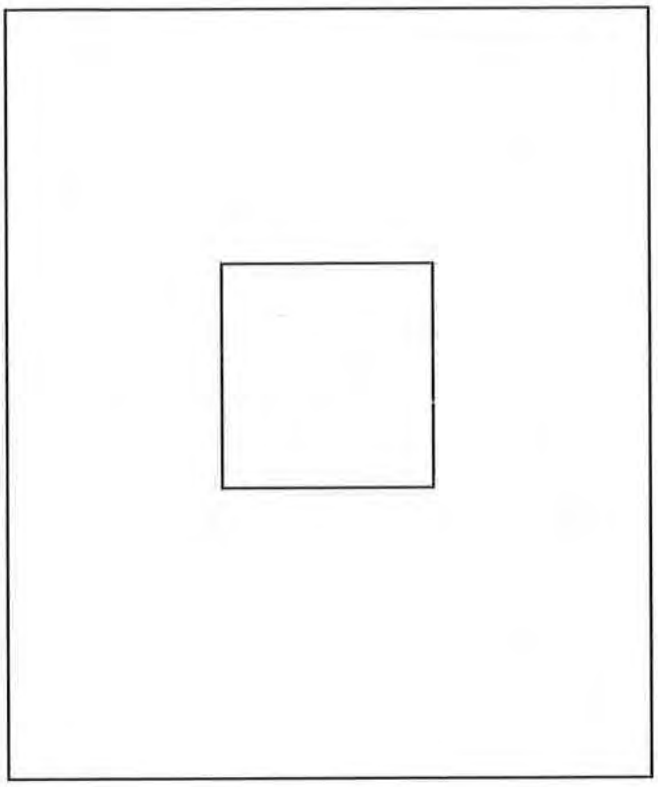
I am new to how this system works - Purchased 4-30-19

Inspection = 4-19-19, Buyers 1st Inc., by Jacob Troost

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HBM 1-2-7B

Name _____ Phone: 610 657 6412

Address: _____ Nazareth PA 18064

(Own) or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: ~120 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____
Was the water ever tested: (Y) / N When? appx. 10 years ago
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER none of the above

If you noticed any of the above, is it seasonal or year-round? n/a

Have you ever had your system pumped out: (Y) / N How often: ~3yr. Date last pumped: Apr. 2017
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: Tank – June 2019

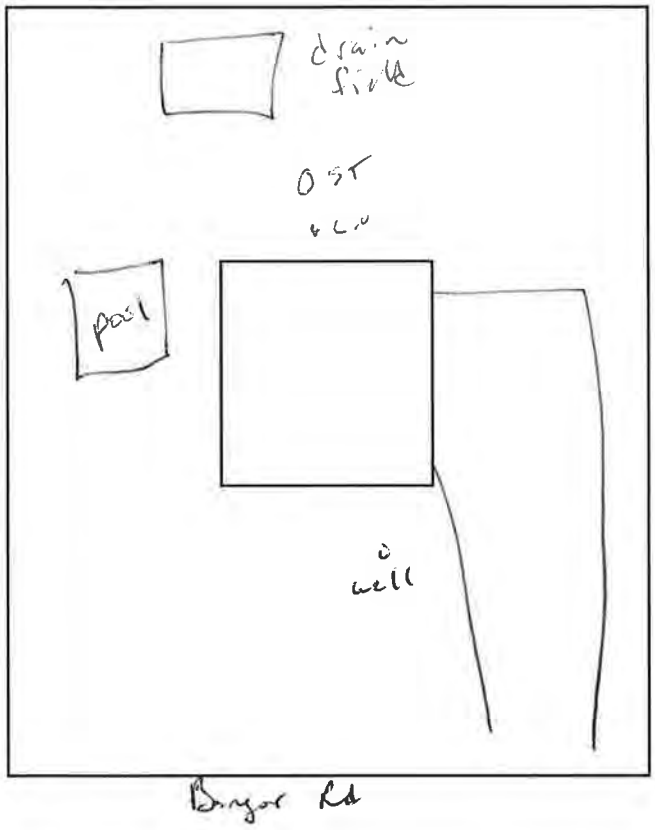
Has the system ever been repaired: Y / (N) When: — By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
No repairs necessary. I don't have information about when the septic system was installed. We purchased the home in 2002 and have not had any issues (knock on wood). I also do not know whether the well is dug/drilled, nor do I know the depth.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ____ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MNE1-1-4

Name: ___ Phone: 610-759 6380

Address: [illegible]

(Own) or Rent No. of Residents: 7

3 IN 845 4 IN 847

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: 2 CESPOOLS

If you have a well, is it: DUG or (DRILLED) How Deep: 87 ft. Cased: (Y) N

How far is the well or spring from the drain field: ___ ft. Is the well UP or DOWNHILL?

70 ST FROM BACK HOUSE 100FT FROM FRONT HOUSE

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER ___

Was the water ever tested: (Y) / N When? 8 YRS AGO

Any contamination: Y / (N) What (TC, FC, N, etc.) ___

How large is your lot: ? No. of dwelling units: 2

One or more sewage systems? 2 CESPOOLS COMMERCIAL (RESIDENTIAL)

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

BOTH CESPOOLS ARE OUT FRONT OF BOTH HOUSES

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL) 2	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

How old is your system: 75 YRS Was it permitted: Y / (N) When: ___

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER ND

If you noticed any of the above, is it seasonal or year-round? ___

Have you ever had your system pumped out: (Y) / N How often: 1 Date last pumped: 20 YRS AGO

If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: ___

Has the system ever been repaired: Y / (N) When: ___ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

28 YRS AGO

HAD CESSPOOL PUMPED WHEN WE BOUGHT PROPERTY

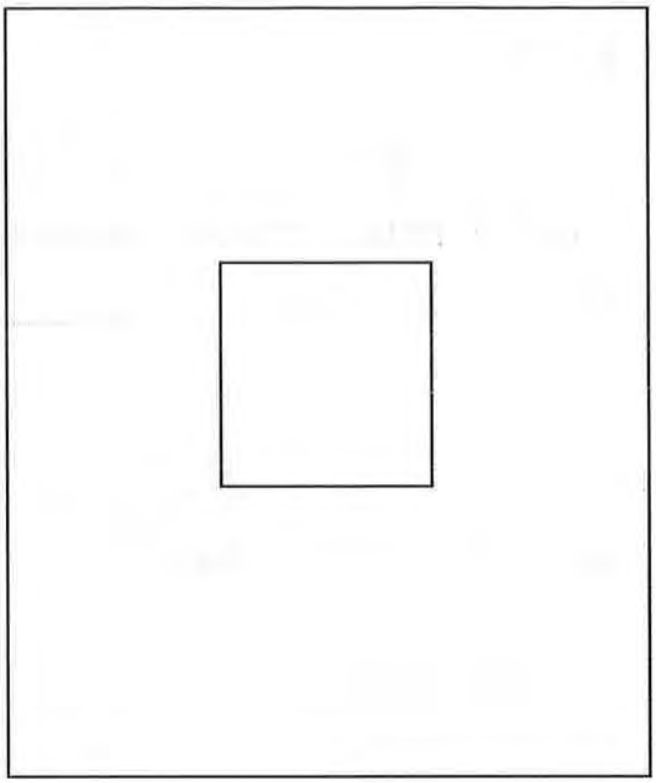
WATER WAS CLEAR NO PAPER OR SOLID WASTE

I TREAT SYSTEM WITH RIDEX OR OTHER STUFF.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-52

Name: _____ Phone: 610 759 1307

Address: _____

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 200 + ft. Cased: Y / N
How far is the well or spring from the drain field: 100 + ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? At Property Purchase 1992
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 4 + Acres No. of dwelling units: 1
One or more sewage systems? NO COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 28 yrs. Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? NO

Have you ever had your system pumped out: Y / N How often: every 2 yrs Date last pumped: 2 yrs ago
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-16-5

Name: _____ Phone: 610-746-6698

Address: Nazareth, Pa - Plainfield Twp

Own or Rent No. of Residents: 2

SEO George Collura System # 50632

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: 163 ft. Cased: Y / N 22'

How far is the well or spring from the drain field: 152' ft. Is the well UP or DOWNHILL? Across

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? 10/18

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 34 Acres No. of dwelling units: 1

One or more sewage systems? 1 4 Bdroom System COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ~~13 yrs~~

How old is your system: 13 yrs Was it permitted: Y / N When: 2005

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None

If you noticed any of the above, is it seasonal or year-round? _____

Dotters Septic

Have you ever had your system pumped out: Y / N How often: 3 yrs Date last pumped: 10/15/19

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: Interior of All 3 compartments

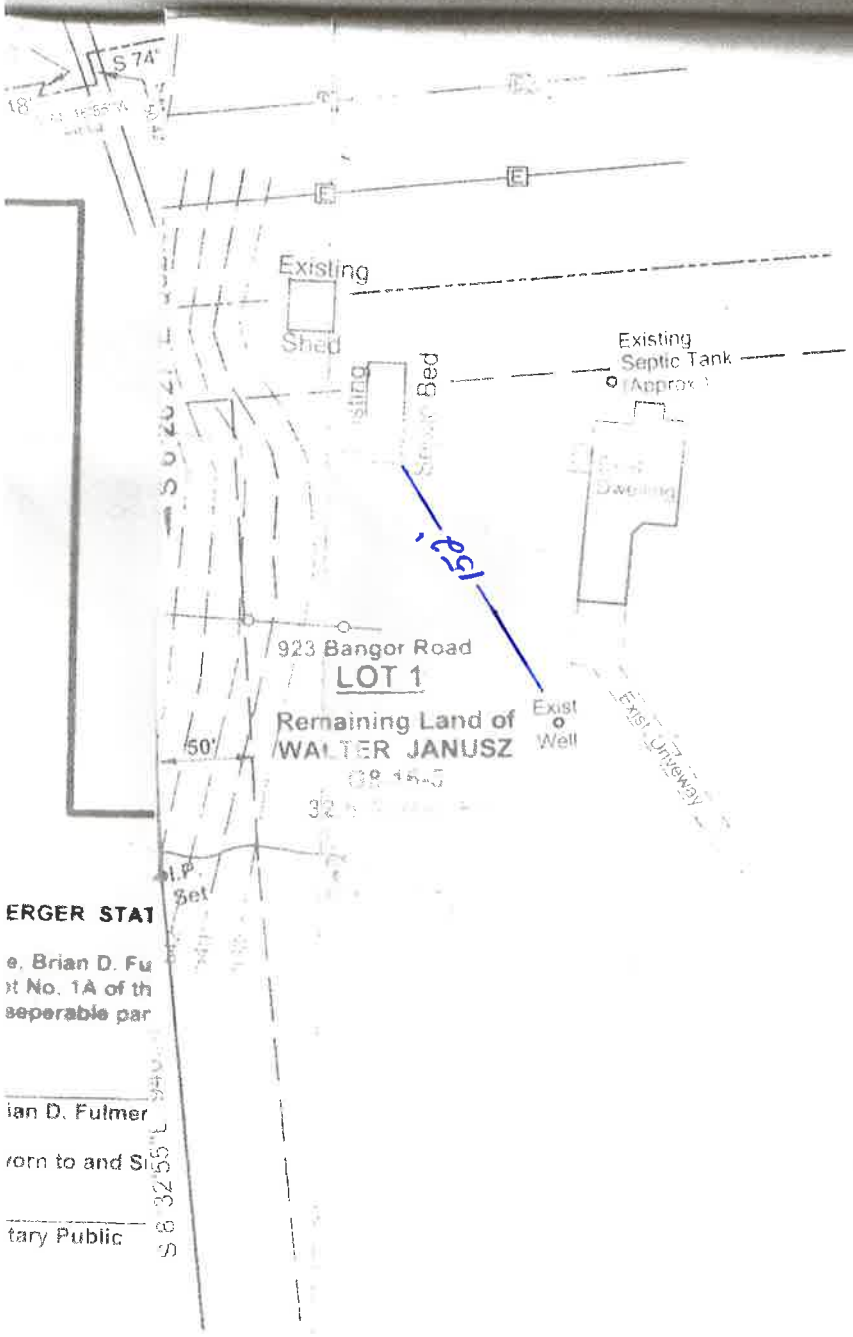
Has the system ever been repaired: Y / N When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: IN Ground tanks are 500. solids - 500 Water - 250 Pump tk

Mound was designed for 4 Bd Rm w 3 Bdrm Home

** OVER**



DELINEATED ON THE SAID PLAN AND ANY SUCH ... FOR ANY REASON SHALL WHATSOEVER SHALL BE THE RESPONSIBILITY OF THE SUBDIVIDER AND/OR DEVELO... AND ASSIGNS AND SHALL BE SUBJECT TO THE PENNSY... DEPARTMENT OF ENVIRONMENTAL PROTECTION AND T... ENCROACHMENT SHALL CONFORM TO THE RULES AND ... OF THE JURISDICTIONAL AGENCIES.

(2) WELL AND SEWAGE DISPOSAL SYSTEMS SHALL BE CONSTRUCTED IN ACCORDANCE WITH RECOMMENDED PRACTICES OF THE PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION.

(3) INDIVIDUAL OWNERS OF LOTS MUST MUST RECEIVE A... FROM THE TOWNSHIP SEWAGE ENFORCEMENT OFFICER ... SEWAGE PERMIT PRIOR TO UNDERTAKING THE CONSTR... OF AN ON-LOT SEWAGE DISPOSAL SYSTEM OR BUILDI... WILL BE SERVED BY SUCH A SYSTEM.

(4) THE PLANNING COMMISSION AND THE BOARD OF SUPERVISORS HAVE NOT PASSED UPON THE FEASIBILITY OF ANY INDIVIDUAL LOT OR LOCATION WITHIN A LOT BEING ABLE TO SUSTAIN ANY TYPE OF WELL OR SEWAGE DISPOSAL SYSTEM.

(5) THE APPROVAL OF A PLAN FOR ANY PROPOSED SUBDIVISION OR LAND DEVELOPMENT SHALL NOT CONSTITUTE A REPRESENTATION, GUARANTEE, OR WARRANTY OF ANY KIND BY THE TOWNSHIP, ANY OFFICIAL, OR ANY EMPLOYEE THEREOF OF THE PRACTICABILITY OR SAFETY OF THE USE OF SUCH LAND OR DEVELOPMENT, AND SHALL CREATE NO LIABILITY UPON THE TOWNSHIP, ITS OFFICIALS OR ITS EMPLOYEES.

(6) THERE WILL BE NO DISTURBANCE OF ANY WETLANDS.

(7) LOT NO. 1A IS NOT APPROVED AS AN INDIVIDUAL BUILDING LOT.

(8) THERE IS NO CONSTRUCTION PROPOSED WITH THIS S...

(9) AN NPDES PERMIT IS REQUIRED BY THE PA. D.E.P. FOR ... DISTURBANCE OF 1.0 ACRE OR MORE. EARTH DISTURB... DEFINED AS "A CONSTRUCTION OR OTHER HUMAN ACT... DISTURBS THE LAND", WHICH INCLUDES EARTH DISTU... ESTABLISH LAWNS AND INSTALL SEPTIC SYSTEMS. TH... AREA OF EACH DISTURBANCE MUST BE SHOWN ON AN... FOR A TOWNSHIP BUILDING PERMIT.

AT A MEETING ON JUNE 18, 2012 THE PLAINFIELD TOWNSHI... COMMISSION GRANTED WAIVERS FROM THE FOLLOWING S...

1. SALDO Section 7.3.C.1, 7.3.C.2, & 7.3.A.3- topographic featu... and slope shading to be shown on entire site.

2. SALDO Sections 10.4.K.1- Drainage & Utility Easements.

3. SALDO Section 7.3.A.3 - Plan drawn at a Scale of 1"=20'; 1"=... 1"=40'; 1"=50'

1" = 100'

0' 50' 100' 150'

ERGER STAT...

e, Brian D. Fu... ot No. 1A of th... seperable par...

ian D. Fulmer

rorn to and Si...

tary Public

NERS CONSE...

ier hereby gi... rd of Supervi... Township Er... nship persor... ers to condu... erty which is ... division or La...

er Janusz

ERS STATE...

owner of thi... ding to law.

UND

ON-LOT SEWAGE SYSTEM SURVEY

FID#: CF-17-3

Name: ____ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: 100+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot: 1AC No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often: 3 Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

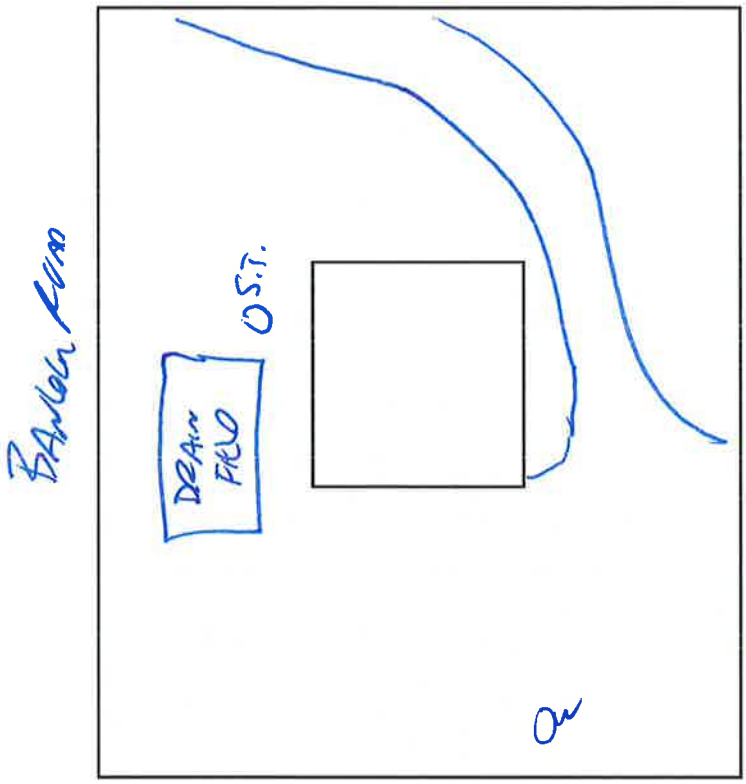
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 60° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

OWNER HOME
WATER SAMPLE TAKEN

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: Gf-18-1

Name: _____ Phone: 610-588-7017

Address _____ NAZARETH, PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 120 ft. Cased (Y) / N
How far is the well or spring from the drain field: 100+ ft. Is the well UP or (DOWNHILL)?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 2002
Any contamination: Y / (N) What (TC, FC, N, etc.) MINERALS

How large is your lot: 18 ACERS No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 7/8/15 Was it permitted (Y) / N When: 1/2/15

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* NONE

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / (N) How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

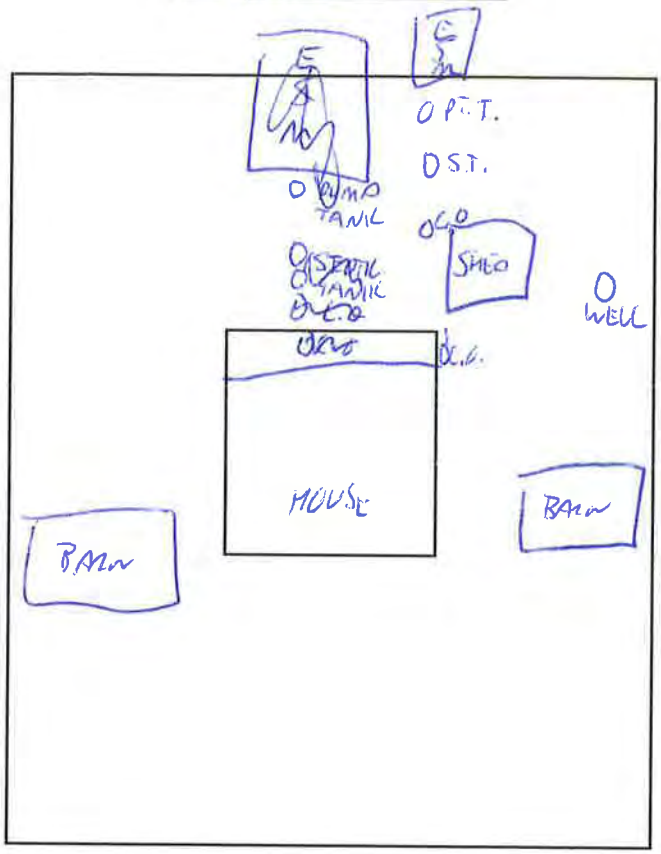
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
INSPECTED BY OTT CONSULTING - MICHAEL T. WALDRON

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/15/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-13-13A-1

Name: \

Phone: 610-588-8292

Address. [redacted] Rd. Nazareth, PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 25 ft. Cased: Y / N
How far is the well or spring from the drain field: 125 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .85 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER Drainfield

How old is your system: 1969 Was it permitted: (Y) N When: 1969 when house was built

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 4-5yrs Date last pumped: 2015
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

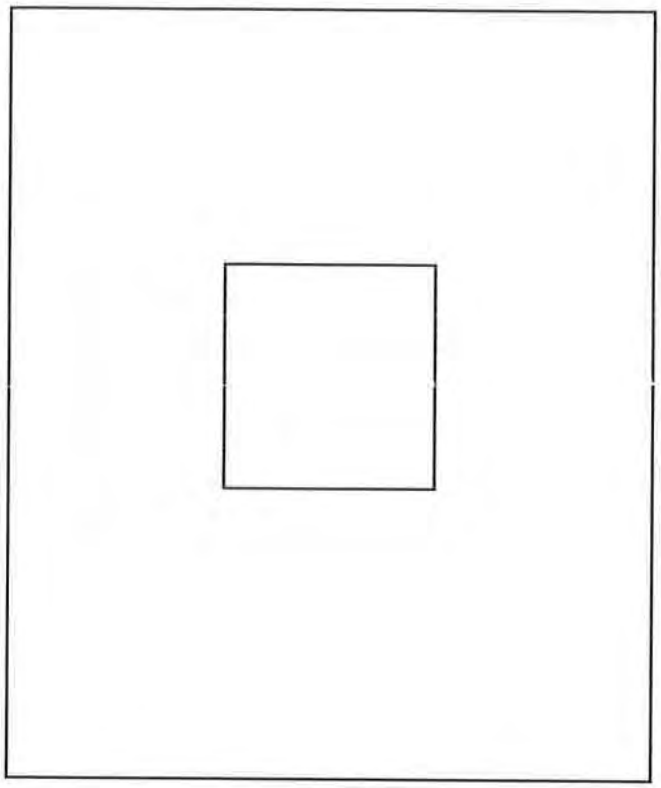
Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 08-13-8A

Name: ___ Phone: ___

Address: ___

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: ___
If you have a well, is it: DUG or DRILLED How Deep: 160 ft. Cased: Y / N
How far is the well or spring from the drain field: 100'+ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER ___
Was the water ever tested: Y / N When? 2002
Any contamination: Y N What (TC, FC, N, etc.) ___

How large is your lot: 2.49 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

How old is your system: ? Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS NO
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER ___
If you noticed any of the above, is it seasonal or year-round? ___

Have you ever had your system pumped out: Y / N How often: 3 YRS Date last pumped: 5/2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ___

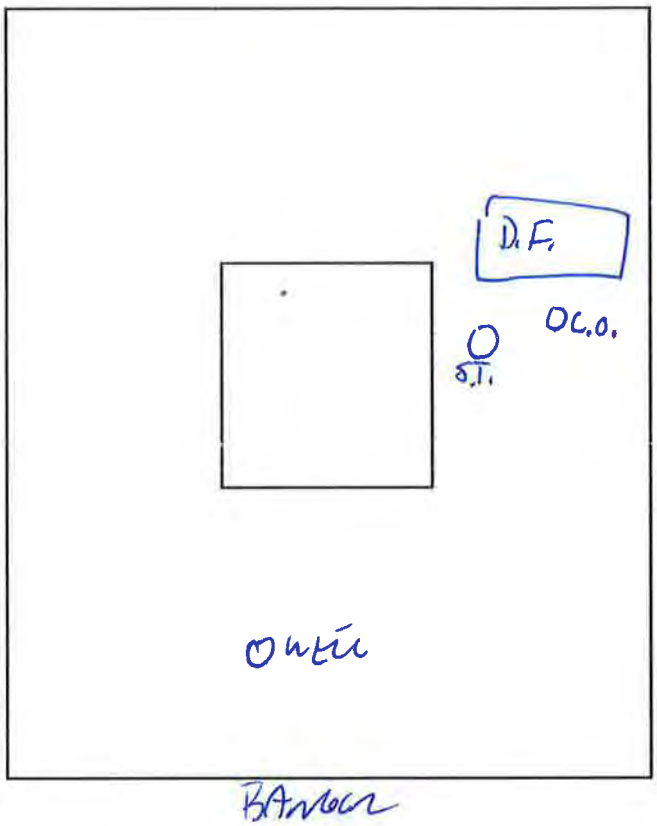
Has the system ever been repaired: Y N When: ___ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-13-8B

Name: _____ Phone: 610-207-6383

Address: [redacted], Nazareth, PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: 185 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 100+ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / (SOFTENER) / ION OTHER _____
Was the water ever tested: (Y) / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 3 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	(INGROUND TRENCH)	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	(INGROUND TRENCH)	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 34 yrs Was it permitted: (Y) / N When: 1982

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out: (Y) N How often: 3yr Date last pumped: 5/1/19
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

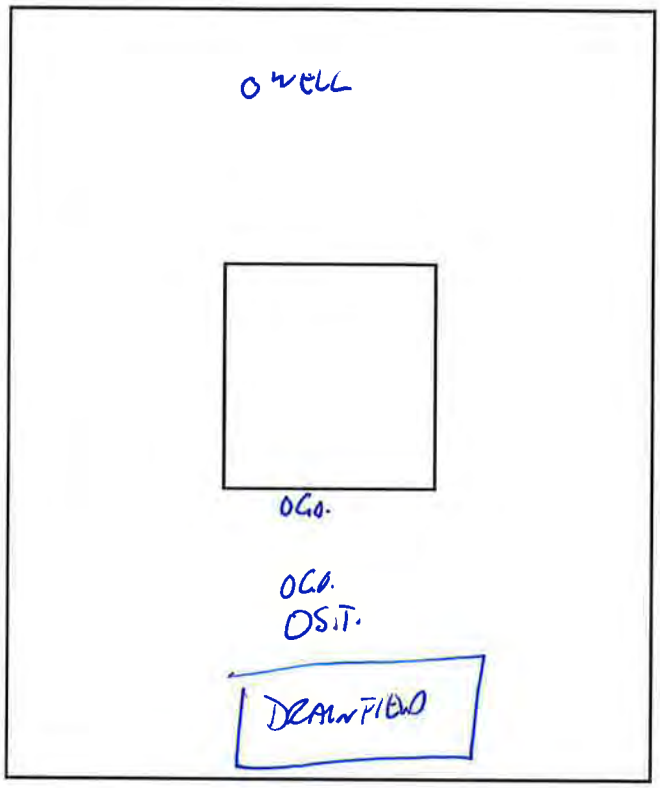
Has the system ever been repaired: (Y) / N When: 7/8/16 By permit? Y / N
What part: TANK: (Repaired)/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

WELL

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-13-7A

Name: _ _____ Phone: 610 588 3399

Address: _____

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: Well
If you have a well, is it: DUG or DRILLED How Deep: 135' ft. Cased: (Y) N
How far is the well or spring from the drain field: 125 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) N When? 2005
Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: 2.5 Acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
~~CESSPOOL~~	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
~~HOLDING TANK~~	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
~~CESSPOOL~~	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
~~HOLDING TANK~~	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1992 Was it permitted: (Y) N When: 1992

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* NO

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 1 Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

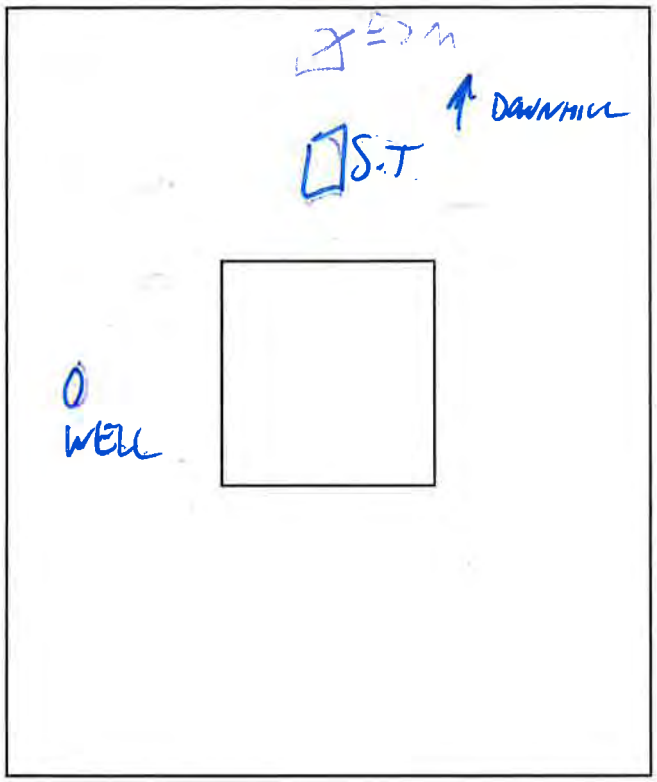
Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 40



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

WELL DAMAGE

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: C8-13-7B.2

Name: \ Phone: 610-217-8062

Address: [illegible] Nazareth 18064

(Own) or Rent No. of Residents: 5

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: (Y) / N
How far is the well or spring from the drain field: _____ ft. Is the well (UP) or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? 2011
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 2 acres No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL / (RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 8 yrs Was it permitted: Y / N When: 2010

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	(ODORS)
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3-5 yrs Date last pumped: 2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69-4-1A

Name: [redacted] Phone: 6107037235

Address: [redacted] Nazareth, Pa 18064

(Own) or Rent No. of Residents: 4

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL (RESIDENTIAL?)
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER none

If you noticed any of the above, is it seasonal or year-round? n/a

Have you ever had your system pumped out: (Y) / N How often: ~2yr Date last pumped: 9/30/19
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

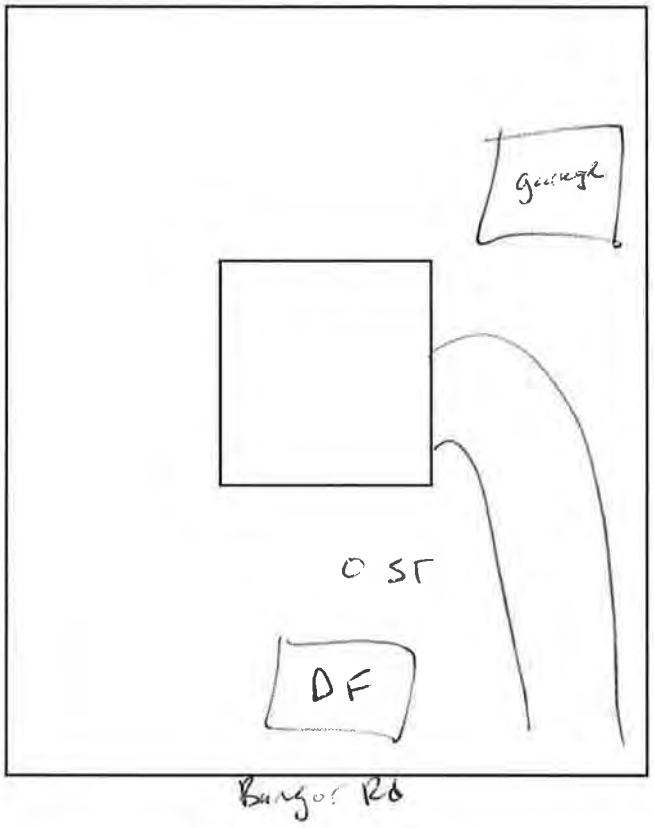
Was the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: Homeowner not home, unable to locate well.

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ____ _____ Phone: _____

Address: __ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 64-4-18

Name: Phone: 610-599-0358

Address NAZARETH PA. 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have (WELL) / SPRING / CISTERN / PUBLIC / OTHER:
If you have a well, is it: DUG or (DRILLED) How Deep: 150 ft. Cased: (Y) / N
How far is the well or spring from the drain field: 150 ft. Is the well (UP) or DOWNHILL?

Do you treat your water: (Y) / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER Acid Neutralizer
Was the water ever tested: (Y) / N When? 1997
Any contamination: Y / (N) What (TC, FC, N, etc.)

How large is your lot: 1 1/2 ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

How old is your system: 22 yrs Was it permitted (Y) / N When: 1997

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER

If you noticed any of the above, is it seasonal or year-round?

Have you ever had your system pumped out: (Y) / N How often: 4-5 yr Date last pumped: 8-2-19
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: IN SIDE THE TANK

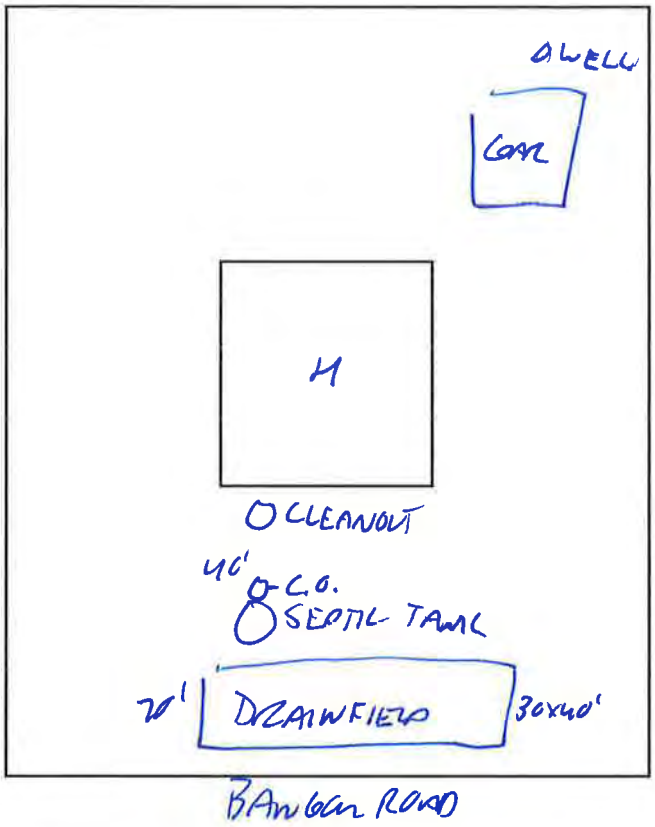
Has the system ever been repaired: (Y) / N When: 7-30-19 By permit? Y (N)
What part: TANK: Repaired/Replaced LINE: (Repaired/Replaced) DRAIN FIELD: Repaired/Replaced

General Comments: PIPE BROKE AT FOUNDATION

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/10/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: BOTTLE OF BACTERIA EACH MONTH

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-13-6

Name: S Phone: 610-703-0072

Address Nazareth PA 18064

Own or Rent No. of Residents: 3

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: ? ft. Cased: Y / N ?

How far is the well or spring from the drain field: ? ft. Is the well (UP) or DOWNHILL?

est >100 feet

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / (N) When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 10+ acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: Unknown Was it permitted: Y / N When: Assume it was I Purchased Home 1yr ago

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 10/2018

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69-2-2

Name: _____ Phone: 610-588-3391

Address: Nazareth PA

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: 100ft. ? ft. Cased: Y / N
How far is the well or spring from the drain field: 100 ? ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 2 1/2 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 45 yrs Was it permitted: Y / N When: 1973

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: every 2 yrs Date last pumped: 5/21/17
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ?

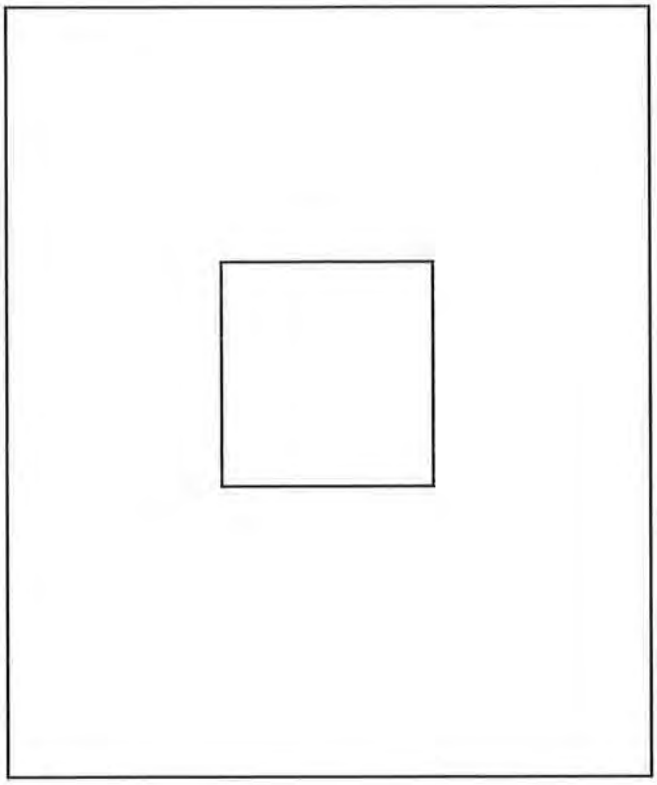
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

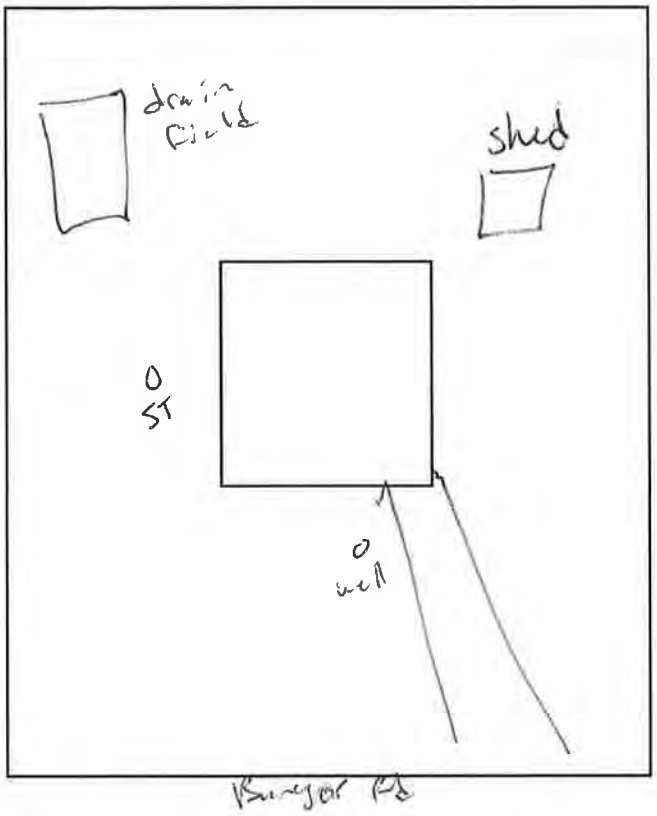
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ____ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 69-2-28

Name: [illegible] Phone: 610-588-7830

Address: Nazareth PA

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: 125 ? ft. Cased: Y / N

How far is the well or spring from the drain field: 200 ? ft. Is the well UP or DOWNHILL? neither

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? 1985

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 2 acres No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 1985 Was it permitted: Y / N When: 1985

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2 yrs Date last pumped: 2017

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ?

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

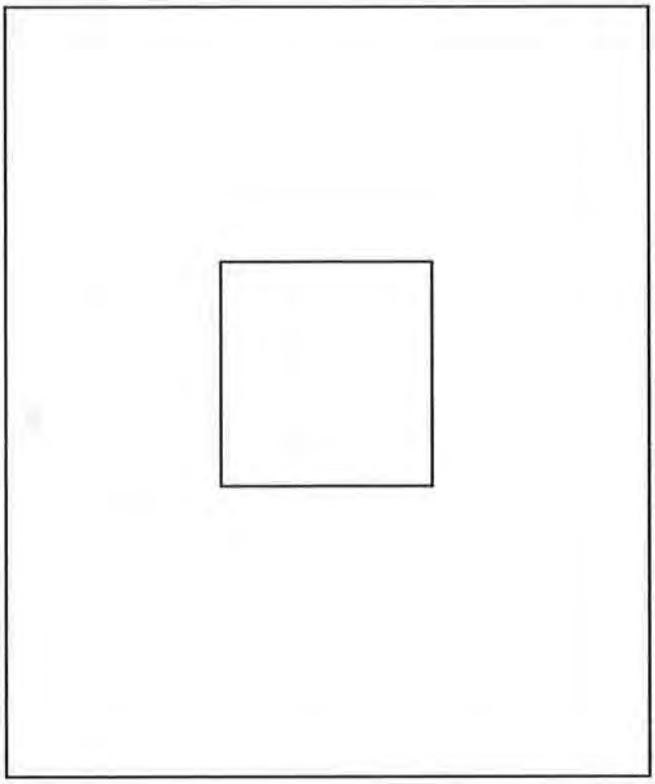
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

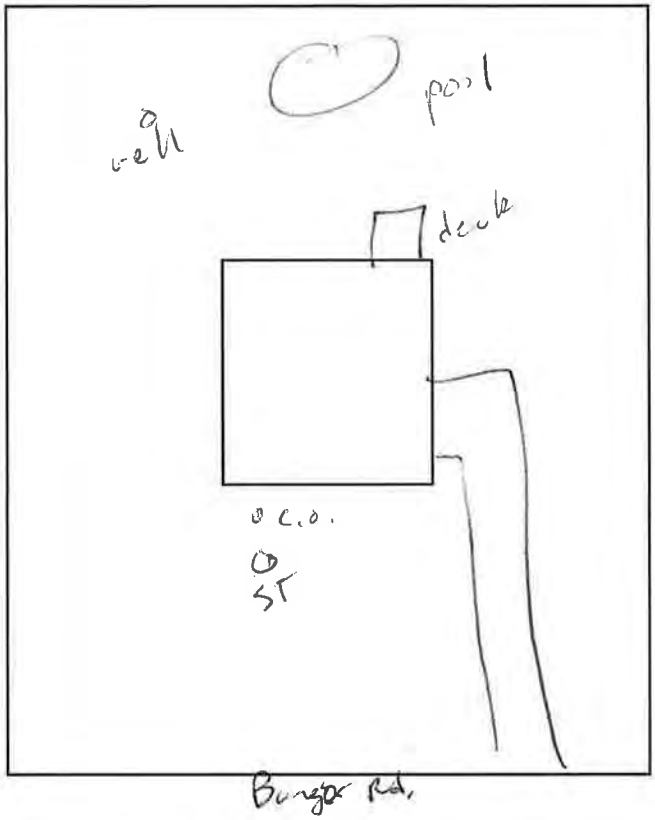
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/1/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ____ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-19-M-0606

Name: _ Phone: (732) 241-6635

Address: , EASTON, PA 18040

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: UNSURE

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: 150 ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / N When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1

One or more sewage systems? YES COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: YES

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often? 2-3 YRS Date last pumped: SEPT 2019

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ALL

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

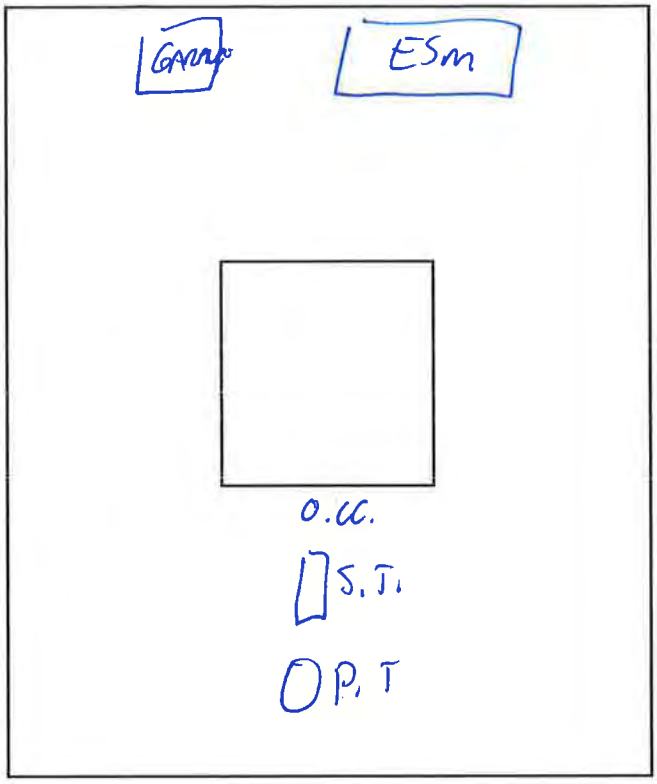
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: VEGETABLES GROWING ON SAND MOUND

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: NB-15-4-0626

Name: ___ _____ Phone: 610-614-0601

Address: _____ NAZARETH, PA

(Own) or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: ___

If you have a well, is it: DUG or DRILLED How Deep: ___ ft. Cased: Y / N

How far is the well or spring from the drain field: ___ ft. — Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER ___

Was the water ever tested: Y / N When? ___

Any contamination: Y / N What (TC, FC, N, etc.) ___

How large is your lot: 1 ACRE No. of dwelling units: 1

One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL)

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

How old is your system: ? Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE OF ABOVE

If you noticed any of the above, is it seasonal or year-round? ___

Have you ever had your system pumped out: (Y) / N How often: ___ Date last pumped: APR. 26, 2019

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: ___

Has the system ever been repaired: Y / (N) When: ___ By permit? Y / N ___

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HF-15-2-0606

Name: [redacted] Phone: _____

Address: [redacted] Nazareth 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y (N) When? _____

Any contamination: Y (N) What (TC, FC, N, etc.) _____

How large is your lot: .655 No. of dwelling units: 1

One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: Original Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* NO

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3yrs. Date last pumped: 6/2018

If it was pumped, was it inspected for cracks or broken baffles: Y (N) What part: _____

Has the system ever been repaired: Y (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MF-SLG-2-2

Name: [redacted] Phone: 610-759-6846

Address: [redacted]

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 60 X 275 - prox No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ~30 yrs. Was it permitted: Y / N When: 1998
#1922-917

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: ~2 yrs. Date last pumped: 10-17-19
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: When drainage field was made, I had it enlarged over the aproved size by one half.

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MF-SE 1-44B

Name: _____ Phone: 610-746-3727

Address: Nazareth, Pa 18064-9252

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 92 X 200 No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: updated 2017 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER none

If you noticed any of the above, is it seasonal or year-round? none

Have you ever had your system pumped out Y / N How often: 3-5 yrs. Date last pumped: 2017
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

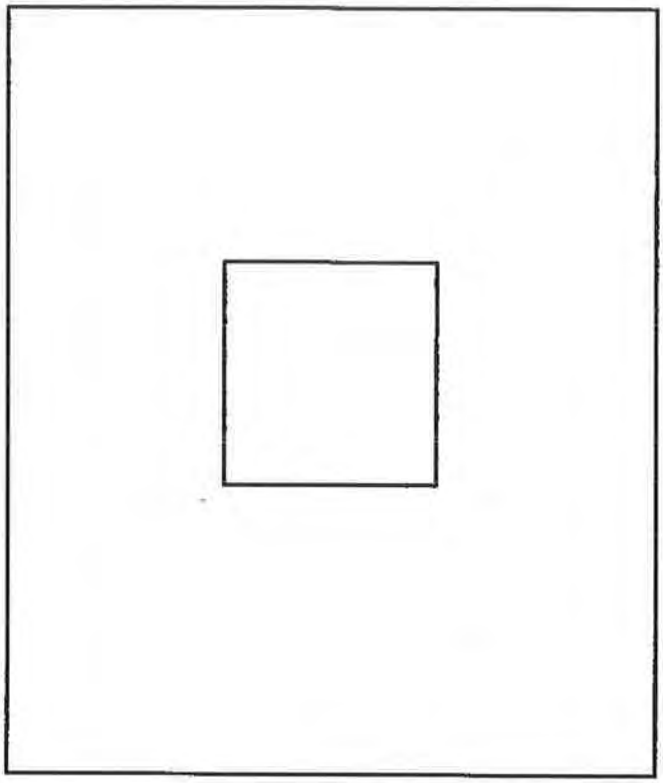
Has the system ever been repaired: Y / N When: 2017 By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
we had new pipe run from our tank to the drainfield in 2017. works perfectly now.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

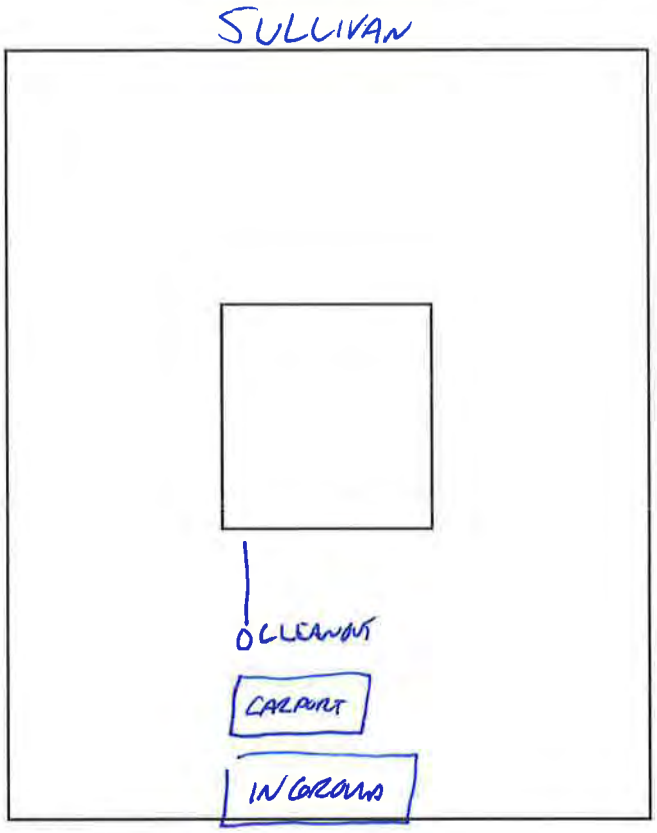
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/15/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-15-1C

Name: _____ Phone: 484-619-0627

Address: Nazareth, PA 18064

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1/3 Acre No. of dwelling units: 1
One or more sewage systems? One COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 28 yrs Was it permitted: Y / N When: 1991

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: Every 3 years Date last pumped: 12/17
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

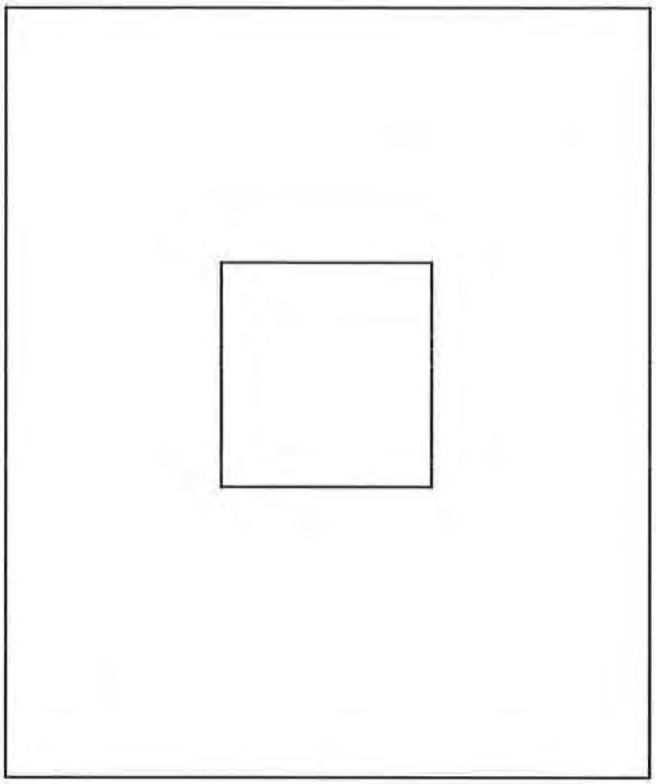
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

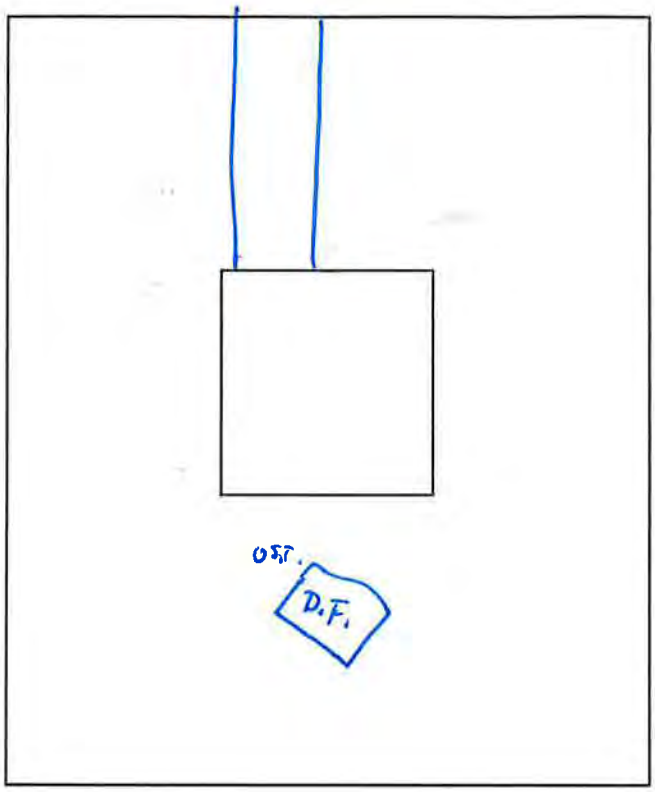
Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/11/19 WEATHER: 40° Sunny

SULLIVAN



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 1000 gallon

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: LH-SWS-325

Name: _____ Phone: 610 442 4709

Address NAZARETH, PA. 18064

(Own) or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: (Y) / N When? BY WATER CO.
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 75' X 130' No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 25 YRS Was it permitted: (Y) / N When: 25 YRS

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 YRS Date last pumped: SEPT 2019
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: ?

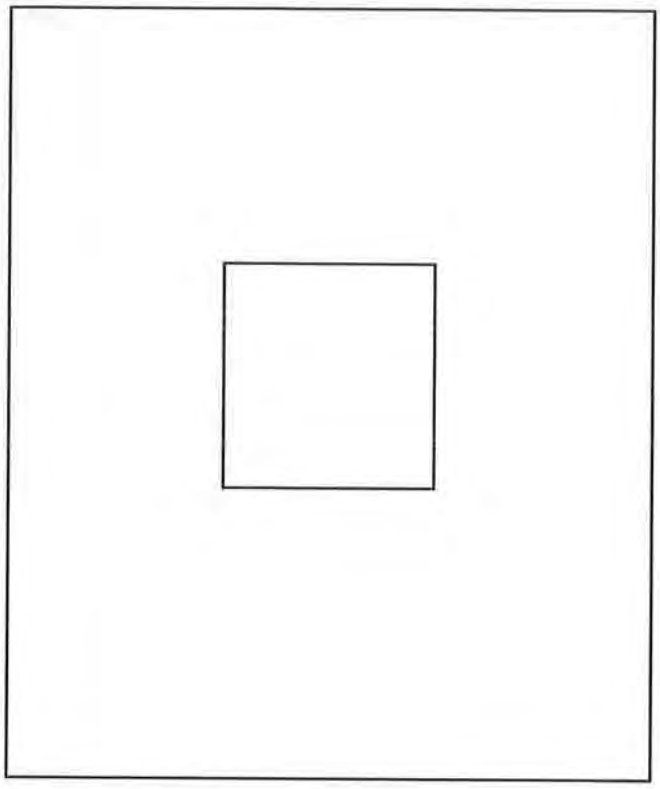
Has the system ever been repaired: (Y) / (N) When: ? By permit? (Y) / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/(Replaced)

General Comments: HAVE NEVER HAD ANY PROBLEMS

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _ _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

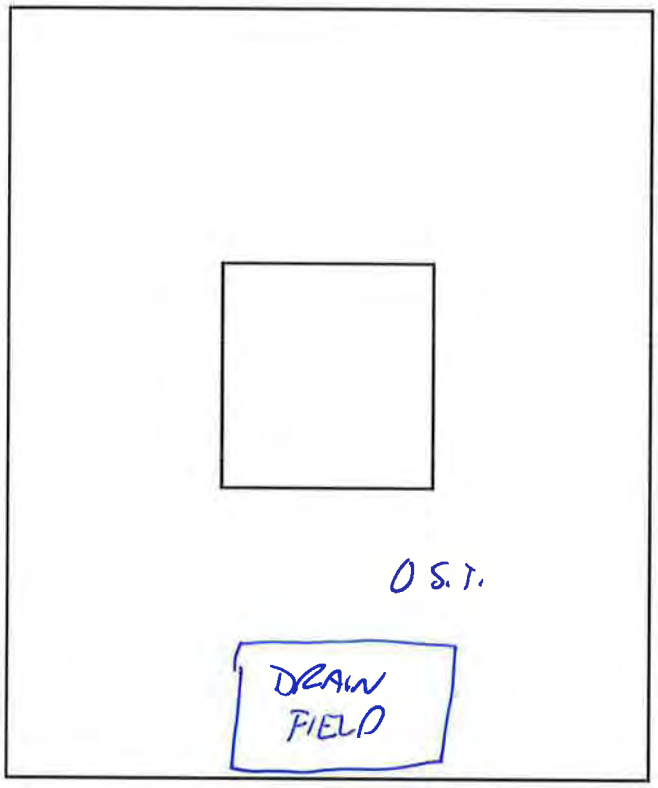
_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 40°

SULLIVAN



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48 SE 1-2-93-0626

Name: _____ Phone: (610 746-2142

Address: _____

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 3 ac No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or ~~sink water~~ go: *(Circle all that apply)*

SEPTIC TANK	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 20 yrs Was it permitted (Y) / N When: 95 or 96

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* No

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2 or 3 Date last pumped: 2015
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: LF-SW2-3-11 0016

Name: _____ Phone: 484-542-0047

Address: _____ Nazareth, PA. 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: Public
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? maybe By Township ?
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .6 Acre No. of dwelling units: 2
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT / BACK / SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

~~SEPTIC TANK~~	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

~~SEPTIC TANK~~	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 30 years ? Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2 Date last pumped: July 2016
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

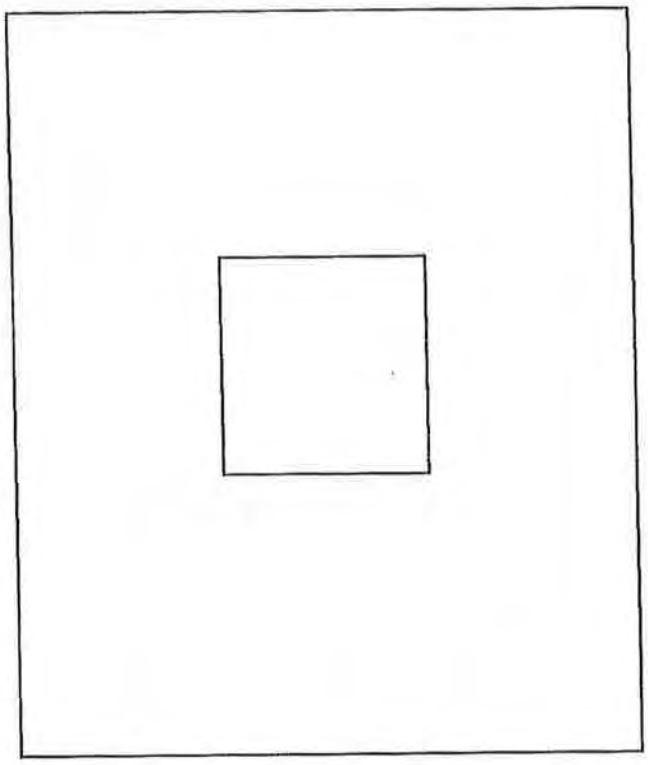
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: Cess Pool

SOIL TYPES: _____

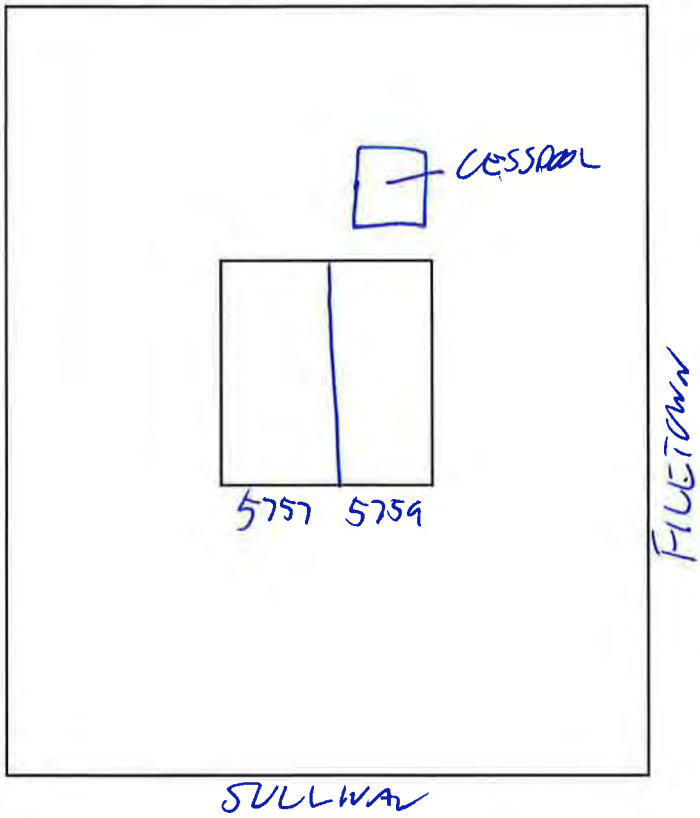
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: M8-SE1-2-B-062

Name: _____ Phone: 610-393-5361

Address: _____, Nazareth, PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 0.75 No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 2006 Was it permitted: (Y) / N When: 2006

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2-3 years Date last pumped: 2017
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48 Swd-1-98

Name: [redacted] Phone: 610-759-4770

Address: [redacted] Nazareth PA 18064

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 16,810 sq ft No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 4-5 yrs Date last pumped: 8/14
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

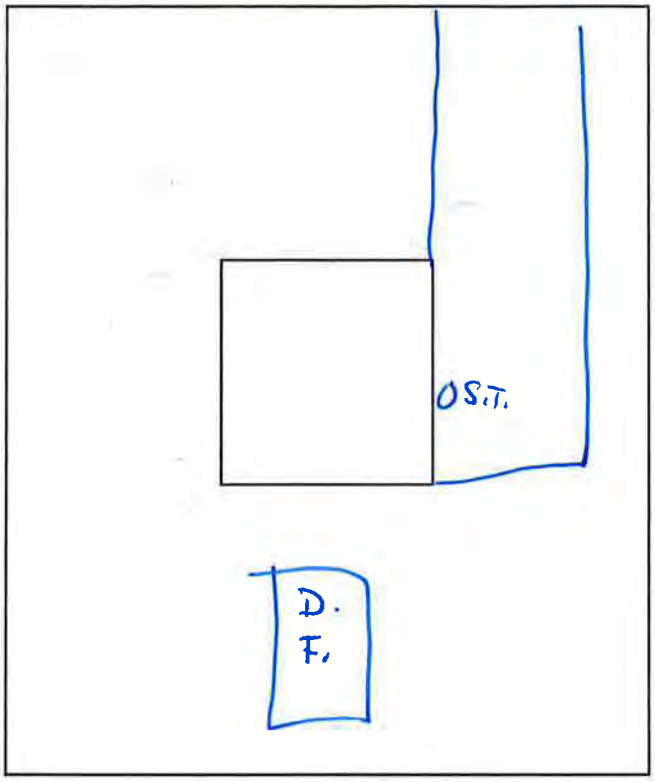
General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/16/19 WEATHER: 50° Sunny

SULLIVAN



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-18-11-0606

Name: _____ Phone: 610-759-3267

Address: , Nazareth, PA 18064-9294

(Own) or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: N/A ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER N/A

Was the water ever tested: Y / (N) When? N/A

Any contamination: Y / N What (TC, FC, N, etc.) N/A

How large is your lot: 25 Acres No. of dwelling units: 1

One or more sewage systems? One COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ~ > 80 yrs Was it permitted: Y / (N) When: N/A

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER (None)

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: Once Date last pumped: 7/26/17

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: N/A By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

Had system pumped out due to curiosity. Service operator wrote on bill "The cesspool is in good working condition. Went down 27 feet. Did not hit bottom." Note: That was the limit of his working hose.

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: Mf-SW2-2-1-0636

Name: _____ Phone: (610)-759-7983

Address: [redacted] Nazareth PA 18064-9267

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: N/A ft. Cased: Y / N

How far is the well or spring from the drain field: N/A ft. Is the well UP or DOWNHILL?

Supplier: Pennsylvania American Water

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: (Y) / N When? _____

Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: approx 3/4 acre No. of dwelling units: 1

One or more sewage systems? 2 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? (FRONT) BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	~~COMMUNITY SEWER~~	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
~~ELEVATED SAND MOUND~~	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	~~COMMUNITY SEWER~~	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
~~ELEVATED SAND MOUND~~	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)* None apply

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER N/A

If you noticed any of the above, is it seasonal or year-round? N/A

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: Nov. 2005

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N

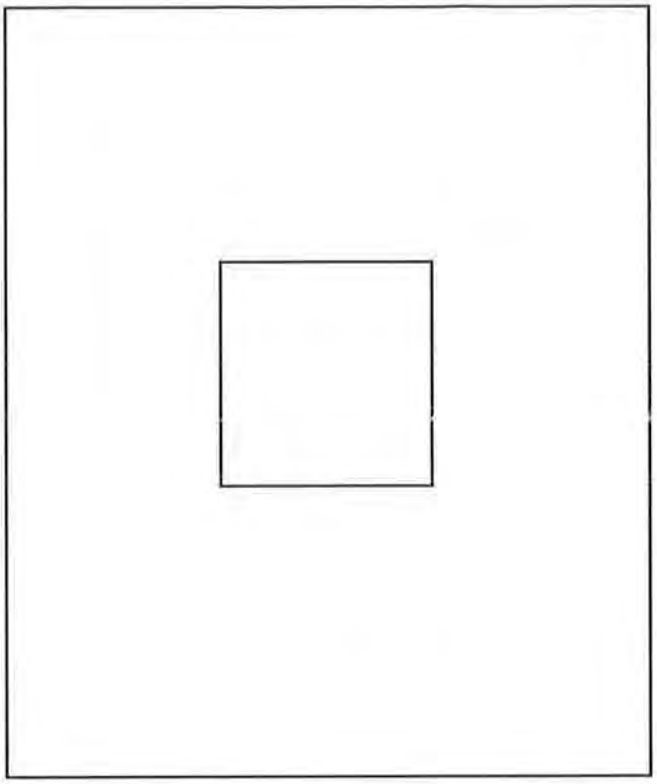
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

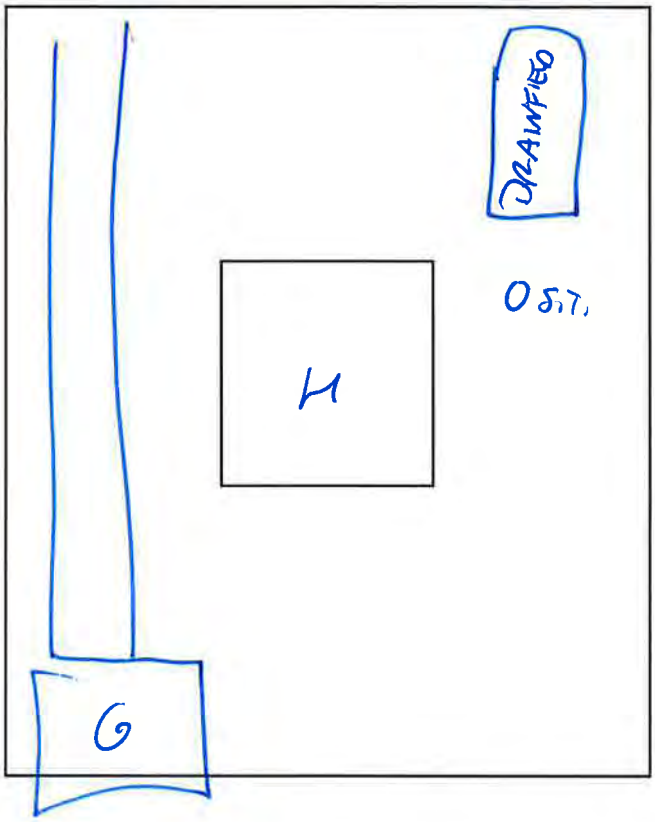
Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/11/19 WEATHER: 40° Sunny

SULLIVAN



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____

_____

_____

_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: M8SW2-1-4A

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .4AC No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

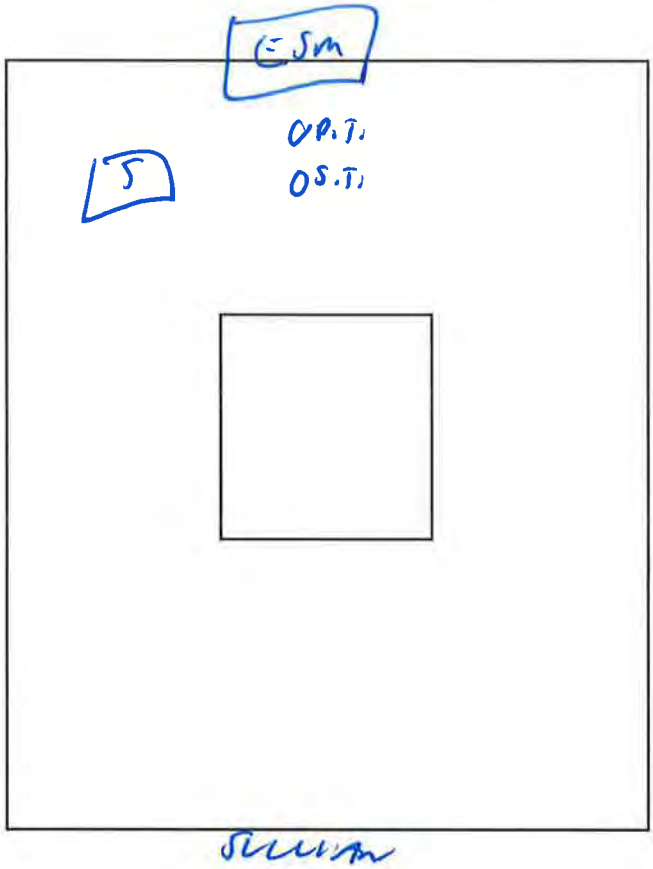
General Comments:

_____
_____
_____
_____

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 4/11/19 WEATHER: 40° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

NO BACK HOME

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HSW2-1-4-0626

Name: ___ _____ Phone: 610-759-2841

Address: _____ Nazareth PA 18064

(Own) or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / (N) When? _____

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 3/4 Acre No. of dwelling units: 1

One or more sewage systems? ONE COMMERCIAL (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	(INGROUND TRENCH)	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 60+ years Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

(GREEN, LUSH GRASS)	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? Year Round

Have you ever had your system pumped out: (Y) / N How often: 2 X Date last pumped: 1917

If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MF-SW2-1-2-0616

Name: ___ Phone: 610-360-8163

Address: , Nazareth, PA 18064

Own or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: < 1 acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: Not Sure Was it permitted: Y / N When: unknown

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: every 3 yr Date last pumped: 10/2017
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

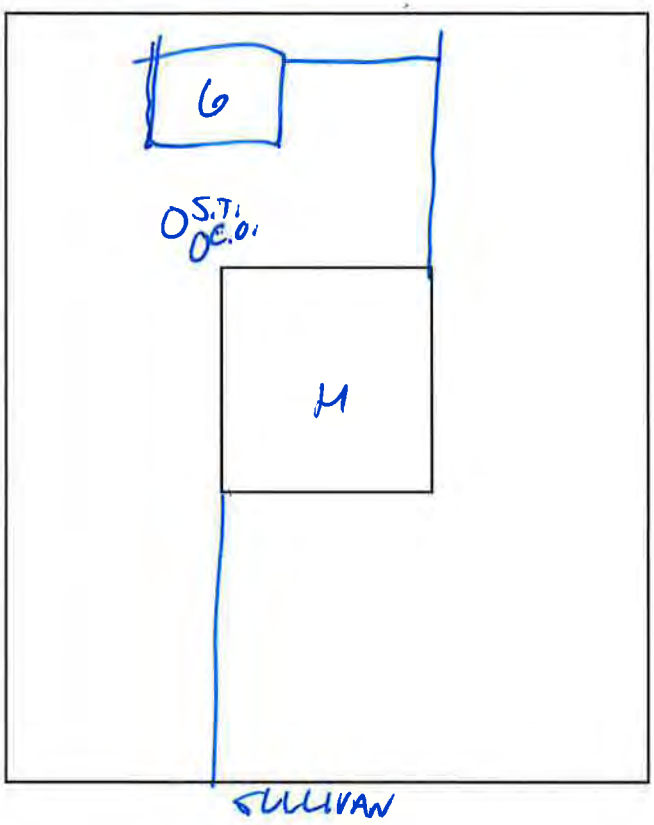
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
It is OK to inspect the property as it pertains to the water/septic system when I am not present. Michael Thal

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 (Pool) WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: LIB NW3-4-4-0626

Name: _____ Phone: 610 746-3653

Address _____ NAZARETH PA 18064

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: Do not Know No. of dwelling units: _____
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT / (BACK) / SIDE YARD

~~What kind of~~ sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

~~Where does~~ your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: When the House Built Was it permitted: Y / N When: ??

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often? Every 3 yrs Date last pumped: 7/ 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
WHEN WE GET HEAVY RAIN RAIN WATER FROM SULLIVAN TR. RUNS DOWN DRIVEWAY WE CALL TWSP ABOUT IT 2005 BECAUSE RAIN WATER DON'T FLOW IN WOOD. GOES DOWN BELFORD RD CROSS TO ROAD COMES FROM FIELD BETWEEN OLD SIGNS & HOUSE TO SULLIVAN TR. THERE'S DRAIN ON SULLIVAN TRAIL BUT NOT WHEN PENN DOT OR TWP WOULD CUT DRAIN IN TO STOP OVER FLOW

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48NW3-4-8-026

Name: [illegible] Phone: 610 746-9885

Address: Nazareth, Pa. 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: every 3 years Date last pumped: 8 June 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

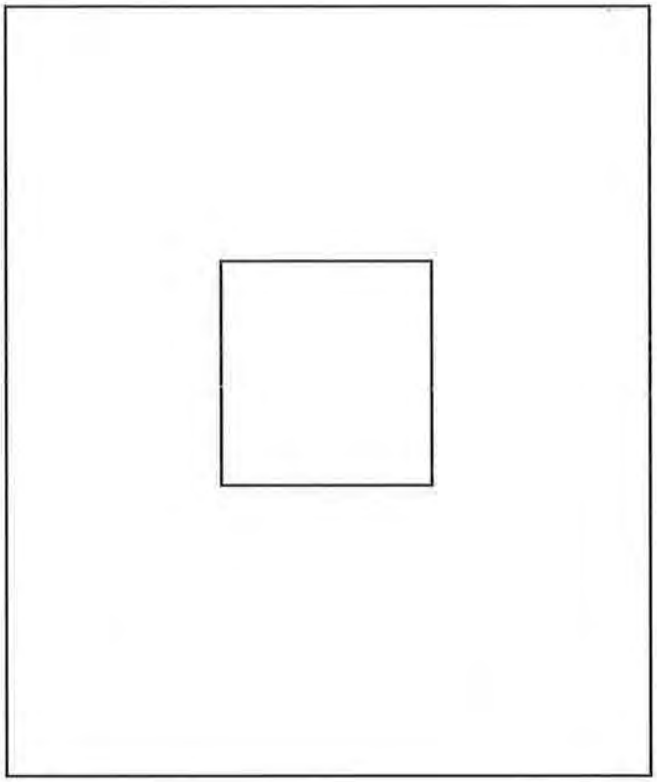
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

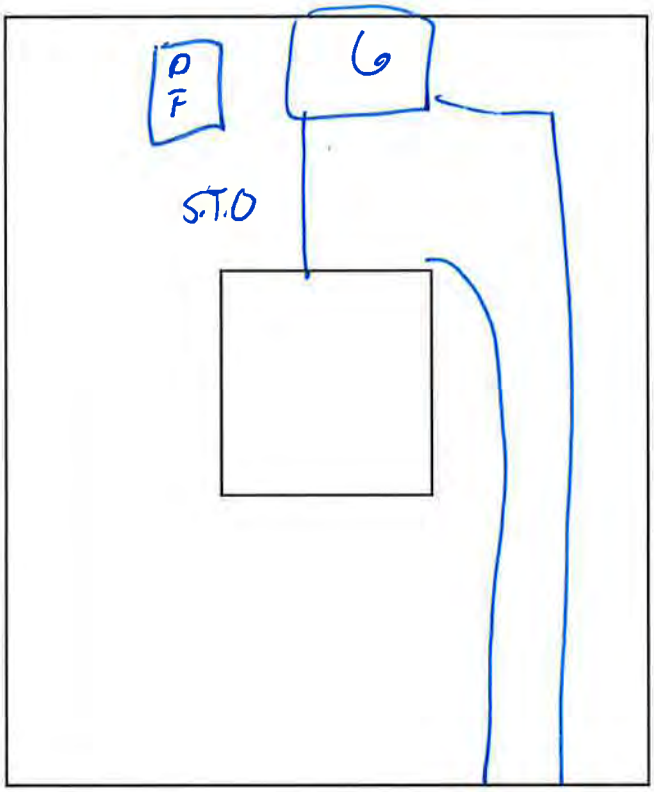
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____ PUBLIC

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____

_____

_____

_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 26 0223420

Name: [illegible]

Phone: 610 365 8061

Address: Nazareth PA 18064

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 5 ACRES No. of dwelling units: _____
One or more sewage systems? 2 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: UNKNOWN Was it permitted: Y / N When: UNKNOWN

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 118NW3-3-1-0636

We have lived here just over 1 year

Name: ___ _____ Phone: 610 762-9289

Address: _ Nazareth, PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or (DRILLED) How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: 100 ft. Is the well UP or (DOWNHILL)?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER RO at sink

Was the water ever tested: (Y) / N When? Summer 2018

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 9.5 acres No. of dwelling units: 1

One or more sewage systems? one COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: (Y) / N When: Summer 2017 By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: New baffles put in tank

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 23-2086405

Name: ( ) Phone: (610)-759-9080

Address: NAZARETH, PA. 18064

(Own) or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 2.4 ACRES No. of dwelling units: _____
One or more sewage systems? ONE COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 15 YRS. OLD Was it permitted: (Y) / N When: Approx. 2004

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 9/17
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: BAFFLES

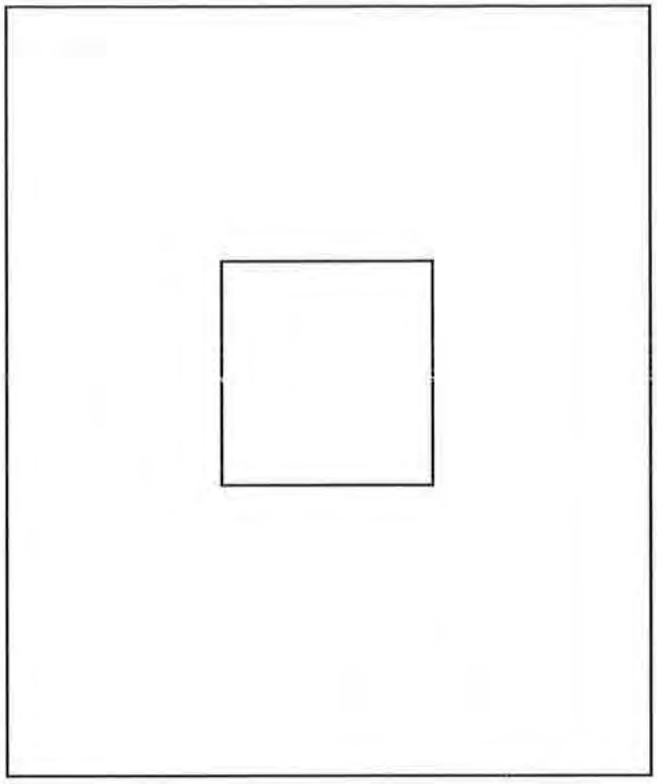
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MBNW3-1-3-Q026

Name: [illegible] Phone: 480-357-9107

Address:

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER:
If you have a well, is it: DUG or DRILLED How Deep: ft. Cased: Y / N
How far is the well or spring from the drain field: ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER
Was the water ever tested: Y / N When?
Any contamination: Y / N What (TC, FC, N, etc.) N/A

How large is your lot: .1467 No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER

How old is your system: ? Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER
If you noticed any of the above, is it seasonal or year-round?

Have you ever had your system pumped out: Y / N How often: Date last pumped: 2011 will schedule 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ?

Has the system ever been repaired: Y / N When: ? By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
Septic was pumped in 2011, that's in my closing paperwork. Plan on pumping it before winter.

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MF-2-3DA-1626

Name: _____ Phone: 610-504,5455

Addres _____ H, PA

Own or Rent No. of Residents: ONE

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: PUBLIC
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .58 (25,265 ft) No. of dwelling units: ONE
One or more sewage systems? ONE COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / (N) How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

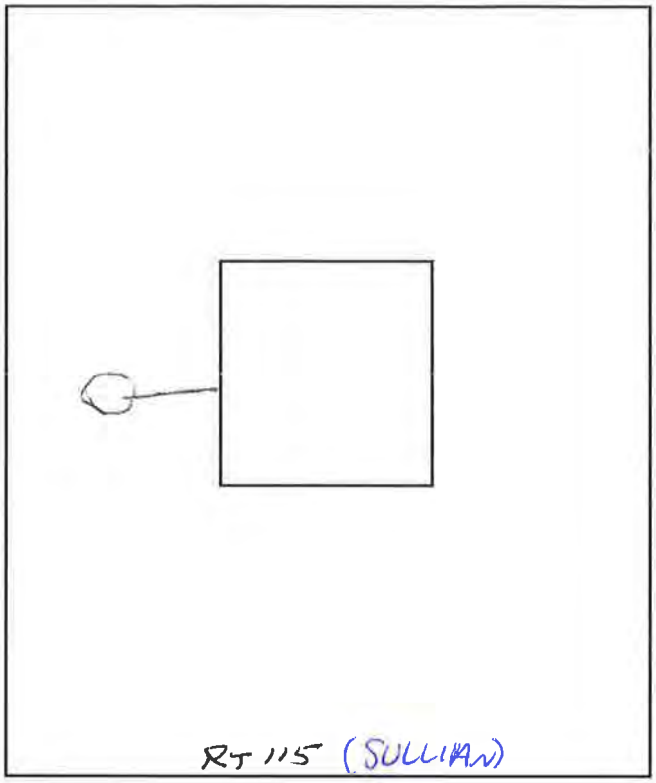
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/28/19 WEATHER: 60° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48NW3-1-1-0626

Name: _____ Phone: 610 746 3639

Address: _____ Nazareth, PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.76 Acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your (laundry) and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER No

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 6/2016
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

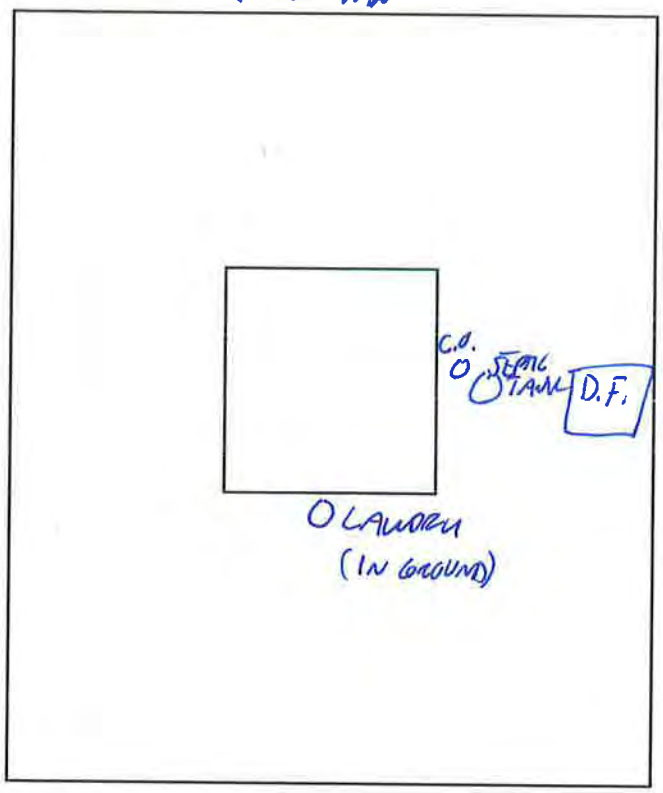
General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/16/19 WEATHER: 50°

SULLIVAN



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: H8-1-12A-0626

Name: [illegible] Phone: 610-759-6425

Address NAZARETH, PA. 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: APPROX. ½ ACRE No. of dwelling units: 1
One or more sewage systems? NO COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	(INGROUND BED)	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
(HOLDING TANK)	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 24 YRS Was it permitted: (Y) / N When: 1995

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 YRS Date last pumped: 9/26/17
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

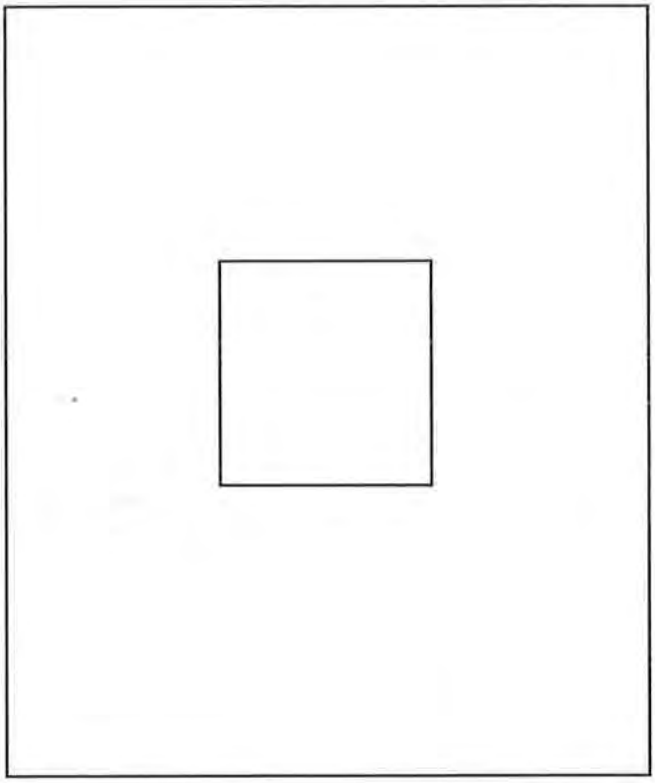
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

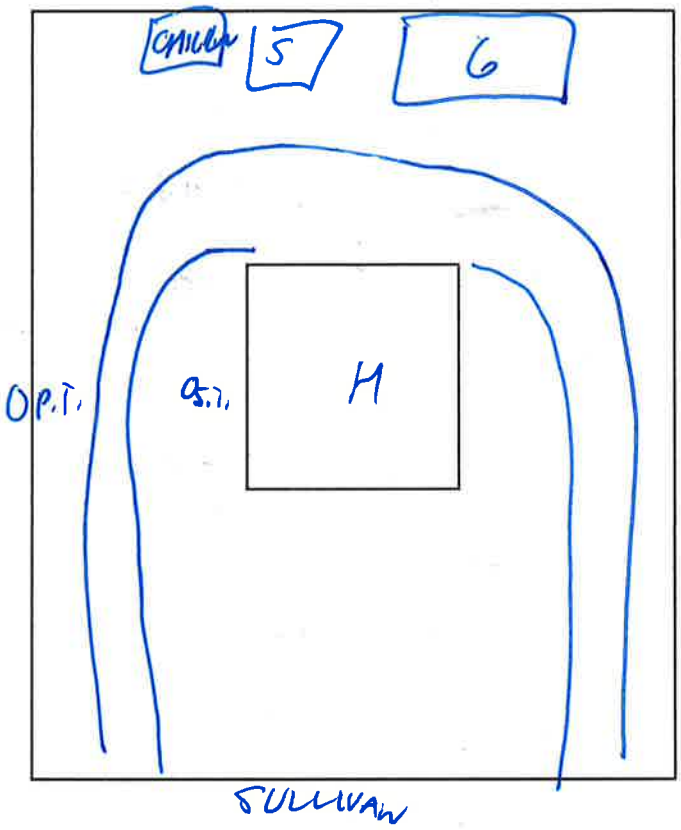
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/11/19 WEATHER: 40° SUNNY



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

PUBLIC

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 48-2-36-0606

Name: _____ Phone: 610-759-8663

Address: Nazareth, PA 18064

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / (N) When? _____

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 3.4 ac. No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: when needed Date last pumped: ?

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MB-1-SA-0026

Name: [redacted] 15 Phone: 610 759 4028

Address: Nazareth, PA. 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: Approx. 3/4 ACRE No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: MID 1975 Was it permitted: Y / N When: ? WAS NEW HOME

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) N How often: EVERY 5/6 yrs Date last pumped: 4-2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

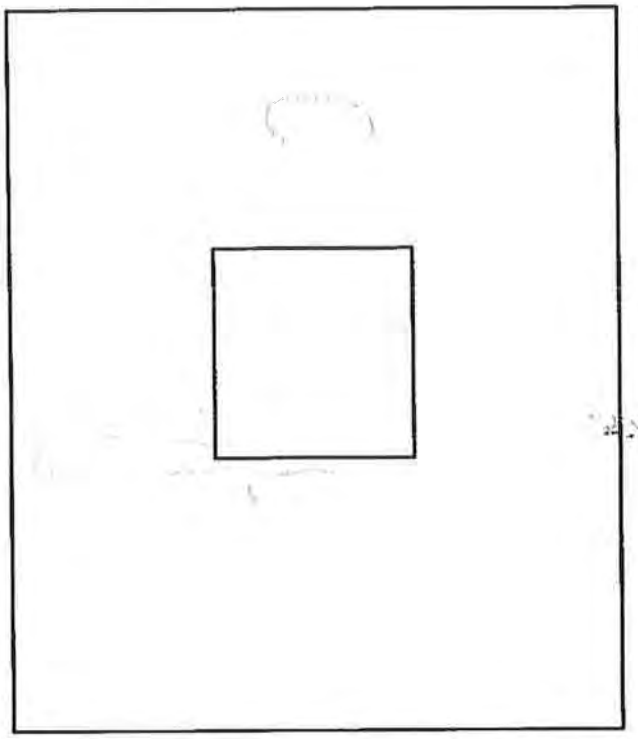
Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
We have maintained system since purchasing in 1983 - having it pumped by a local septic service.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

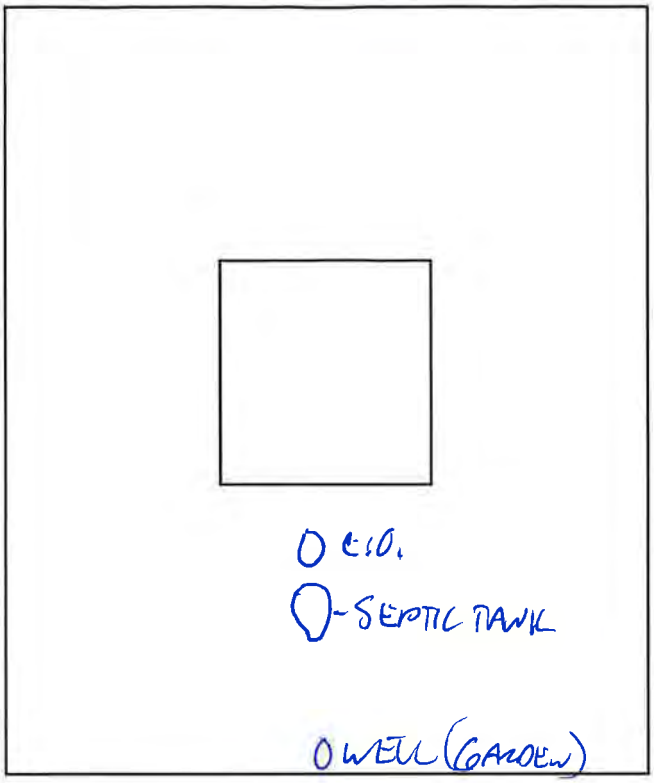
Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/16 WEATHER: 50°

SULLIVAN



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: HB-1-7-0626

Name: _____ Phone: 908-319-3737

Address: Nazareth, PA 18064

(Own) or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: ½ acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 2 years Date last pumped: April 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

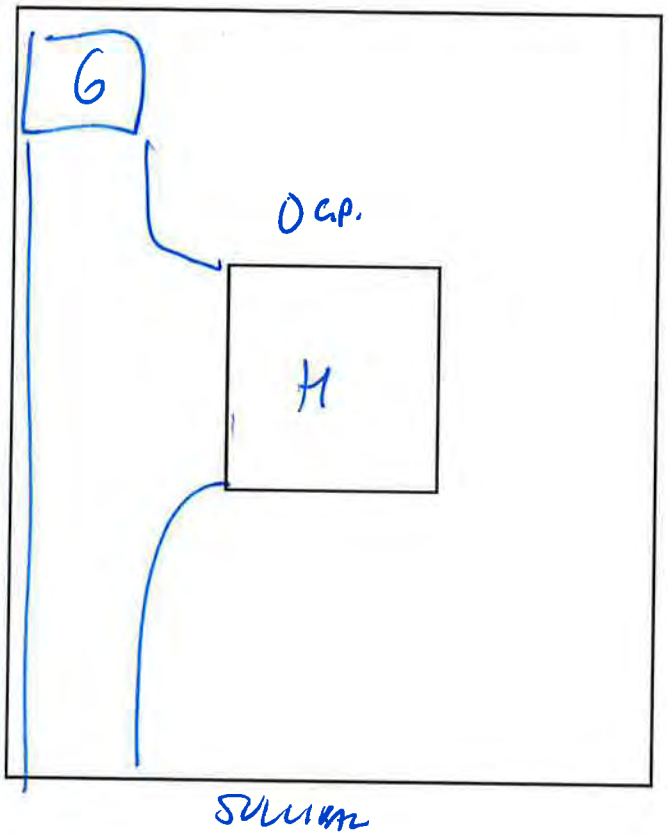
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

2 CROWN HOME

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____

_____

_____

_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: NF-1-5-0616

Name: —

Phone: 610-759-0764

Address: NAZARETH PA 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: PA water
If you have a well, is it: DUG or DRILLED How Deep: ____ ft. Cased: Y / N
How far is the well or spring from the drain field: ____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER ____
Was the water ever tested: Y / N When? ____
Any contamination: Y / N What (TC, FC, N, etc.) ____

How large is your lot: 15.59 Acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

✓ SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
✓ ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
✓ HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ____

Where does your laundry and/or sink water go: *(Circle all that apply)*

✓ SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
✓ ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
✓ HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ____

How old is your system 2010/oct Was it permitted: Y / N When: 2010

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE OF THE ABOVE.
If you noticed any of the above, is it seasonal or year-round? ____

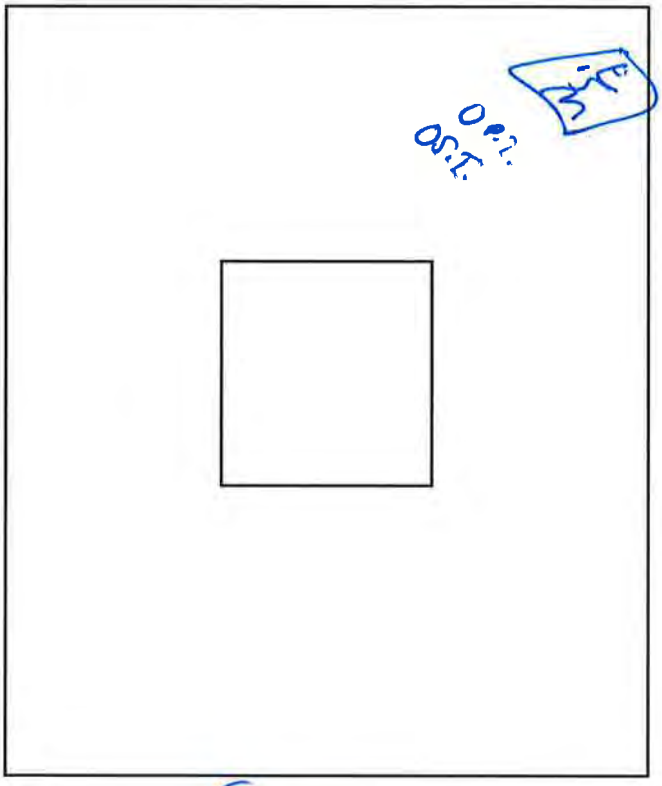
Have you ever had your system pumped out: Y / N How often: ? Date last pumped: 3 2 years ago maybe
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ?
Has the system ever been repaired: Y / N When: ____ By permit? Y / N (pumped by Lawson)
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
it works fine! no problems.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 50° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field:_____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER_____
Was the water ever tested: Y / N When?_____
Any contamination: Y / N What (TC, FC, N, etc.)_____

How large is your lot:_____ No. of dwelling units:_____
One or more sewage systems?_____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER_____

How old is your system:_____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round?_____

Have you ever had your system pumped out: Y / N How often:_____Date last pumped:_____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part:_____

Has the system ever been repaired: Y / N When:_____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: MBNW2-H19-N06

Name: _____ Phone: (610) 759-3555

Address NAZARETH, PA 18064-9307

(Own) or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1/2 ACRE No. of dwelling units: 1
One or more sewage systems? 2 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 50+ yrs. Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / (N) How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

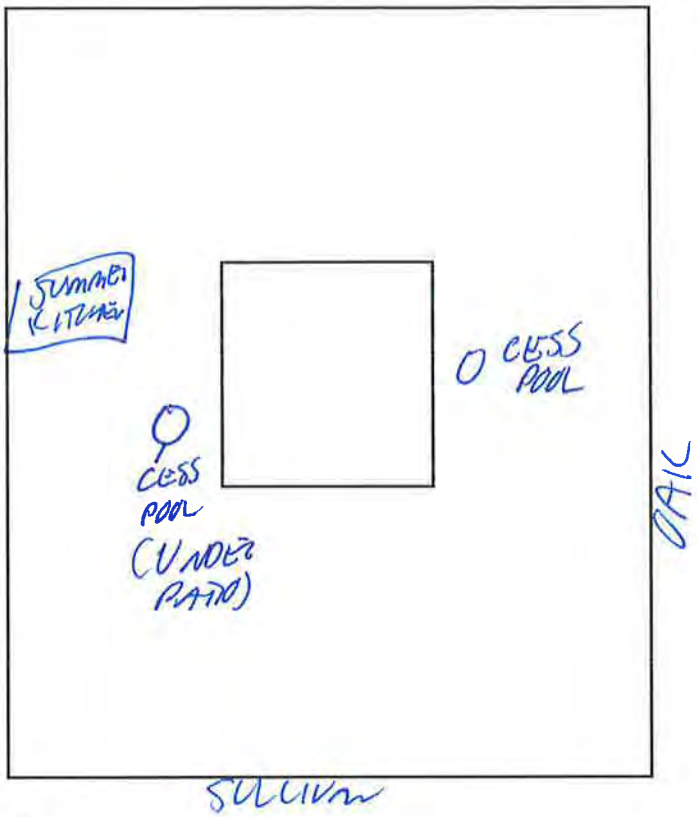
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
I HAVE LIVED HERE SINCE NOV. OF 1967 AND HAVE NEVER HAD ANY PROBLEMS WITH THE SEWAGE SYSTEM AT ALL

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 50' DEEP

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-14BA

Name: ___ ___ Phone: 610-759-4614 Home 610-390-3001 cell

Address: Nazareth, PA. 18064

Own or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: ___
If you have a well, is it: DUG or DRILLED How Deep: ___ ft. Cased: Y / N
How far is the well or spring from the drain field: ___ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER ___
Was the water ever tested: Y / N When? ___
Any contamination: Y / N What (TC, FC, N, etc.) ___

How large is your lot: 1.62 ACRES No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER Pipe to Drainfield

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER ___

How old is your system: 2014 Was it permitted: Y / N When: 6/30/2014

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER ___
If you noticed any of the above, is it seasonal or year-round? ___

Have you ever had your system pumped out: Y / N How often: 1 Date last pumped: 9/26/17
If it was pumped, was it inspected for cracks or broken baffles: Y / N ?? What part: NEW UNIT

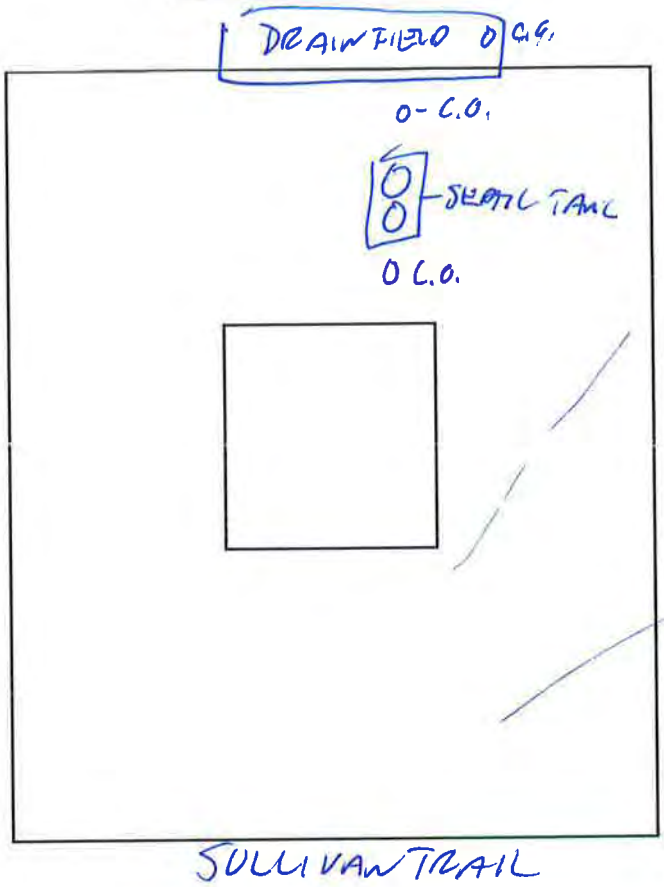
Has the system ever been repaired: Y / N When: 2014 By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
The previous septic tank was in since 1956. It was replaced in 2014 with a 1,000 gal. Dual TANK; and line partially replaced; and inspected. I have all paper work.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: DRAINFIELD IS SUBJECTED TO STORM RUNOFF DURING HEAVY RAIN.

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-145

Name: _ Phone: 610-417-3102

Address: _____ NAZARETH PA

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) UNKNOWN

How large is your lot: 9 ACRES No. of dwelling units: 1
One or more sewage systems? 2 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2 YRS Date last pumped: 5/15/18
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-10-11N

Name: — Phone: 610-762-8601

Address: _____, Nazareth, PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: (WELL) / SPRING / CISTERN / PUBLIC / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / (N) When? _____

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1

One or more sewage systems? 1 COMMERCIAL / ~~RESIDENTIAL~~?

In reference to the house, where is the septic system located? (FRONT) BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER N/A

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / (N) How often: _____ Date last pumped: _____

If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

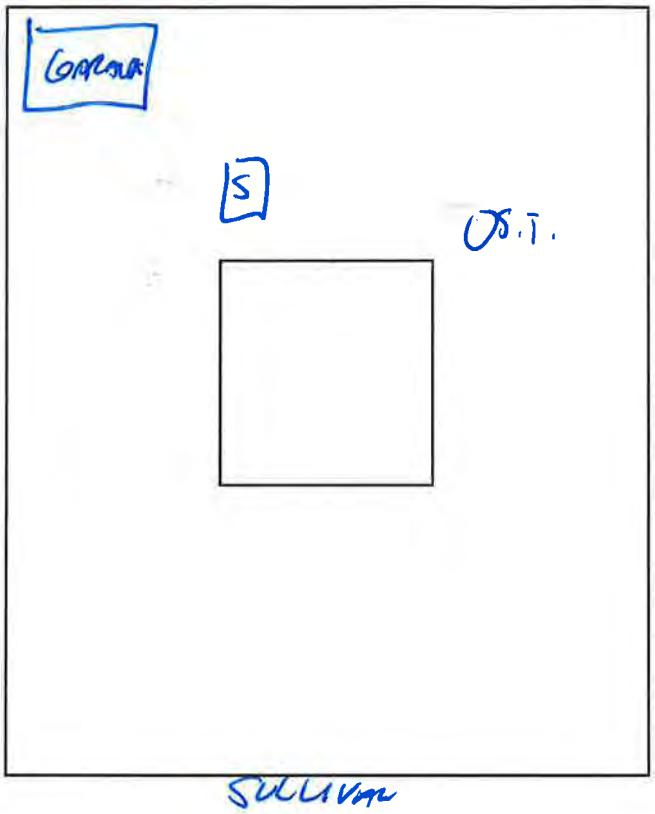
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/19 WEATHER: 40°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-M-4

Name: _____ Phone: 6107593616

Address: NAZARETH, PA. 18064

(Own) or Rent No. of Residents: 1

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 165 FT. X 80 FT. No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER [redacted]

How old is your system: DONT KNOW Was it permitted: Y / N When: DONT KNOW

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3 Date last pumped: 7-21-2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

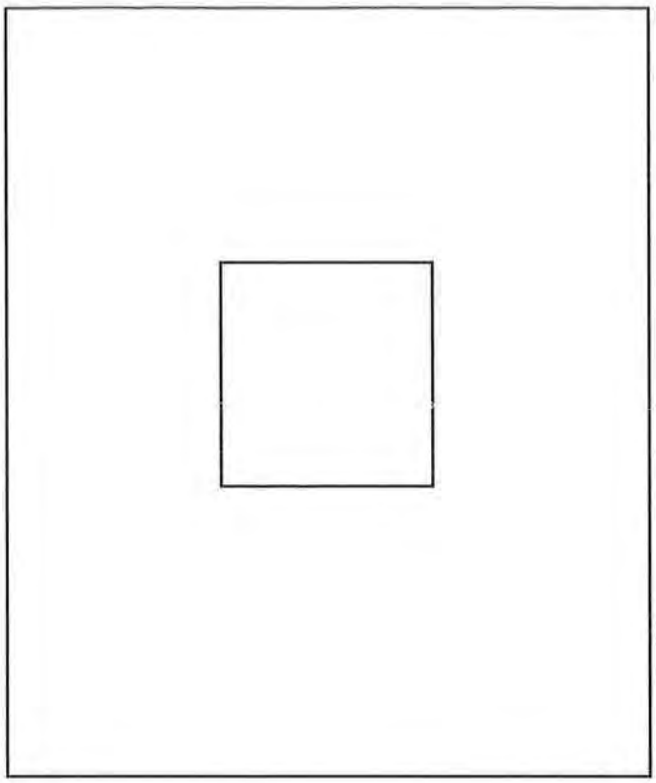
Has the system ever been repaired: Y / N When: DONT KNOW By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:

1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

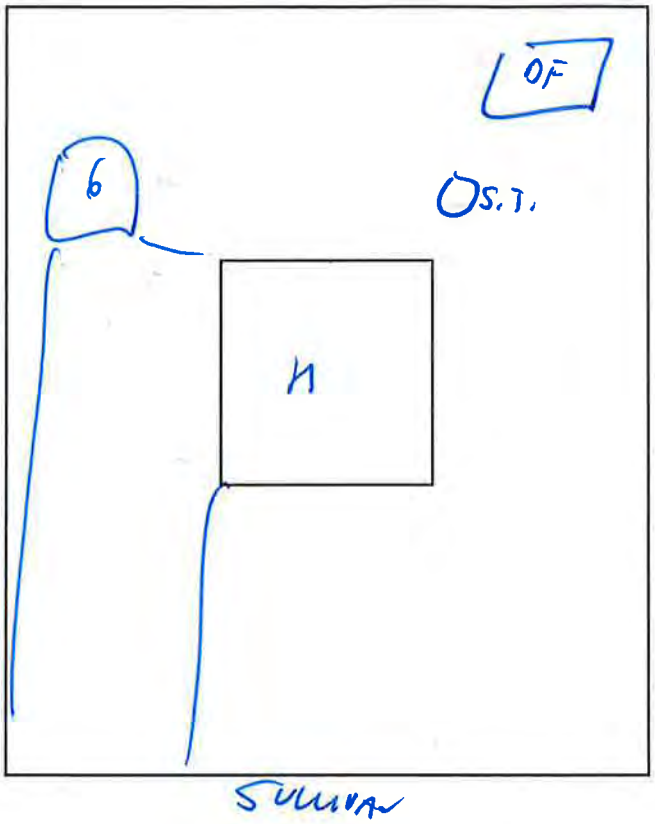
OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/5/14 WEATHER: 40°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

PUBLIC WATER
ABOVE HOME

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-10-15

Name: _ & _ Phone: (610) 759-2318

Address: _____ Nazareth PA 18064

(Own) or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested (Y) / N When? _____

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1 acre No. of dwelling units: 1

One or more sewage systems? 1 (COMMERCIAL) / RESIDENTIAL?

In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	RIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 3 years Was it permitted: (Y) / N When: 2016

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 3 years Date last pumped: Aug 2019

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-8-148

Name: _ Phone: 610-759-1134

Address: NAZARETH, PA 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? I HAVE NO IDEA
Any contamination: Y / N What (TC, FC, N, etc.) NONE TO MY KNOWLEDGE

How large is your lot: .41 ACRE No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER SINK WATER GOES TO SEPTIC TANK / LAUNDRY WATER GOES TO YARD

How old is your system: 1955 Was it permitted: Y / N When: NO IDEA

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NONE

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3 YRS Date last pumped: 10/19/17
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

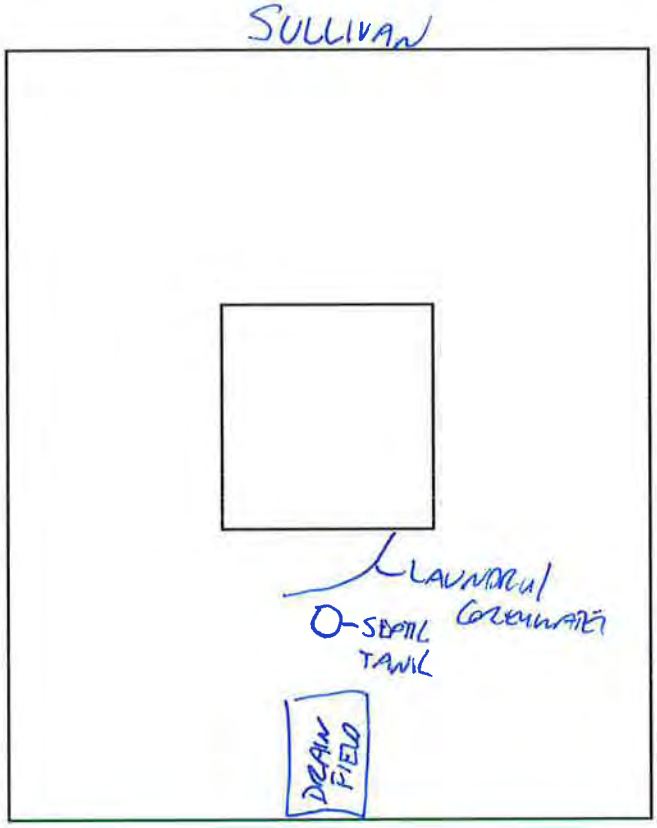
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/16/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: GREY WATER - LAUNDRY

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☑	☐	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-10-18

Name: _____ Phone: (Cell) (Ron) (Boyfriend) 484-226-7459

Address _____ Nazareth PA, 18064

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: (Y) N How? CL/UV DISINFECTION / SOFTENER / ION OTHER Plain Filters
Was the water ever tested: Y (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 3.86 acres No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	(INGROUND BED)	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	(INGROUND BED)	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? old Was it permitted: Y / N When: _____
Id say orgaval To House??

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 8/18
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / N ? When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
It was inspected an pumped out when we Bought The House in 8/18, Don't no if Ever Repaired or any Thing was ever done To it Buy orgaval owners, It Pased Inspections with Flying Colors!!

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: C8-1/4-186.1

Name: _ ne Phone: 610-759-9207

Address: Nazareth, PA 18064

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1 acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 9 years Was it permitted: (Y) / N When: May 2010

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: Every 3-4 years Date last pumped: 4/2018
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-8-6

Name: ___ _____ Phone: _____

Address: _____

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .75AC No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3 Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

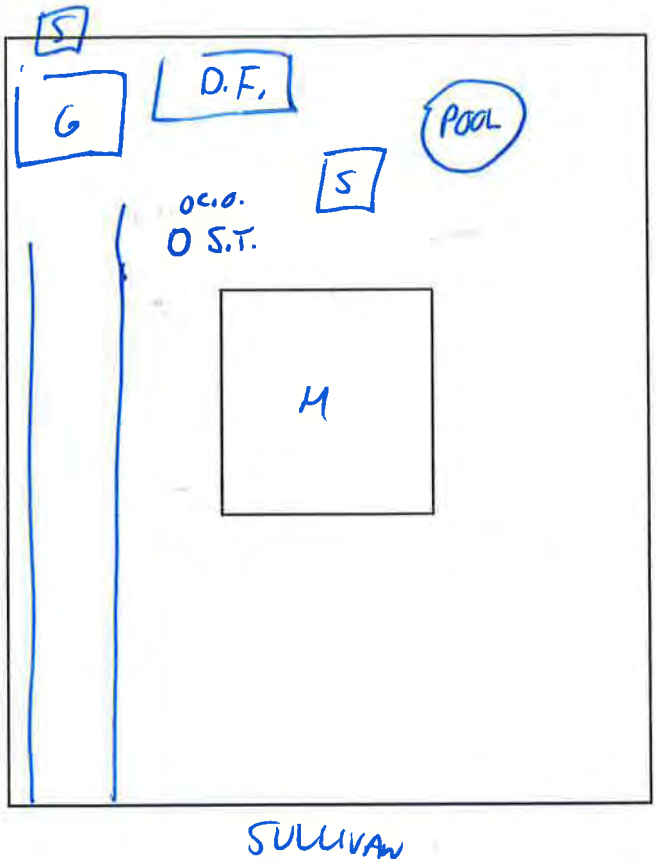
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 50° SUNNY



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-10-18E

Name: ___ Phone: 610 759-3798

Address: Nazareth Pa 18064

Own or (Rent) No. of Residents: (1)

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____

If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N

How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____

Was the water ever tested: Y / (N) When? _____

Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 1 ACRE No. of dwelling units: 1

One or more sewage systems? One COMMERCIAL / (RESIDENTIAL?)

In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: NOT SURE Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out (Y) / N How often: every 2 years Date last pumped: 2018

If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N

What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

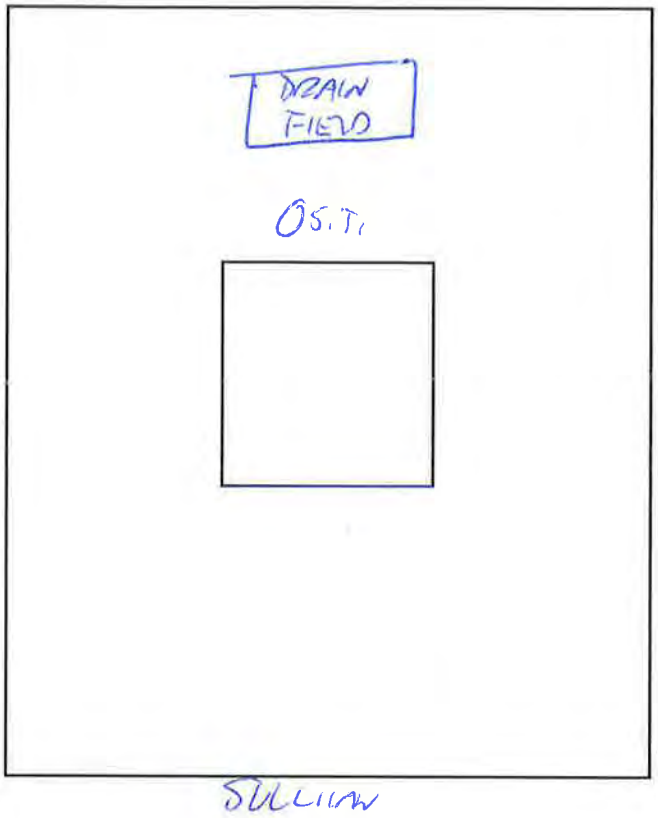
General Comments:

WE HAVE NO ISSUE WITH SEPTIC

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/28/19 WEATHER: 60° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 6f-10-188

Name: _ Phone: 610 759 8867

Address: Nazareth Pa 18064

Own or Rent No. of Residents: 0

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1 ACRE No. of dwelling units: 1
One or more sewage systems? ONE COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK ~~SIDE YARD~~

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: NOT SURE Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: EVERY 2 YEARS Date last pumped: 2018
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

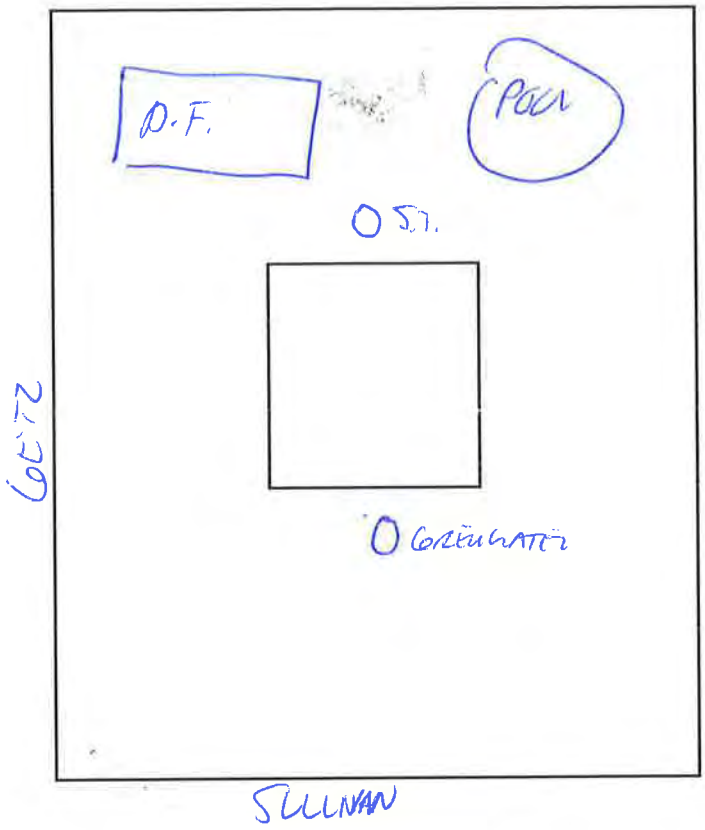
General Comments:

WE HAVE NO ISSUE WITH SEPTIC

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 60° Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☑	☐	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 65-9-13A

Name: _____ Phone: 859-240-6791

Address Nazareth PA 18064

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: N/A ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? Not SURE
Any contamination: Y / N What (TC, FC, N, etc.) American Water Co.

How large is your lot: 125.12' X 210.29' No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER Closing Papers indicate "Septic Field"

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER Septic

How old is your system: Not Sure Was it permitted: Y / N When: Not Sure

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? Never, been here 7 months

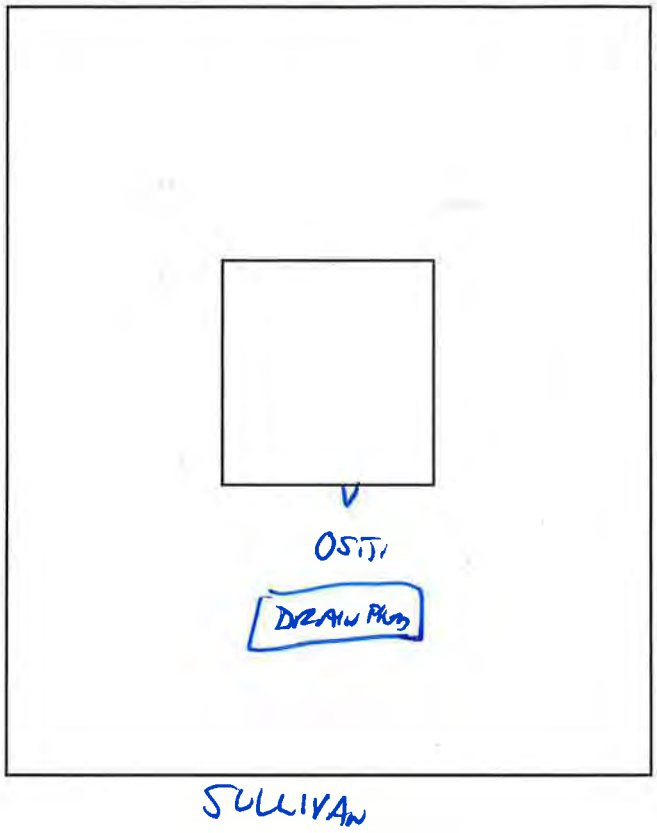
Have you ever had your system pumped out: Y (N) How often: _____ Date last pumped: ?
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: ?

Has the system ever been repaired: Y / N When: Notsure By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: We just moved in April. Limited info given to us regards to Sewer System. We plan to have it Checked in Spring.

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 11/6/19 WEATHER: 50° SUNNY



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

_____
_____
_____
_____

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: Gf-4-7

Name: _ _____ Phone: 610-359-8647

Address: _____

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .7 acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: Unknown Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3 yrs Date last pumped: 12-18-18
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

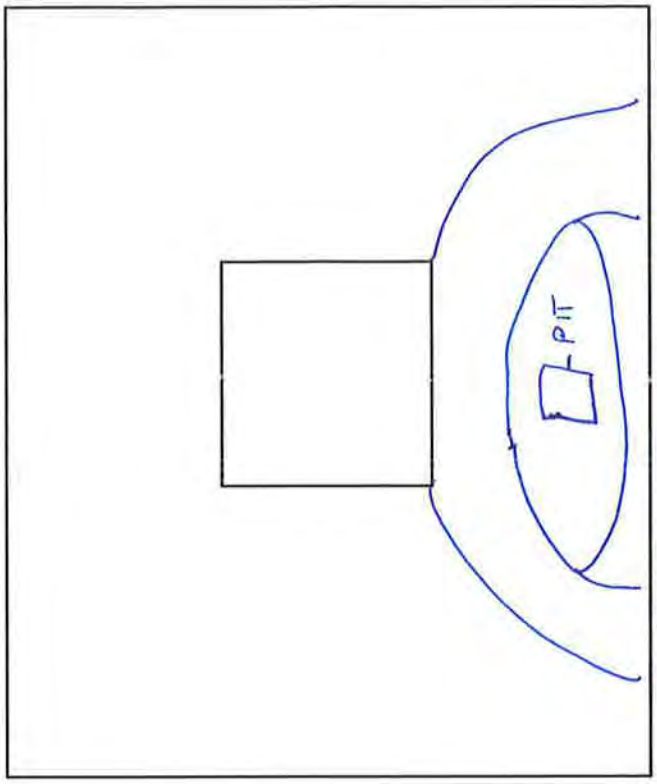
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/10/19 WEATHER: 40°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: BLOCKS ON SIDE IN CIRCLE
ACCESS ON TOP
NO LATERALS

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GF-4-8

Name: ___ Phone: 2147189468

Address: Nazareth, PA 18064

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .5 acres No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER have yet to move in

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

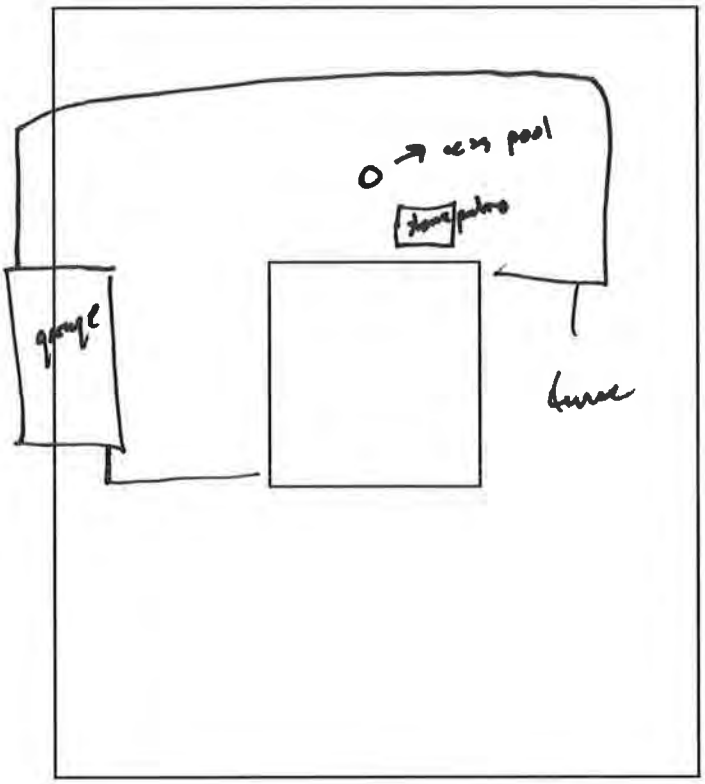
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-23-2019 WEATHER: Sunny



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:
- cess pool
- checked during home inspection
- public water
- plan on pumping every 2 years

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-3-42

Name: _____ Phone: 610-462-1049

Address: _____, Wind Gap, Pa

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1.1 Acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL ~~RESIDENTIAL~~?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER NO

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 1 Date last pumped: Aug 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:
No Repairs that I Know of. Since 1994

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68-2-6

Name: __ Phone: 610-863-9190

Address: _____

Own or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: [redacted] 2 Acres No. of dwelling units: _____
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 72 yrs. Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3 Date last pumped: 2014
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

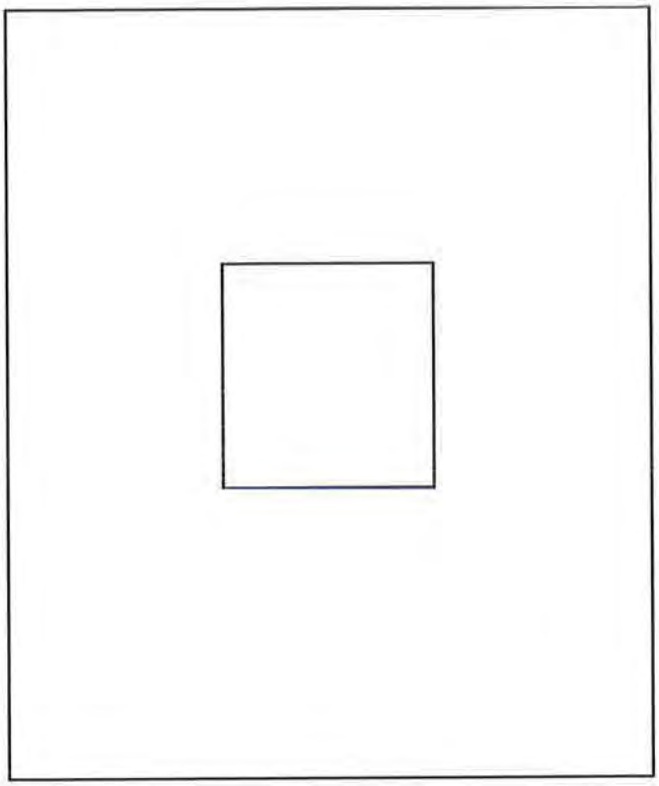
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 6SNW1-3-9

Name: _____ Phone: 610 360 4822

Address WIND GAP PA 18091

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: ALMOST ¾ ACRE No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 64 YEARS Was it permitted: Y / N When: DON'T KNOW

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: EVERY 7 YRS Date last pumped: JULY 2019
If it was pumped, was it inspected for cracks or broken baffles: Y (N) What part: _____

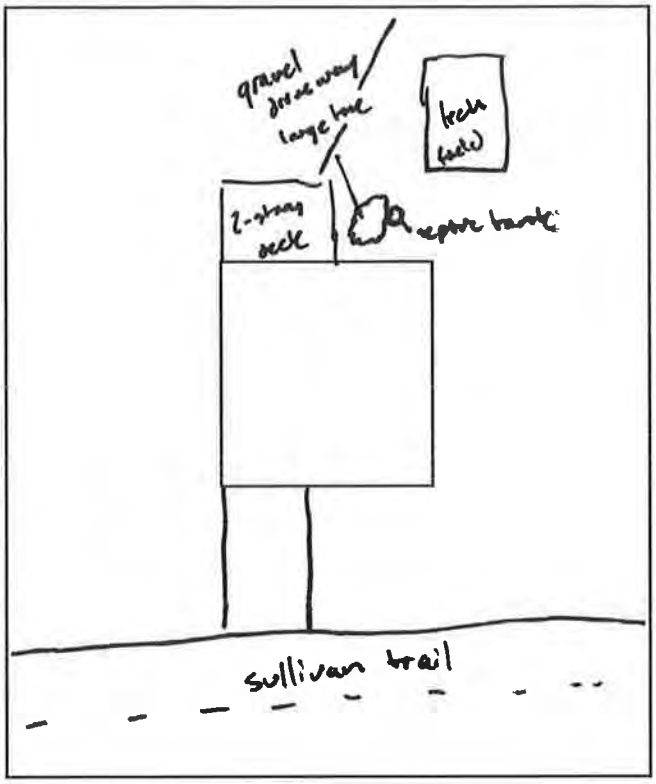
Has the system ever been repaired: (Y) / N When: 20 OR 25 YEARS AGO By permit? Y (N)
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD (Repaired)/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10-17-2019 WEATHER: Overcast



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:
* public water *
• pumped every 2 years
• in-ground system

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: GFNW1-3-12

Name: _ Phone: 610-881-4006

Address: _____ Wind Gap PA 18091

(Own) or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1/4 ACRE No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 98 yrs old Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

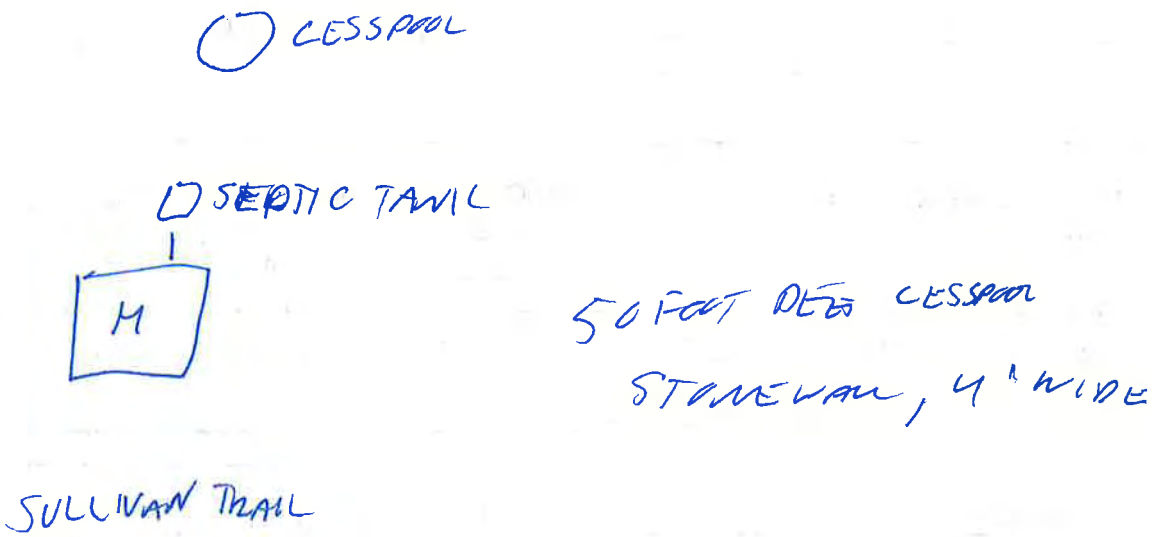
OTHER _____
If you noticed any of the above, is it seasonal or year-round? NO

Have you ever had your system pumped out: Y / (N) How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**


CESSPOOL
SEPTIC TANK
M
50 FOOT DEEP CESSPOOL
STONEWALL, 4' WIDE
SULLIVAN TRAIL

NO ✓ (5)

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68NW1-3-16

Name: _____ Phone: 570-269-1828

Address: Wind Gap Pa 18091

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: Not sure No. of dwelling units: 1
One or more sewage systems? one COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: No idea Was it permitted: Y / N When: N/A

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: every 1-2 years Date last pumped: 11/8/17
If it was pumped, was it inspected for cracks or broken baffles: (Y) / N What part: _____

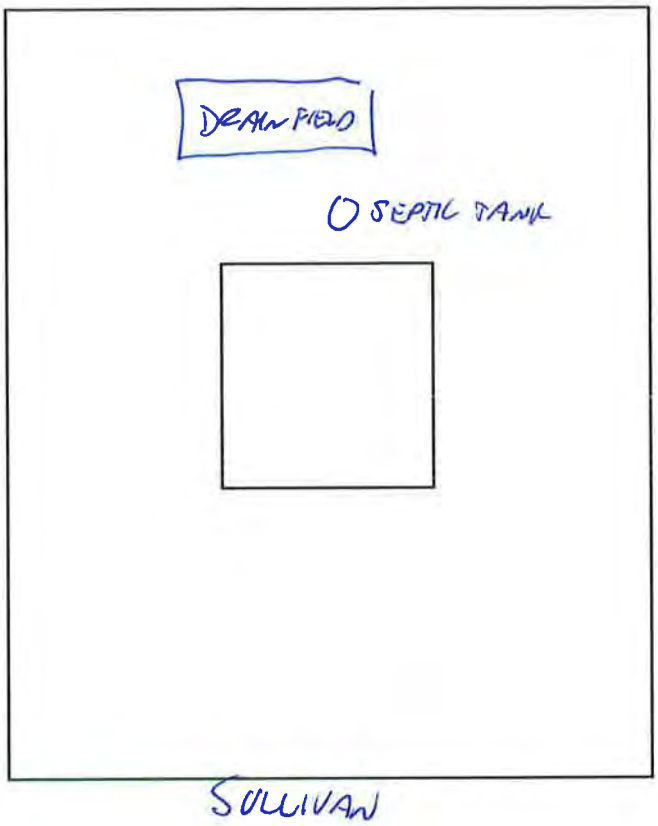
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/18/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 6fNW1-3-17

Name: ___ Phone: 570 656 5001

Address: _____

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / (N) What (TC, FC, N, etc.) _____

How large is your lot: 100 X 140 No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 30 yrs Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER N/O

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: ~8yrs Date last pumped: 2012
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

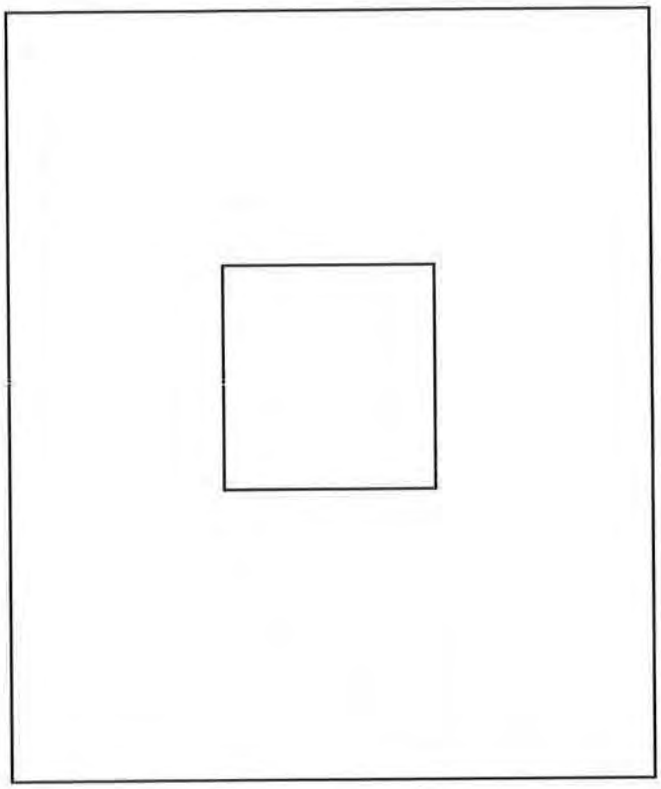
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Replaced new 30yrs ago from inside home to drainfield, new 1000 gal cement tank.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 6NW1-22

Name: L

Phone: 610-863-5719

Address: L'Wind Gap

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1/3 of acre No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT / BACK / SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 2 Date last pumped: 2013
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

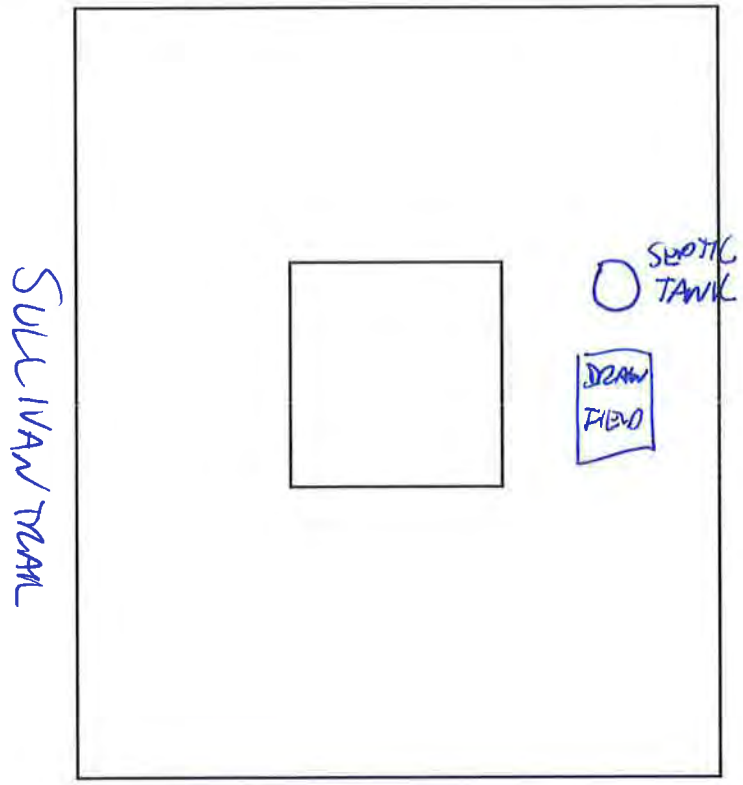
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/15/19 WEATHER: 60°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: MAINTAINED

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 68NW1-3-14

Name: ___ _____ Phone: 484 221 4292

Address: _____

(Own) or Rent No. of Residents: _____

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? _____ COMMERCIAL (RESIDENTIAL?)
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ~~NEW~~ DON'T KNOW Was it permitted: Y / N When: DON'T KNOW

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / (N) How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F-FSM-1-7

Name: I Phone: 610-217-2794

Address: Pen Argyl Pa 18072

Own or (Rent) No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 150 x 175 No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 2004 Was it permitted: (Y) / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: 11/17
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

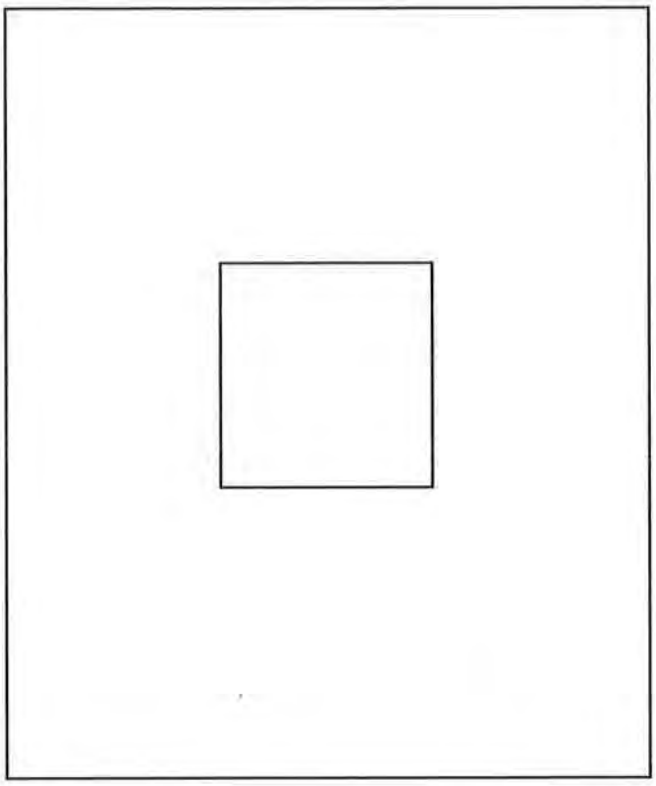
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8 Sw4 1-5

Name: __ Phone: 484-571-5988

Address: [redacted], PEN ARGYL, PA. 18072

Own or Rent No. of Residents: 4

What kind of water system do you have: WELL / SPRING / CISTERN (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: ? No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted (Y) / N When: [redacted] 2016 (7/29)

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

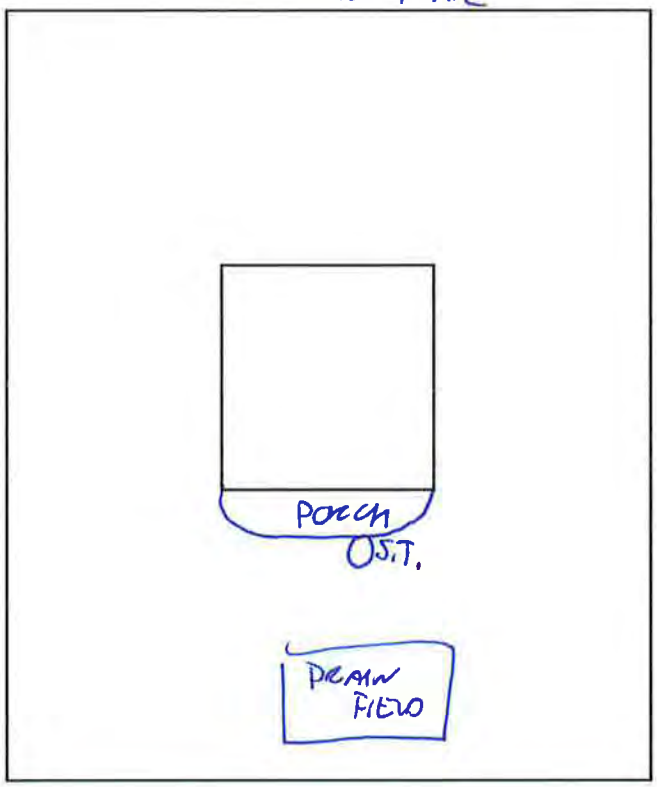
General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/25/19 WEATHER: 50°

SULLIVAN TRAIL



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

P.W.

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FSSW4-2-11

Name: _ Phone: _____

Address: WIND GAP PA. 18091

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 210' x 150' No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER IN MY GARDEN

How old is your system: 2 Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: 3 YRS Date last pumped: 2017
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

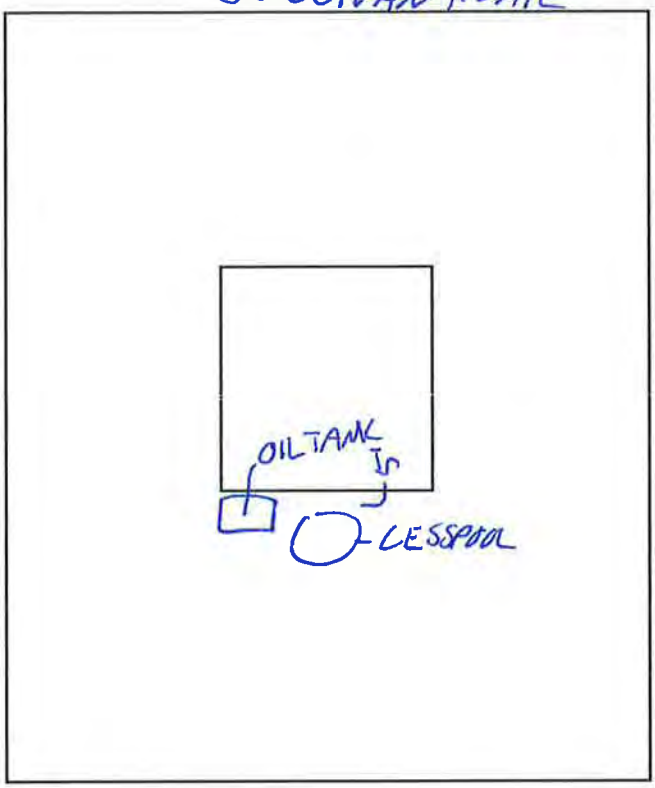
General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/16/19 WEATHER: 50°

SULLIVAN TRAIL



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: 5' DEEP
CHECK YEARLY

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FR-19A1G

Name: N Phone: 610 863 6006

Address: Wind Gap PA 18091

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER No

If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out Y / N How often: _____ Date last pumped: July 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

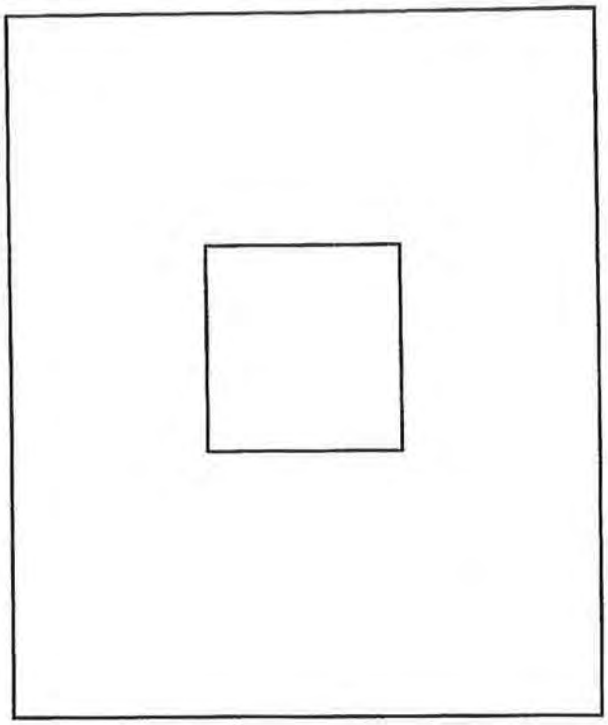
Has the system ever been repaired: Y / N When: April 2019? By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: It's came out + did a consult this
All State came out and added blow outs

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: ? FSSW42dA

Name: ? _____ Phone: 1-610-863-6766.

Address Wind Gap, PA. 18091.

(Own) or Rent No. of Residents: Two

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: APPROX. 417 x 60 FT. No. of dwelling units: ONE
One or more sewage systems? ONE COMMERCIAL / (RESIDENTIAL)
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: ? Was it permitted: Y / N When: ?

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 7/10 YRS. Date last pumped: 2005 ?
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

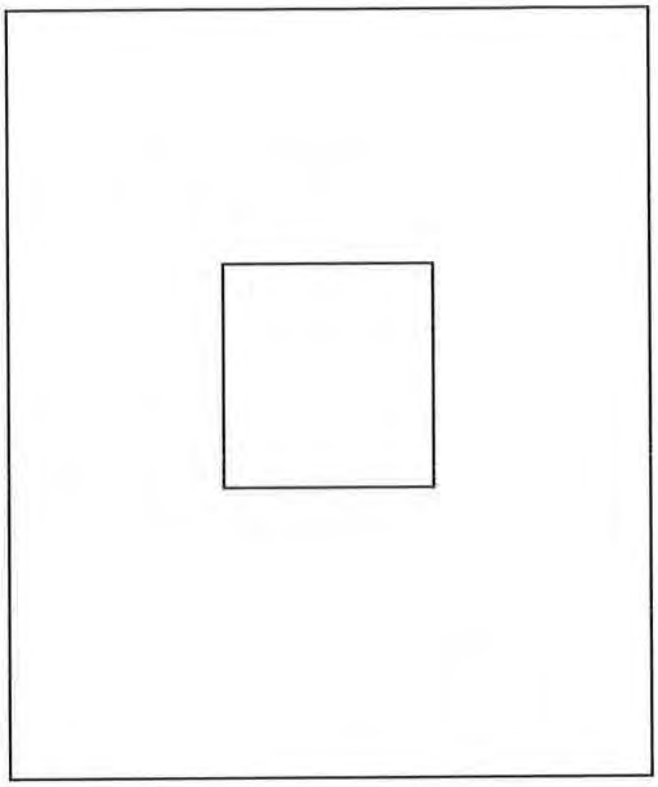
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☐	GREEN, LUSH GRASS
☐	☐	WETNESS OR SPONGY AREAS
☐	☐	ODORS
☐	☐	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☐	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F8-19A16

Name: [redacted] Phone: 610-739-3008

Address: [redacted] Penn Argyl, PA 18072

(Own) or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 100' W x 350' Deep No. of dwelling units: 1
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 70 yrs. Was it permitted: (Y) N When: Approx. 1949

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None of the above.
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: Approx. every 5 yrs. Date last pumped: 10/16/2015
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

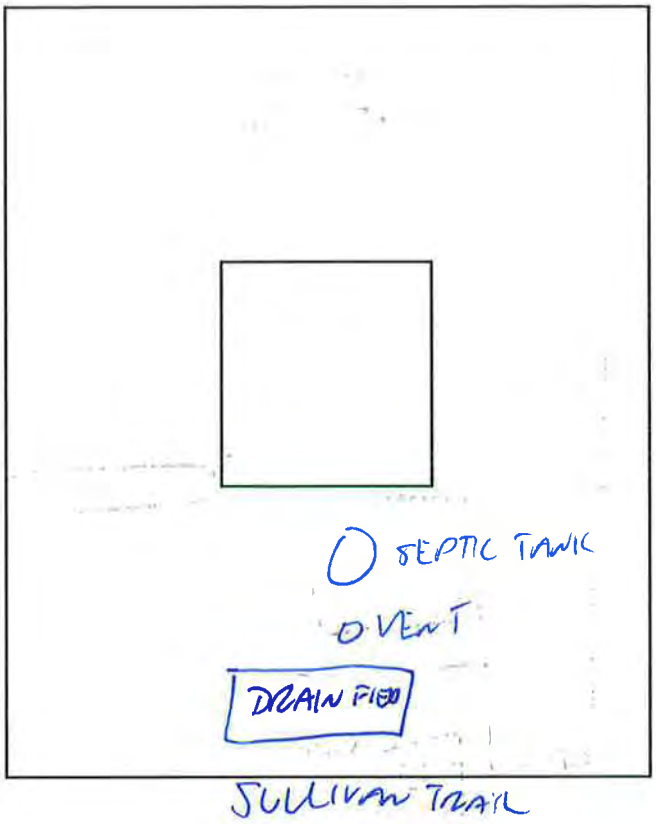
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Working very well.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/16/19 WEATHER: 50°



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☐	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: FF-19A15

Name: T Phone: 610-739-3008

Address: Pen Argyl, PA 18072

(Own) or Rent No. of Residents: 3

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 75' W X 150' Deep No. of dwelling units: 3
One or more sewage systems? 1 COMMERCIAL / (RESIDENTIAL)?
In reference to the house, where is the septic system located? (FRONT) BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER Laid with cement blocks

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
(CESSPOOL)	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 59 yrs Was it permitted: (Y) N When: 1962

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER None of the above
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 2 X per year Date last pumped: 5/16/19
If it was pumped, was it inspected for cracks or broken baffles: Y / (N) What part: _____

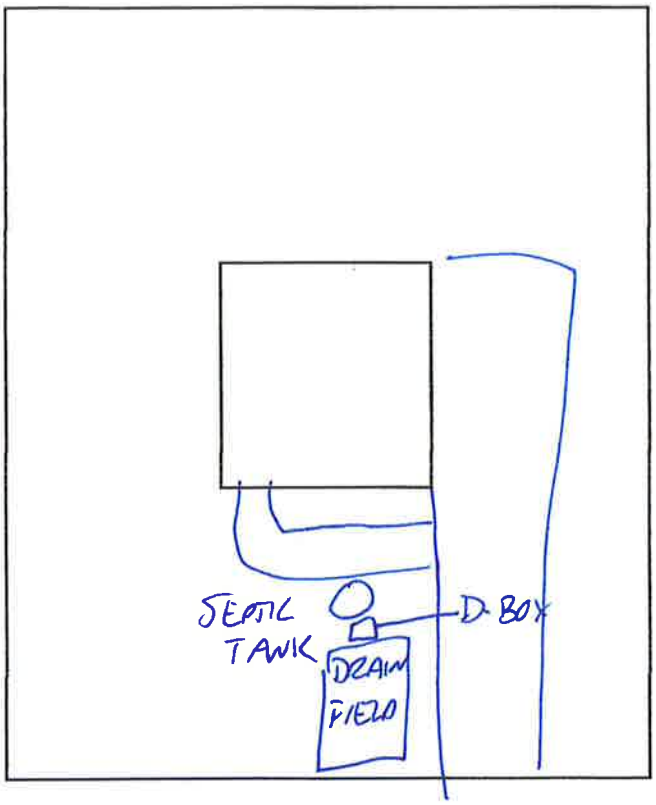
Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments: Pumped 2 X per year and works well.

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: 10/16/19 WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes: _____

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: 233085902
FS-19AA

Name: 1 ____ Phone: 610-863-4044

Address: WIND GAP PA 18014

(Own) or Rent No. of Residents: BUSSINESS

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: 1-32 ACRES No. of dwelling units: 1
One or more sewage systems? 1 (COMMERCIAL) / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK (SIDE YARD)

What kind of sewage system do you have: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 60 yr Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: 3 Times A year Date last pumped: July 2019
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: E8-20-29A

Name: [redacted] Phone: 610-252-7244

Address: [redacted] Wind Gap 18091

Own or Rent No. of Residents: 2

What kind of water system do you have: WELL / SPRING / CISTERN (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: 1 House - Residence 1 Kennel
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT (BACK) SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
(ELEVATED SAND MOUND)	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: (Y) / N When: ~1995-1996

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: (Y) / N How often: _____ Date last pumped: ~2014 or 15
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ON-LOT SEWAGE SYSTEM SURVEY

FID#: _____

Name: _____ Phone: _____

Address: _____ * public water

Own or Rent No. of Residents: _____ * add sent info to township

---

What kind of water system do you have: WELL / SPRING / CISTERN / PUBLIC / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y / N How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y / N When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: _____ No. of dwelling units: _____
One or more sewage systems? _____ COMMERCIAL / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: _____ Was it permitted: Y / N When: _____

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y / N How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

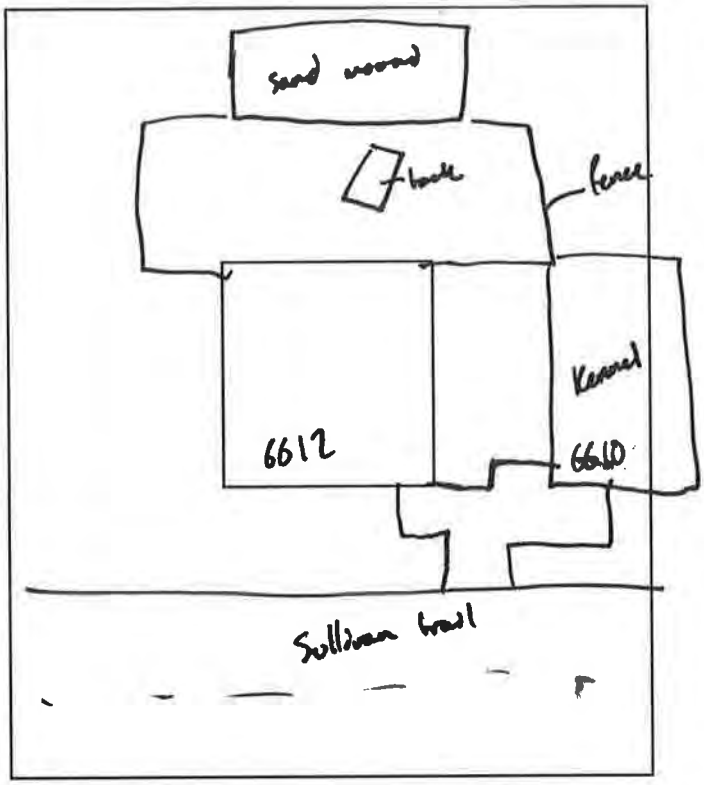
Has the system ever been repaired: Y / N When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

*** THIS SIDE FOR OFFICE USE ONLY ***

INSPECTION DATE: _____ WEATHER: _____



Drawing Checklist:
1. Septic System
2. Well
3. Additional Structures

Notes:
- kennel & home attached to sand mound
- public water
- waste & solids from kennel go into trash bags & into dumpster
- back flow water is attached to kennel

SOIL TYPES: _____

OBSERVATIONS:

Yes	No	
☐	☑	GREEN, LUSH GRASS
☐	☑	WETNESS OR SPONGY AREAS
☐	☑	ODORS
☐	☑	WATER PONDING OR SURFACING
☐	☑	SYSTEM OVERFLOW
☐	☑	WASTEWATER BACKING INTO THE HOME

GRADE: _____

ON-LOT SEWAGE SYSTEM SURVEY

FID#: F-213-3

Name: ___ Phone: 610-390-7709

Address: [redacted] Wind Gap, PA 18091

Own or Rent (Bank) No. of Residents: 5 Employees CONTACT PERSON: Joseph Frey 610-509-0575

What kind of water system do you have: WELL / SPRING / CISTERN / (PUBLIC) / OTHER: _____
If you have a well, is it: DUG or DRILLED How Deep: _____ ft. Cased: Y / N
How far is the well or spring from the drain field: _____ ft. Is the well UP or DOWNHILL?

Do you treat your water: Y (N) How? CL/UV DISINFECTION / SOFTENER / ION OTHER _____
Was the water ever tested: Y (N) When? _____
Any contamination: Y / N What (TC, FC, N, etc.) _____

How large is your lot: .99 acres No. of dwelling units: 1
One or more sewage systems? 1 (COMMERCIAL) / RESIDENTIAL?
In reference to the house, where is the septic system located? FRONT BACK SIDE YARD

What kind of sewage system do you have: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	(COMMUNITY SEWER)	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

Where does your laundry and/or sink water go: *(Circle all that apply)*

SEPTIC TANK	INGROUND BED	(COMMUNITY SEWER)	PRIVY
CESSPOOL	INGROUND TRENCH	STORM SEWER	OLD WELL
ELEVATED SAND MOUND	PIPE TO DITCH	PIPE TO SURFACE	BORE HOLE
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM	

OTHER _____

How old is your system: 10 yrs. Was it permitted: (Y) / N When: 2009

Have you ever noticed any of the following near your septic system: *(Circle all that apply)*

GREEN, LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURFACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	

OTHER _____
If you noticed any of the above, is it seasonal or year-round? _____

Have you ever had your system pumped out: Y (N) How often: _____ Date last pumped: _____
If it was pumped, was it inspected for cracks or broken baffles: Y / N What part: _____

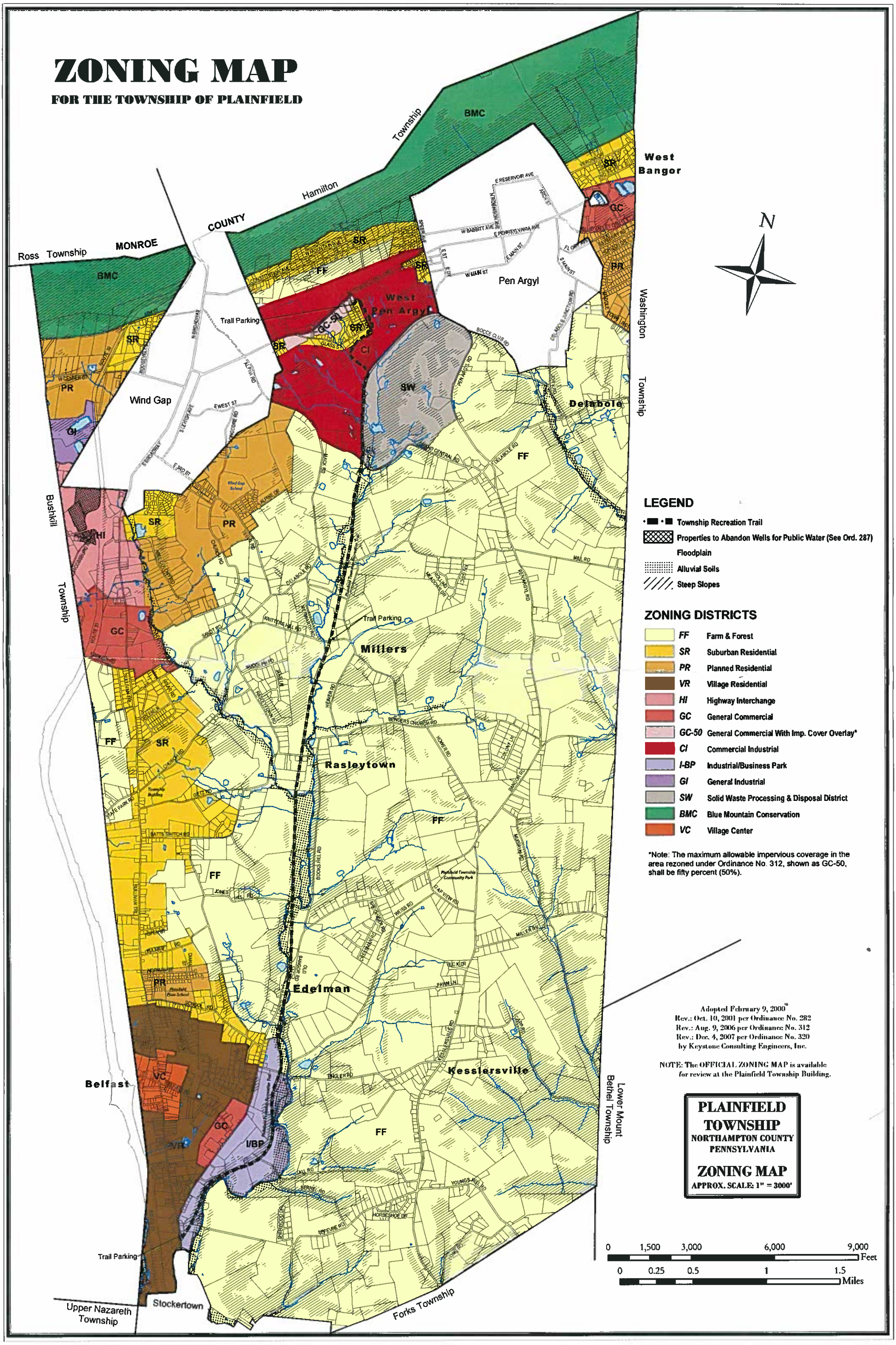
Has the system ever been repaired: Y (N) When: _____ By permit? Y / N
What part: TANK: Repaired/Replaced LINE: Repaired/Replaced DRAIN FIELD: Repaired/Replaced

General Comments:

** OVER**

ZONING MAP

FOR THE TOWNSHIP OF PLAINFIELD



Drawing No. IV.A-1

PLAINFIELD TOWNSHIP

Act 537 Sewage Facilities Plan

Alternative Analysis

Needs Survey Results

OTT visited and conducted a sewage surveys for a total of 349 properties within the study area. Inventoried systems were broken down into four (4) different categories as identified by PaDEP: Confirmed Malfunction, Suspected Malfunction, Potential Malfunction, and No Malfunction.

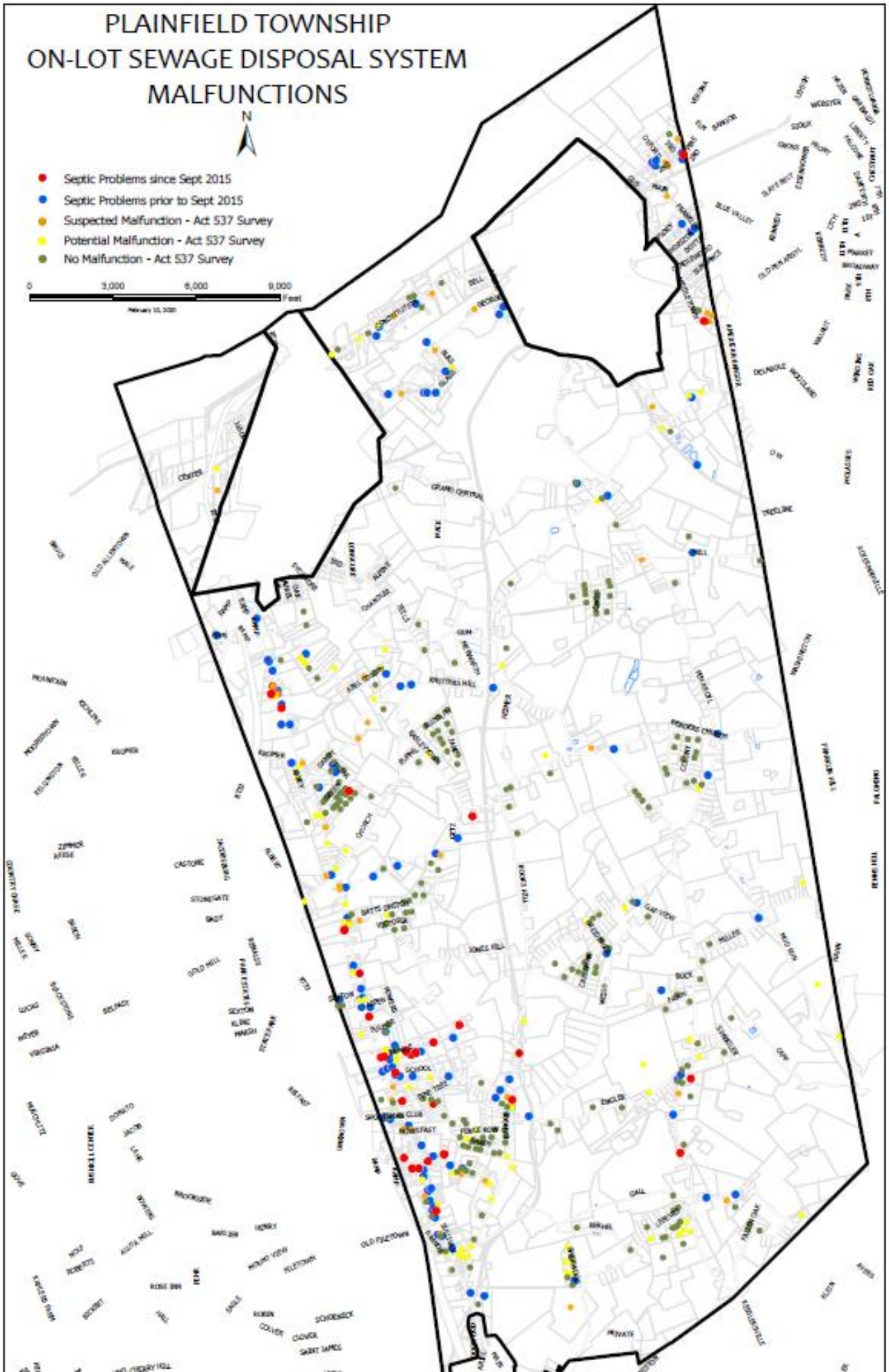
> Confirmed Malfunction - “Those malfunctions documented by dye testing, laboratory test results, observation by a certified Sewage Enforcement Officer (SEO) or a professional with experience in on-lot disposal systems, “Best Technical Guidance” repair permits, and seasonally wet absorption areas. Also included are piped discharges from single structure with direct evidence of sewage (i.e., direct observation of soap suds, food residue, solids, odors, etc.), reported system backups, malfunctions with photographic documentation or other similar evidence.”
>
> Suspected Malfunction - “Those systems exhibit some malfunction characteristic such as abnormally green grass in the vicinity of an absorption area, piped discharged from one (or more than one) dwelling without direct evidence of sewage (i.e., no observation of soap, suds, food residue, solids, odors, etc.), absorption areas located in known unsuitable soils (observed wetland, rock outcroppings, etc.), cesspools (in high density development) and pit (not vault) privies.”
>
> Potential Malfunction - “Those systems that appear to be operating satisfactorily but were constructed prior to system permitting requirements (i.e., pre-regulatory systems), systems located in areas extremely unlikely to received permitting by current standards, systems constructed in areas have soils mapped as unsuitable or with sever limitation for OLDS and system located on exceptional steep slopes greater than 25 percent. For the purpose of needs identification, OLDS permitting under Act 537 become effective on May 15, 1972. Includes as potential malfunctions are permits issued for OLDS repairs that meet Chapter 73 standards. While this needs category does not represent “stand along” existing needs, the information may be utilized in a needs analysis to located areas affected by poorly defined adverse circumstances”.

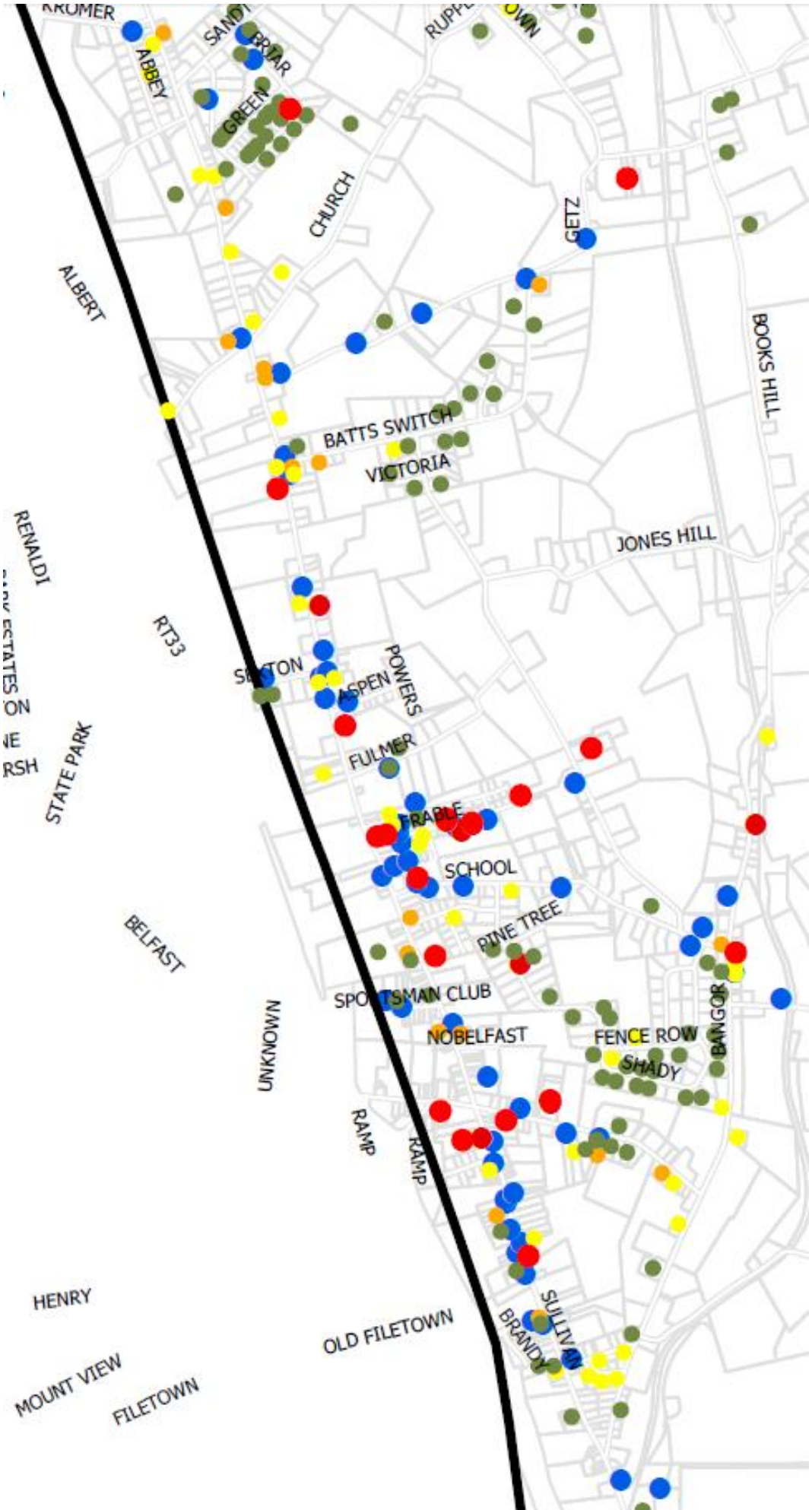
No Malfunction - “Those systems that appear to be operating satisfactorily, were constructed since the implementation of system permitting requirements, and appear to have been constructed in accordance with the permitting requirements in effect at the time of construction.”

Based on the surveys conducted, the following table summarizes the results.

CLASSIFICATION	RESULTS	PERCENTAGE
No Malfunction	226	65%
Potential	83	24%
Suspected	40	11%
Confirmed	0	0%
Total	**349**	**100%**

The survey concluded that the malfunction rate of 0% does not require the Township to abandon its on-lot wastewater disposal systems in lieu of a centralized wastewater disposal system. However, a portion of the Township along Sullivan’s Trail indicated some issues with the on-lot systems in the past and also had quite a few needs surveys that indicated Suspected or Potential Malfunctions.


PLAINFIELD TOWNSHIP
ON-LOT SEWAGE DISPOSAL SYSTEM
MALFUNCTIONS
N
Septic Problems since Sept 2015
Septic Problems prior to Sept 2015
Suspected Malfunction - Act 537 Survey
Potential Malfunction - Act 537 Survey
No Malfunction - Act 537 Survey
0
3,000
6,000
9,000
Feet


KROMER
ABBEY
SANDY
BRIAR
GREEN
CHURCH
RUPPTOWN
GETZ
ALBERT
BOOKS HILL
BATTS SWITCH
VICTORIA
JONES HILL
RENALDI
RT33
STATE PARK
ASPEN
POWERS
FULMER
TRABLE
SCHOOL
PINE TREE
BELFAST
SPORTSMAN CLUB
NOBELFAST
FENCE ROW
SHADY
BANGOR
UNKNOWN
RAMP
RAMP
HENRY
MOUNT VIEW
FILETOWN
OLD FILETOWN
BRANDY
SULLIVAN

Alternative Analysis

Many collection, conveyance, and treatment alternatives have been evaluated, but here are the key alternatives for the area:

1. Regionalization (Connection to Stockertown Borough -> Easton Authority)
    a. Sullivan Trail Only to Kromer Rd
    b. Sullivan Trail and Surrounding Area to Sexton Rd
    c. Bangor Rd to Belfast Rd
    d. Sullivan Trail, Bangor Rd, and Surrounding Areas

    Summary of Costs:

ALTERNATIVE	CONSTRUCTION COSTS	PROJECT COSTS	USER RATE*
Sullivan Trail Only to Kromer Rd	$6,127,583	$7,353,099	$113.33
Sullivan Trail and Surrounding Area to Sexton Rd	$6,741,969	$8,090.363	$108.73
Bangor Rd to Belfast Rd	$1,224,210	$1,469,052	$124.10
Sullivan Trail, Bangor Rd, and Surrounding Areas	$10,157,121	$12,188,545	$110.88

*Based on 20 Year Finance Term from PennVEST at Interest Rate 1.0%

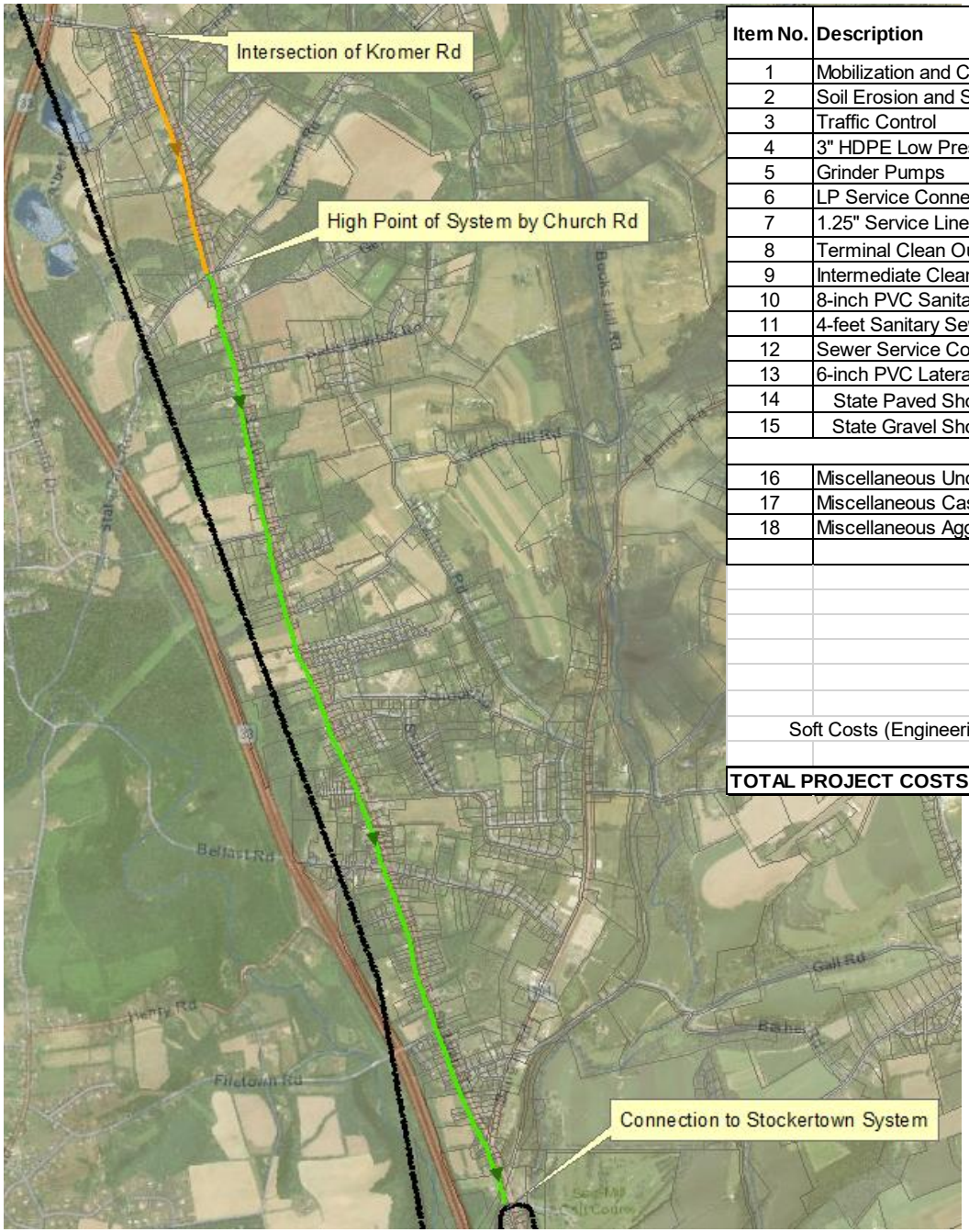
Costs associated for each alternative is for construction and operation and maintenance of the collection system in Plainfield Twp only. This does not include tapping fees, any system upgrades required in Stockertown, conveyance fees with Stockertown, and Treatment Fees at the Easton WWTP. From previous planning efforts in Stockertown, we may be looking at $10-15/EDU for conveyance through Stockertown and about $15/ EDU for treatment at Easton. This will add about $25-30 in addition to the User Rates displayed in the table above.

2. Sewage Management Program

    A Sewage Management Program (SMP) can be implemented for continued use of on-lot disposal systems that are in the areas that (1) are not already sewered by public wastewater collection systems, (2) cannot be feasibly connected to the centralized collection systems and (3) meet the requirements as outlined in PA Code 25, Chapters 71 through 73 governing the use of on-lot disposals systems.

The purpose of this program is to provide for the regulation, inspection, maintenance and rehabilitation of on-lot sewage disposal systems to further permit intervention in situations which may constitute a public nuisance or hazard to public health and to establish penalties and appeal procedures necessary for the proper administration of a sewage management program.

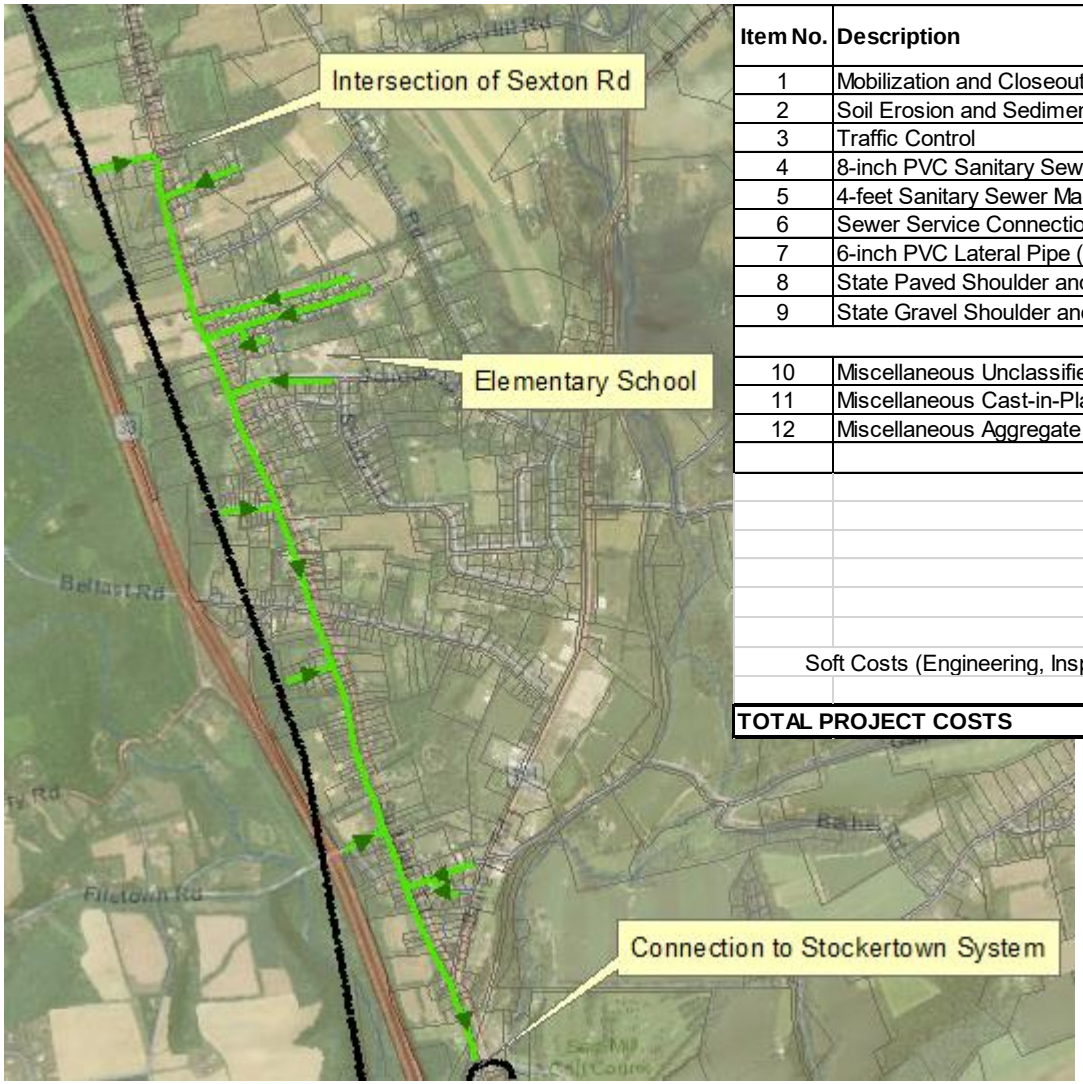
Sullivan Trail Only to Kromer Rd



Item No.	Description	Unit	Estimated Quantity	Unit Price	Total Price
1	Mobilization and Closeout	LS	1	$ 15,000	$ 15,000
2	Soil Erosion and Sedimentation Control	LS	1	$ 10,000	$ 10,000
3	Traffic Control	LS	1	$ 15,000	$ 15,000
4	3" HDPE Low Pressure Main - Open Trench	LF	4,500	$ 60	$ 270,000
5	Grinder Pumps	EA	45	$ 6,000	$ 270,000
6	LP Service Connections	EA	45	$ 750	$ 33,750
7	1.25" Service Line Pipe	LF	4,500	$ 40	$ 180,000
8	Terminal Clean Out Assembly	EA	1	$ 2,000	$ 2,000
9	Intermediate Clean Out Assembly	EA	1	$ 5,000	$ 5,000
10	8-inch PVC Sanitary Sewer Main (all depths)	LF	18,000	$ 125	$ 2,250,000
11	4-feet Sanitary Sewer Manhole	EA	60	$ 5,000	$ 300,000
12	Sewer Service Connections	EA	255	$ 300	$ 76,500
13	6-inch PVC Lateral Pipe (All Depths)	LF	12,750	$ 100	$ 1,275,000
14	State Paved Shoulder and Driveway Restoration	SY	6,500	$ 60	$ 390,000
15	State Gravel Shoulder and Driveway Restoration	SY	6,500	$ 10	$ 65,000
	---- UNIT PRICES IF APPROVED ----				
16	Miscellaneous Unclassified Excavation	CY	500	$ 50	$ 25,000
17	Miscellaneous Cast-in-Place Concrete	CY	200	$ 150	$ 30,000
18	Miscellaneous Aggregate Backfill	CY	500	$ 50	$ 25,000
		Total Bid Price			**$ 5,237,250.00**
			Contingency	15%	$785,588
			Bond and Insurance	2%	$104,745
			Total Construction Cost		**$6,127,583**
	Soft Costs (Engineering, Inspection, Legal, Land Acquisition, and Administrative)			20%	$1,225,516.50
TOTAL PROJECT COSTS					**$7,353,099**

Estimated Impact on Users	
Estimated Construction Cost	$6,127,583
Estimated Project Costs	$7,353,099
Existing EDUs	300
Financing Term	20
Financing Rate	1.00000%
Estimated Annual Debt Service	$407,474
Estimated Annual O & M Costs	$500
Total Annual Costs	$407,974
Annual Cost per EDU	$1,359.91
Monthly Cost per EDU	**$113.33**

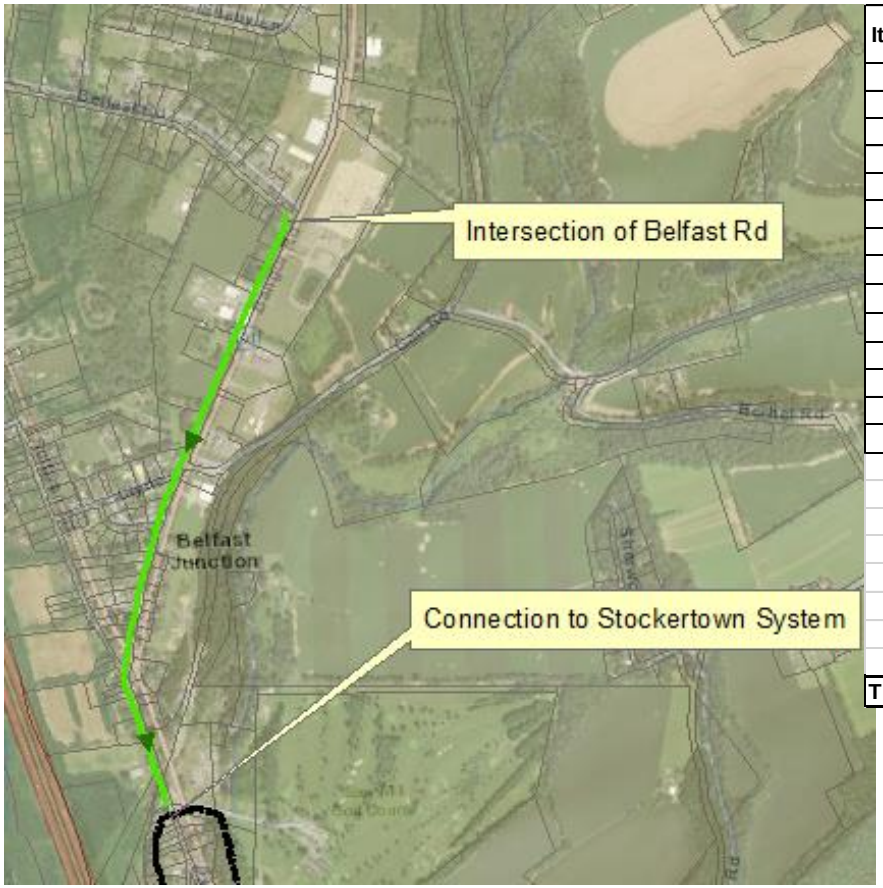
Sullivan Trail and Surrounding Area to Sexton Rd



Item No.	Description	Unit	Estimated Quantity	Unit Price	Total Price
1	Mobilization and Closeout	LS	1	$ 15,000	$ 15,000
2	Soil Erosion and Sedimentation Control	LS	1	$ 10,000	$ 10,000
3	Traffic Control	LS	1	$ 15,000	$ 15,000
4	8-inch PVC Sanitary Sewer Main (all depths)	LF	23,500	$ 125	$ 2,937,500
5	4-feet Sanitary Sewer Manhole	EA	78	$ 5,000	$ 391,667
6	Sewer Service Connections	EA	344	$ 300	$ 103,200
7	6-inch PVC Lateral Pipe (All Depths)	LF	17,200	$ 100	$ 1,720,000
8	State Paved Shoulder and Driveway Restoration	SY	7,000	$ 60	$ 420,000
9	State Gravel Shoulder and Driveway Restoration	SY	7,000	$ 10	$ 70,000
	---- UNIT PRICES IF APPROVED ----				
10	Miscellaneous Unclassified Excavation	CY	500	$ 50	$ 25,000
11	Miscellaneous Cast-in-Place Concrete	CY	200	$ 150	$ 30,000
12	Miscellaneous Aggregate Backfill	CY	500	$ 50	$ 25,000
		Total Bid Price			**$ 5,762,366.67**
			Contingency	15%	$864,355
			Bond and Insurance	2%	$115,247
			Total Construction Cost		**$6,741,969**
	Soft Costs (Engineering, Inspection, Legal, Land Acquisition, and Administrative)			20%	$1,348,393.80
TOTAL PROJECT COSTS					**$8,090,363**

Estimated Impact on Users	
Estimated Construction Cost	$6,741,969
Estimated Project Costs	$8,090,363
Existing EDUs	344
Financing Term	20
Financing Rate	1.00000%
Estimated Annual Debt Service	$448,330
Estimated Annual O & M Costs	$500
Total Annual Costs	$448,830
Annual Cost per EDU	$1,304.74
Monthly Cost per EDU	**$108.73**

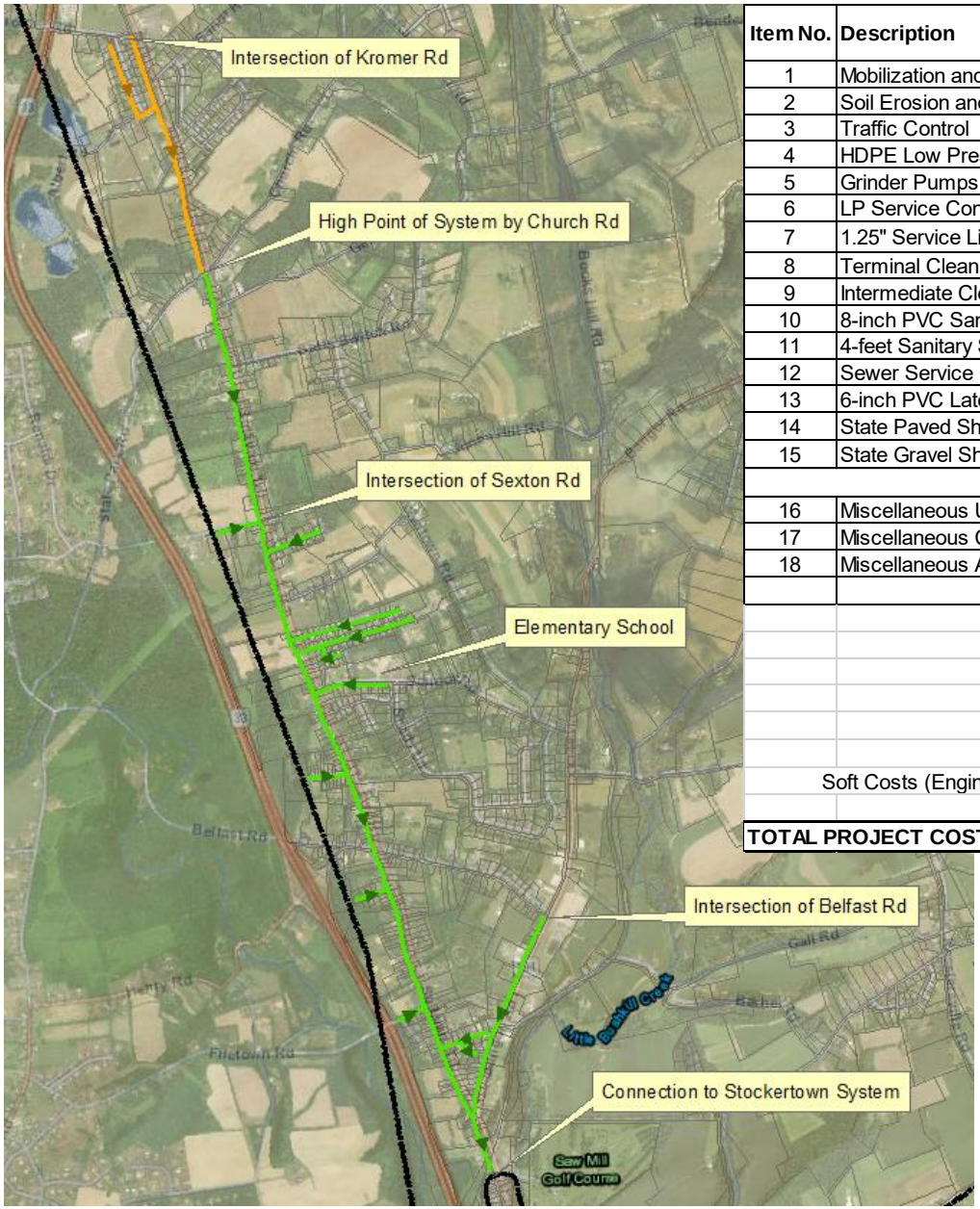
Bangor Rd to Belfast Rd



Item No.	Description	Unit	Estimated Quantity	Unit Price	Total Price
1	Mobilization and Closeout	LS	1	$ 15,000	$ 15,000
2	Soil Erosion and Sedimentation Control	LS	1	$ 10,000	$ 10,000
3	Traffic Control	LS	1	$ 5,000	$ 5,000
4	8-inch PVC Sanitary Sewer Main (all depths)	LF	5,000	$ 125	$ 625,000
5	4-feet Sanitary Sewer Manhole	EA	17	$ 5,000	$ 83,333
6	Sewer Service Connections	EA	35	$ 300	$ 10,500
7	6-inch PVC Lateral Pipe (All Depths)	LF	1,750	$ 100	$ 175,000
8	State Paved Shoulder and Driveway Restoration	SY	1,500	$ 60	$ 90,000
9	State Gravel Shoulder and Driveway Restoration	SY	1,500	$ 10	$ 15,000
	---- UNIT PRICES IF APPROVED ----				
10	Miscellaneous Unclassified Excavation	CY	100	$ 50	$ 5,000
11	Miscellaneous Cast-in-Place Concrete	CY	50	$ 150	$ 7,500
12	Miscellaneous Aggregate Backfill	CY	100	$ 50	$ 5,000
		Total Bid Price			**$ 1,046,333.33**
			Contingency	15%	$156,950
			Bond and Insurance	2%	$20,927
			Total Construction Cost		**$1,224,210**
	Soft Costs (Engineering, Inspection, Legal, Land Acquisition, and Administrative)			20%	$244,842.00
TOTAL PROJECT COSTS					**$1,469,052**

Estimated Impact on Users	
Estimated Construction Cost	$1,224,210
Estimated Project Costs	$1,469,052
Existing EDUs	55
Financing Term	20
Financing Rate	1.00000%
Estimated Annual Debt Service	$81,408
Estimated Annual O & M Costs	$500
Total Annual Costs	$81,908
Annual Cost per EDU	$1,489.24
Monthly Cost per EDU	**$124.10**

Sullivan Trail, Bangor Rd, and Surrounding Areas



Item No.	Description	Unit	Estimated Quantity	Unit Price	Total Price
1	Mobilization and Closeout	LS	1	$ 15,000	$ 15,000
2	Soil Erosion and Sedimentation Control	LS	1	$ 10,000	$ 10,000
3	Traffic Control	LS	1	$ 15,000	$ 15,000
4	HDPE Low Pressure Main - Open Trench	LF	6,000	$ 65	$ 390,000
5	Grinder Pumps	EA	62	$ 6,000	$ 372,000
6	LP Service Connections	EA	62	$ 750	$ 46,500
7	1.25" Service Line Pipe	LF	6,200	$ 40	$ 248,000
8	Terminal Clean Out Assembly	EA	1	$ 2,000	$ 2,000
9	Intermediate Clean Out Assembly	EA	1	$ 5,000	$ 5,000
10	8-inch PVC Sanitary Sewer Main (all depths)	LF	31,800	$ 125	$ 3,975,000
11	4-feet Sanitary Sewer Manhole	EA	106	$ 5,000	$ 530,000
12	Sewer Service Connections	EA	426	$ 300	$ 127,800
13	6-inch PVC Lateral Pipe (All Depths)	LF	21,300	$ 100	$ 2,130,000
14	State Paved Shoulder and Driveway Restoration	SY	10,500	$ 60	$ 630,000
15	State Gravel Shoulder and Driveway Restoration	SY	10,500	$ 10	$ 105,000
	---- UNIT PRICES IF APPROVED ----				
16	Miscellaneous Unclassified Excavation	CY	500	$ 50	$ 25,000
17	Miscellaneous Cast-in-Place Concrete	CY	200	$ 150	$ 30,000
18	Miscellaneous Aggregate Backfill	CY	500	$ 50	$ 25,000
		Total Bid Price			**$ 8,681,300.00**
			Contingency	15%	$1,302,195
			Bond and Insurance	2%	$173,626
			Total Construction Cost		**$10,157,121**
	Soft Costs (Engineering, Inspection, Legal, Land Acquisition, and Administrative)			20%	$2,031,424.20
TOTAL PROJECT COSTS					**$12,188,545**

Estimated Impact on Users	
Estimated Construction Cost	$10,157,121
Estimated Project Costs	$12,188,545
Existing EDUs	508
Financing Term	20
Financing Rate	1.00000%
Estimated Annual Debt Service	$675,432
Estimated Annual O & M Costs	$500
Total Annual Costs	$675,932
Annual Cost per EDU	$1,330.57
Monthly Cost per EDU	**$110.88**

The following Code does not display images or complicated formatting. Codes should be viewed online. This tool is only meant for editing.

A. **On-Lot Sewage Disposal and Sewage Management Program.**

§ 18-101 **Title and Purpose.**
[Ord. 308, 4/12/2006, § 1]

1. The name of this Part shall be the "Plainfield Township On-Lot Sewage Disposal and Sewage Management Program."

2. In accordance with municipal codes (including, but not limited to, Chapter 22. Plainfield Township Subdivision and Land Development Ordinance as amended and Chapter 27. Plainfield Township Zoning Ordinance as amended), the Clean Streams Law (Act of June 27, 1937, P.L. 1987, No. 394 as amended, 35 P.S. §§691.1 to 691.1001), and the Pennsylvania Sewage Facilities Act (Act of January 24, 1966, P.L. 1535 as amended, 35 P.S. §750.1 *et seq.* known as Act 537), it is the power and the duty of Plainfield Township to provide for adequate sewage treatment facilities and for the protection of the public health by preventing the discharge of untreated or inadequately treated sewage. The Official Sewage Facilities Plan for Plainfield Township indicates that it is necessary to formulate and implement a sewage management program to effectively prevent and abate water pollution and hazards to the public health caused by improper treatment and disposal of sewage.

3. The purpose of this ordinance is to provide for the regulation, inspection, maintenance and rehabilitation of onlot sewage disposal systems; to further permit intervention in situations which may constitute a public nuisance or hazard to the public health; and to establish penalties and appeal procedures necessary for the proper administration of a sewage management program.

§ 18-102 **Definitions.**
[Ord. 308, 4/12/2006, § 2]

The words and terms, when used in this Part, have the identical meanings as those found in the Pennsylvania Sewage Facilities Act, 35 P.S. § 750.1 et seq., and the rules and regulation promulgated thereunder unless the context clearly indicates otherwise.

§ 18-103 **Administration**
[Ord. 308, 4/12/2006, § 3]

1. Plainfield Township shall fully utilize those powers it possesses through enabling statutes and ordinances to effect the purposes of this ordinance.

2. The Board of Supervisors of Plainfield Township shall annually appoint a primary and alternate Sewage Enforcement Officer(s) it deems necessary to carry out the provisions of this ordinance.

3. All Township Sewage Enforcement Officers shall abide by the standards of conduct specified in 25 Pa. Code, Chapters 71, 72 and 73, of the Department's regulations. Violation of any of these standards shall be grounds for dismissal by the Board.

4. The Township may also contract with private qualified persons or firms as necessary to carry out the provisions of this ordinance.

5. The Board of Supervisors of Plainfield Township shall establish all administrative procedures necessary

to properly carry out the provisions of this ordinance. The Board of Supervisors of Plainfield Township may establish a fee schedule, and authorize the collection of fees, to cover the cost to Plainfield Township of administering this program.

6. The Board of Supervisors of Plainfield Township has divided the Township into five (5) Sewer Districts. Every property within the Township that is served by an onlot sewage disposal system is designated to a Sewer District. Refer to Exhibit SMP – 1.

7. All permits, records, reports, files and other written materials relating to the installation, operation and maintenance and malfunction of onlot sewage disposal systems in the Township shall become the property of, and be maintained by, the Township. Existing and future records shall be available for public inspection during regular business hours at the official office of the Township. All records pertaining to sewage permits, building permits, occupancy permits and all other aspects of the sewage management program shall be made available, upon request, for inspection by representatives of DEP.

§ 18-104 **General Requirements.**
[Ord. 308, 4/12/2006, § 4]

1. The installation of any treatment tank, subsurface absorption area or any holding tank constitutes either the installation of an individual or a community sewage system and requires a permit prior to beginning the installation of the system or beginning the construction, installation or occupancy of any building or buildings for which such a system will be installed. The installation of an individual or community sewage system shall include the repair, replacement or enlargement of any treatment tank, subsurface absorption area, or holding tank, piping connecting the same, and all required appurtenances. A permit shall be required regardless of the acreage of the tract on which the individual or community sewage system is to be installed or repaired.

2. The Board will issue, deny and revoke permits only by and through its Sewage Enforcement Officer(s).

3. If construction or installation of an individual or community sewage system and of any building or structure for which such system is to be installed has not commenced within three years after the issuance of a permit for such system, the said permit shall expire. A new permit shall be obtained prior to the commencement of said construction or installation.

4. Construction of a new sewage system for a newly occupied building will be known as a "new sewage system" for the purposes of this Part. The repair, replacement, or modification of an existing on-lot sewage disposal system for a structure which is occupied at the time of the application for permit issuance shall be known as a "repair sewage system" for the purposes of this Part.

5. No building or occupancy permit shall be issued and no work shall begin on any alteration or conversion of any existing structure, if said alteration or conversion will result in the increase or potential increase in sewage flows from the structure, until either the structure’s owner receives a permit for alteration or replacement of the existing sewage disposal system or until the structure’s owner and the appropriate officials of the Township receive written notification from a sewage enforcement officer that such a permit will not be required. The sewage enforcement officer shall determine whether the proposed alteration or conversion of the structure will result in increased sewage flows in strict accordance with the requirements in 25 Pa. Code, Chapters 71, 72 and 73, of the Pennsylvania Department of

Environmental Protection Rules and Regulations.

6. The minimum isolation distances prescribed in this Part shall be the same as those indicated in the 25 Pa. Code Chapter 73, of the Pennsylvania Department of Environmental Protection Rules and Regulations. In addition, isolation distances provided in § 304.1 of the Bushkill Creek, Martins/Jacoby Creek and Delaware River Sub-Basin 1 Watersheds Act 167 Stormwater Management Ordinance [§ 23-304, Subsection 1], as amended, shall be met.

7. All on-lot sewage disposal systems shall be constructed and/or installed in strict accordance with the requirements in 25 Pa. Code, Chapters 71, 72 and 73, of the Pennsylvania Department of Environmental Protection Rules and Regulations, the Clean Streams Law (35 P.S. §§691.1-691.1001) and the Pennsylvania Sewage Facilities Act (35 P.S. 750.1 *et seq.*), the regulations adopted pursuant to those Acts, and the requirements of this Part, whichever are more restrictive.

§ 18-105 **Application Procedures and Permit Issuance.**
[Ord. 308, 4/12/2006, § 5]

1. Application for a permit shall be made by the property owner to the Township Sewage Enforcement Officer, or Township Secretary and forwarded to the Sewage Enforcement Officer, prior to the commencement of construction of any such system or of any building for which such a system is to be installed.

2. The application shall contain the following:

A. The information found on the application form ER-BWQ-290 prescribed by the Department.

B. Such further information as may be required by the Township Sewage Enforcement Officer to ensure that the proposed action complies with the regulations promulgated by the Department.

Application forms may be obtained from the Township Sewage Enforcement Officer or Township Secretary.

3. When the Township Sewage Enforcement Officer has found an application incomplete, or the Township Sewage Enforcement Officer is unable to verify the information submitted, the applicant shall be notified in writing within seven days, and the time for acting thereon shall be extended 15 days beyond the date of receipt of adequate supplementary or amendatory data.

4. Applications for permits for new sewage systems which are not consistent with the current Act 537 Sewage Facilities Plan of Plainfield Township shall be denied.

5. New Sewage Systems.

A. For new systems, the application and review process consist of the following four stages:

(1) Preliminary stage.

(2) Site evaluation stage.

(3) System design stage.

(4) Final inspection stage.

B. In the preliminary stage, the applicant obtains a copy of form ER-BWQ290 from the Township Sewage Enforcement Officer or Township Secretary, completes Part I of the form, and submits it along with the appropriate permit fee to the Township Sewage Enforcement Officer or the Township Secretary. The Township Sewage Enforcement Officer reviews Part I and an on-site evaluation is scheduled at a mutually agreed time.

C. In the site evaluation stage, the Township Sewage Enforcement Officer observes the soil test pits, percolation tests and slope measurements and completes Part IV of the application. It shall be the responsibility of the applicant to prepare the site for inspection, including the digging of a minimum of two soil test pits, or in accordance with current DEP policy, at a maximum depth of seven feet, in accordance with 25 Pa. Code § 73.14, any general clearing of the site necessary to make slope measurements, and arranging for the preparation and testing of a minimum of one percolation test for both primary and secondary absorption areas, as appropriate, in accordance with 25 Pa. Code § 73.15. After the site evaluation stage, the applicant will be notified if the site is suitable, or receive a letter of permit denial if it is not. The applicant may request the Township Sewage Enforcement Officer to conduct the required percolation test. In this case, the permit fee shall be in accordance with the Township Fee Schedule.

D. The system design stage involves the completion of Parts II and III of the application form by the applicant. All application information and designs must be to scale and locate all the key components with respect to two intervisible markers in a neat and legible manner and must show the following:

(1) All information required under Part III of application.

(2) All test pits and percolation tests (pass or fail).

(3) Alternate absorption area location, as appropriate.

(4) Location, and width of all rights-of-way, easements, building restriction lines, including any limitations on their use.

(5) Existing and proposed contour lines at two-foot intervals derived from a field survey or taken from an approved subdivision plan. Contours taken from USGS mapping are unacceptable.

(6) Spot elevations for the following:

(a) First floor elevation of any structure.

(b) Elevation at each corner and high point of the proposed absorption area. If an elevated sand, or an at-grade, absorption area is required, the existing grades of each corner of the toe of berm shall also be shown.

(c) Elevation of existing grade at the proposed septic tank, and pump tank or lift station, if required.

(7) All on-lot stormwater management facilities including, but not limited to, all underground piping,

infiltration bed, etc.

(8) The location of all items required in Subsection **5D(6)(b)** and **(c)** and dimensions to two intervisible permanent markers.

(9) Location, material, and diameter of all underground utilities.

(10) All above items shall be staked in the field and protected by safety fencing prior to permit issuance, and shall remain undisturbed and protected until a final certificate of occupancy is issued. The replacement area shall be protected and undisturbed until the replacement area is installed.

The Township Sewage Enforcement Officer may provide advice and assistance, but the system design shall be the responsibility of the applicant.

E. When the Township Sewage Enforcement Officer has determined that the application is complete and meets the requirements of 25 Pa. Code, Chapters 71, 72 and Chapter 73 of the Department's regulations, the Clean Streams Law (35 P.S. §§691.1-691.1001) and the Pennsylvania Sewage Facilities Act (35 P.S. 750.1 *et seq.*), the regulations adopted pursuant to those Acts, and this Part, a permit shall be issued.

F. Permits shall be issued or denied by the Township Sewage Enforcement Officer in writing within seven days after receiving a complete application for permit, except as shown in Subsection **3**. Permits may be denied at any stage during the application and review process. Reasons for denial shall be stated in the letter.

6. Repair Sewage Systems.

A. For repair sewage systems, the application and review process consists of the following four stages:

(1) Preliminary stage,

(2) Site evaluation stage,

(3) System design stage,

(4) Final inspection stage.

B. Preliminary stage, see Subsection 5B.

C. In the site evaluation stage, the Township Sewage Enforcement Officer may require and observe soil test pits, percolation tests and/or slope measurements, and shall complete Part IV of the application. For repair sewage systems, this soils evaluation is not always required, but will be required if additional absorption area is required. If percolation tests are performed, the procedure may follow the procedure outlined in Subsection 5C.

D. System design stage, see Subsection 5D.

E. See Subsection 5E.

F. Permits shall be issued or denied by the Township Sewage Enforcement Officer in writing within seven days after receiving a complete application for permit, except as shown in Subsection **3**. Permits may be denied at any stage during the application and review process. Reasons for denial shall be stated in the letter.

7. General Department Requirements.

A. Any application for a permit for an individual or community sewage system where a license, certificate or registration or permit is required from the Department under its regulations shall receive the concurrence of the Department in writing prior to its issuance by the Township Sewage Enforcement Officer.

B. Any application for a permit for an experimental individual or community sewage system shall receive the concurrence of the Department in writing prior to its issuance by the Township Sewage Enforcement Officer. Experimental sewage systems shall be subject to the requirements specified in 25 Pa. Code, Chapter 73, of the Department's regulations.

8. Permit Application Inspections.

A. Prior to any earth disturbance for the installation of the permitted on-lot sewage disposal system, the applicant and/or contractor for the applicant must contact the Sewage Enforcement Officer to arrange for a preconstruction meeting at the site. The location of all items required in Subsection **5D(6)(b)** and **(c)** and the replacement absorption area shall be staked at the time of the meeting. Any changes in the physical conditions of the lands of either the primary or replacement absorption area may result in revocation of the permit, or the requirement to conduct additional soil testing.

B. In the final inspection stage, the applicant notifies the Township Sewage Enforcement Officer when the installation is complete and ready for inspection or re-inspection. The applicant may request additional inspections required to facilitate construction at the site. Fees for the additional inspections shall be in accordance with the approved Township Fee Schedule.

C. No part of any installation shall be covered nor, in the case of new systems, shall the building for which it is intended be occupied, until it is inspected and given final written approval by the Township Sewage Enforcement Officer. The exception is that the applicant may cover the installation in absence of written approval or disapproval, at the expiration of 72 hours, excepting weekends and holidays, from the date the Township Sewage Enforcement Officer receives the notice to inspect. For purposes of determining the above time limit, the request shall be made in writing and validated by the Township Secretary. The Township Sewage Enforcement Officer may by order require an installation to be uncovered at the expense of the applicant, if the installation was covered contrary to the provisions of this Part.

D. Elevated Sand Beds, Elevated Sand Trenches, and At-Grade Beds.

(1) First notification upon completion of scarification of system site.

(2) Second notification upon completion of placement of sand or stone.

(3) Final inspection upon completion of all piping and permanent installation of pump and alarm.

§ 18-106 **Application and Review Fees.**
[Ord. 308, 4/12/2006, § 6; as amended by A.O.]

1. All fees paid under this Part shall be made payable to Plainfield Township, and shall be in the form of either checks or money orders. These fees shall be submitted to the Township Secretary. The application fee portion of the individual permit shall be non-refundable after being paid.

2. New system fees and repair system fees as well as any other fees made or required pursuant to this Part shall be as established from time to time by resolution of the Board of Supervisors. No increase in rates, charges or fees may be made except as authorized by the Township after a public notice for such increase is given and interested parties have been afforded an opportunity to comment thereon. All rates, fees and charges shall be reasonable, compensatory and nondiscriminatory.

§ 18-107 **Revocations and Reinstatement of Permits.**
[Ord. 308, 4/12/2006, § 7]

1. A permit shall be revoked by the Township Sewage Enforcement Officer at any time for any one or more of the following reasons, which shall be incorporated into the notice of revocation:

A. When any change which has occurred in the physical conditions of any lands which will materially affect the operations of any individual or community sewage disposal system covered by any permit issued by the Township Sewage Enforcement Officer under the provisions of 25 Pa. Code, Chapter 72, of the Department's regulations.

B. When one or more tests material to the issuance of the permit has not been properly conducted.

C. When information material to the issuance of the permit has been falsified.

D. When the original decision of the Township Sewage Enforcement Officer otherwise failed to conform with the provisions of the Act and the Department's regulations.

E. When the permittee has violated the provisions of 25 Pa. Code, Chapter 71, 72 or 73, of the Department's regulations, or any provisions of this Part.

F. When the inspection reveals that the installation of the system, water supply location or the underlying soil or geologic conditions differ from those stated in the application.

2. Revocation of a permit becomes effective after the applicant receives written notice and the ten-day opportunity to request a hearing under the terms of § **18-108**, Subsection **2**, has elapsed.

3. Upon receipt of written notice of revocation, no further construction of either the system or the building for which it is intended shall take place until the permit has been reinstated in writing.

4. A permit which has been revoked under this Part will not be reinstated. A "new permit" must be applied for and all regulations in place at the time of the application must be addressed prior to receiving a permit to utilize the currently unpermitted existing system.

§ 18-108 **Review of Revocations and Denials.**
[Ord. 308, 4/12/2006, § 8]

1. Upon receipt by the applicant of a notice of denial of a permit, the applicant may request, in writing, within 10 days of receipt of said notice, a hearing before the Plainfield Township Board of Supervisors. The Board shall hold a hearing within 30 days after receipt of such a request. The Department shall be notified of the hearing by the Board.

2. Revocation of permits shall occur only after written notice and 10 days opportunity to request a hearing have been granted to the permittee. The Board shall hold a hearing within 30 days after receipt of such a request. The Department shall be notified of the hearing by the Board.

§ 18-109 **Operation Inspections.**

1. Any onlot sewage disposal system may be inspected by the Sewage Enforcement Officer at any reasonable time as of the effective date of this ordinance. The Township and/or Sewage Enforcement Officer shall have the right to enter upon land for the purposes of inspections described in this section.

2. The purpose of the inspection will be to determine the type and functional status of each sewage disposal system. A written report shall be furnished to the owner of each property inspected and a copy of said report shall be maintained in the Township records.

3. The Sewage Enforcement Officer shall inspect each property per DEP's Sewage Enforcement Officer certification and training program within one year of the effective date of the "Sewer District Maintenance and Operations Schedule." Such inspection may include a physical tour of the property, the taking of samples from surface water, wells, other groundwater sources, the sampling of the contents of the sewage disposal system itself and/or the introduction of a traceable substance into the interior plumbing of the structure served to ascertain the path and ultimate destination of wastewater generated in the structure.

4. A schedule of routine inspections may be established to assure the proper functioning of the sewage systems.

5. Should said inspections reveal that the system is in need of maintenance, the Township Sewage Enforcement Officer shall order action to be taken to correct the issue under terms in § 18-111. Should said inspections reveal that the system is indeed malfunctioning, the Sewage Enforcement Officer shall order action to be taken to correct the malfunction under terms in § 18-112.

6. If there arises a geographic area where numerous onlot sewage disposal systems are malfunctioning, a resolution of these area wide problems may necessitate detailed planning and a revision to the portion of the Sewage Facilities Plan pertaining to areas affected by such malfunctions. If a DEP authorized Official Sewage Facilities Plan Revision has been undertaken, repair, replacement, modification of individual malfunctioning sewage disposal systems within the area affected by the revision may be delayed, pending the outcome of the plan revision process. However, immediate corrective action will be compelled whenever a malfunction, as determined by Township officials and/or DEP, represents a serious public health or environmental threat.

§ 18-110 **Operation.**

1. Only normal domestic wastes shall be discharged into any onlot sewage disposal system. The following shall not be discharged into the system.

A. Industrial waste.

B. Automobile oil and other non-domestic oil.

C. Toxic or hazardous substances or chemicals, including but not limited to, pesticides, disinfectants (excluding household cleaners), acids, paints, paint thinners, herbicides, gasoline and other solvents.

D. Clean surface or groundwater, including water from roof or cellar drains, springs, basement sump pumps and french drains.

E. Swimming pool drainage and pool filter backwash.

§ 18-111 **Maintenance.**

1. Each person owning a building served by an onlot sewage disposal system which contains a septic tank shall have the septic tank pumped by a qualified pumper/hauler within six months of the effective date of the "Sewer District Maintenance and Operations Schedule". Thereafter that person shall have the tank pumped at least once every five years or whenever an inspection reveals that the septic tank is filled with solids or with scum in excess of 1/3 of the liquid depth of the tank. Receipts from the pumper/hauler shall be submitted to the Township within the prescribed pumping periods.

2. At the discretion of the Township and the Township Sewage Enforcement Officer, septic tank pumping frequency schedules will be required if the septic tank is undersized, if solids buildup in the tank is above average, if the hydraulic load on the system increases significantly above average, if a garbage grinder is used in the building, if the system malfunctions or for other good cause shown. If any person can prove that such person's septic tank had been pumped within five years of the six-month anniversary of the effective date of the "Sewer District Maintenance and Operations Schedule," then that person's initial required pumping may be delayed to conform to the general five-year frequency requirement except where an inspection reveals a need for more frequent pumping frequencies.

3. Any person owning a property served by a septic tank and is required to pump the system based on a schedule, shall submit, with each required pumping receipt, a written statement, from the pumper/hauler or from any other qualified individual acceptable to the Township, that the baffles in the septic tank have been inspected and found to be in good working order. Any person whose septic tank baffles are determined to require repair or replacement shall first contact the Township Sewage Enforcement Officer for approval of the necessary repair.

4. Any person owning or building served by an onlot sewage disposal system which contains an aerobic treatment tank shall follow the operation and maintenance recommendations of the equipment manufacturer. A copy of the manufacturer's recommendations and a copy of the service agreement shall be submitted to the Township within six months of the effective date of the "Sewer District Maintenance and Operations Schedule."

Thereafter, service receipts shall be submitted to the Township at the intervals specified by the manufacturer's recommendations. In no case may the service or pumping intervals for aerobic treatment tanks exceed those required for septic tanks.

5. Additional maintenance activity may be required as needed including, but not necessarily limited to, cleaning and unclogging of piping, servicing and the repair of mechanical equipment, leveling of distribution boxes, tanks and lines, removal of obstructing roots or trees, the diversion of surface water away from the disposal area, etc. The Township and Township Sewage Enforcement Officer shall be contacted to verify if a permit is required.

§ 18-112 **System Rehabilitation.**

1. No person shall operate or maintain an onlot sewage disposal system in such a manner that it malfunctions. All liquid wastes, including kitchen and laundry wastes and water softener backwash, shall be discharged to a treatment tank. No sewage system shall discharge untreated or partially treated sewage to the surface of the ground or into the waters of the Commonwealth unless a permit for such discharge has been obtained from DEP.

2. A written notice of violation shall be issued to any person who is the owner of any property which is found to be served by a malfunctioning onlot sewage disposal system or which is discharging sewage without a permit.

3. Within seven (7) days of notification by the Township that a malfunction has been identified, the property owner shall make application to the Township Sewage Enforcement Officer for a permit to repair, replace, or modify the malfunctioning system. Within 30 days of initial notification by the Township, construction of the permitted repair, replacement, or modification shall commence. Within 60 days of the original notification by the Township, the construction shall be completed unless seasonal or unique conditions mandate a longer period, in which case the Township shall set an extended completion date.

4. Rehabilitation may be completed by the following methods: cleaning, repair, replacement, or modification of components of the existing system, adding capacity or otherwise altering or replacing the system's treatment tank, expanding the existing disposal areas, replacing the existing disposal area, replacing a gravity distribution system with a pressurized system, replacing the system with a holding tank, or any other alternative appropriate for the specific site.

5. In lieu of, or in combination with, the remedies described in Subsection 4, the Township and the Township Sewage Enforcement Officer may require the installation of water conservation equipment and the institution of water conservation practices in structures served. Water using devices and appliances in the structure may be required to be retrofitted with water saving appurtenances or they may be required to be replaced by water conserving devices.

6. In the event that the rehabilitation measures in Subsection 4 are not feasible or effective and the system does not meet DEP and Township requirements, the owner may be required to apply for a permit to install an individual spray irrigation treatment system or to DEP for a single residence treatment and discharge system. Upon receipt of said permit, the owner shall complete construction of the system within 30 days.

7. Should none of the remedies described in this Section by totally effective in eliminating the malfunction of an existing onlot sewage disposal system, the property owner is not absolved of responsibility for that malfunction. The Township may require whatever action is necessary to lessen or mitigate the malfunction to the extent necessary.

§ 18-113 **Disposal of Septage.**

1. All septage originating within the Township shall be disposed of in accordance with the requirements of the Solid Waste Management Act (Act 97 of 1980, 35 P.S. §§6018.101 et seq.) and all other applicable laws and at sites or facilities approved by DEP. Approved sites or facilities shall include the following: septage treatment facilities, wastewater treatment plants, composting sites, and approved farm lands.

2. Pumper/haulers of septage operating within the Township shall operate in a manner consistent with the provisions of the Pennsylvania Solid Waste Management Act (Act 97 of 1980, 35 P.S. §§6018.101–6018.1003) and all other applicable laws.

§ 18-114 **Waiver of Liability.**
[Ord. 308, 4/12/2006, § 9]

Although this is intended to provide guidelines for the proper installation and design of on-lot sewage disposal systems, nothing contained herein should be interpreted as a guarantee to the applicants that systems designed and installed under the provisions of this Part will function as intended. Uncontrollable variables such as undefined soil characteristics, actual water usage and material or construction inadequacies, may cause a system malfunction, even though the general guidelines of the State Department of Environmental Protection and this Part are followed.

§ 18-115 **Penalties.**
[Ord. 308, 4/12/2006, § 10]

1. The Township, upon written notice from the Township Sewage Enforcement Officer that an imminent health hazard exists due to failure of property owner to maintain, repair, replace, or modify an onlot sewage disposal system as provided under the terms of this ordinance, shall have the authority to perform, or contract to have performed, the work required by the Township Sewage Enforcement Officer. The owner shall be charged for the work performed and, if necessary, a lien shall be entered therefor in accordance with law.

2. Any person, firm or corporation who shall violate any provision of this Part, or the rules and regulations of standards promulgated hereunder, or who resists or interferes with any officer, agent or employee of Plainfield Township, upon conviction thereof in an action brought before a magisterial district judge in the manner provided for the enforcement of summary offenses under the Pennsylvania Rules of Criminal Procedure, shall be sentenced to pay a fine of not less than $100 nor more than $1,000 plus costs and, in default of payment of said fine and costs, to a term of imprisonment not to exceed 90 days. Each day that a violation of this Part continues or each section of this Part which shall be found to have been violated shall constitute a separate offense. Any person found to have violated this Part shall be required to rectify the violation if such violation is causing or could cause pollution of a health hazard.

§ 18-116 **Requirements for Official Sewage Facilities Plan Revisions (For Subdivisions and Land Development).**
[Ord. 308, 4/12/2006, § 11]

1. Testing shall be conducted in accordance with the requirements of § **18-105** of this Part for all subdivisions and land developments proposing on-lot sewage disposal as part of the Official Plan revision planning process.

2. For nonresidential uses and subdivisions involving more than 10 residential lots or dwelling units, the developer shall contact the Department of Environmental Protection via Sewage Facilities Planning Module Application Mailer, (DEP postcard) which may be obtained from the Sewage Enforcement Officer.

3. Prior to initiating testing, the developer shall provide a sketch plan indicating proposed lot layout, and shall have adequate field survey points set to conduct testing respecting appropriate isolation distances from lot lines, easements, etc. Any additional testing shall be marked in the same manner.

4. The developer shall set up appropriate escrows per the Township Fee Schedule, prior to testing.

5. Plans must be provided as supporting documentation to a request for approval of an Official Plan revision, and these plans shall show all data required by the Department and shall show among other things.

A. Proposed and existing building structures.

B. Location of soil probes and percolation tests, whether passing or failing.

C. Proposed or existing water supplies or wells.

D. Location of all existing and proposed street and right-of-way lines.

E. Existing and proposed lot lines.

F. Existing and proposed primary on-lot absorption areas and alternate locations (as appropriate).

G. All information as prescribed in the sewage facilities planning module plot plan requirements.

6. The plans shall show all tested primary and alternate absorption areas sufficient to illustrate that such systems can be placed while maintaining required isolation distances.

7. The applicant requesting that the Township consider an Official Plan revision shall be responsible for completion of the appropriate components of the Department sewage facilities planning module and for providing the required testing, supporting plans and other data. The module will be reviewed and approved or denied in accordance with the procedures specified in 25 Pa. Code, Chapter 71, of the Department's regulations.

§ 18-117 **Appeals.**

1. Appeals from final decisions of the Township or any of its authorized agents under this ordinance shall be made to the Board of Supervisors in writing within 30 days from the date of written notification of the decision in question.

2. The appellant shall be entitled to a hearing before the Board of Supervisors at its next regularly scheduled meeting, if a written appeal is received at least 14 days prior to that meeting. If the appeal is received within 14 days of the next regularly scheduled meeting, the appeal shall be heard at the next regularly scheduled meeting. The Township shall thereafter affirm, modify, or reverse the aforesaid decision. The hearing may be postponed for a good cause shown by the appellant or the Township. Additional evidence may be introduced at the hearing provided that it is submitted with the written notice of appeal.

3. A decision shall be rendered in writing within 30 days of the date of the hearing.

§ 18-118 **Repealer.**

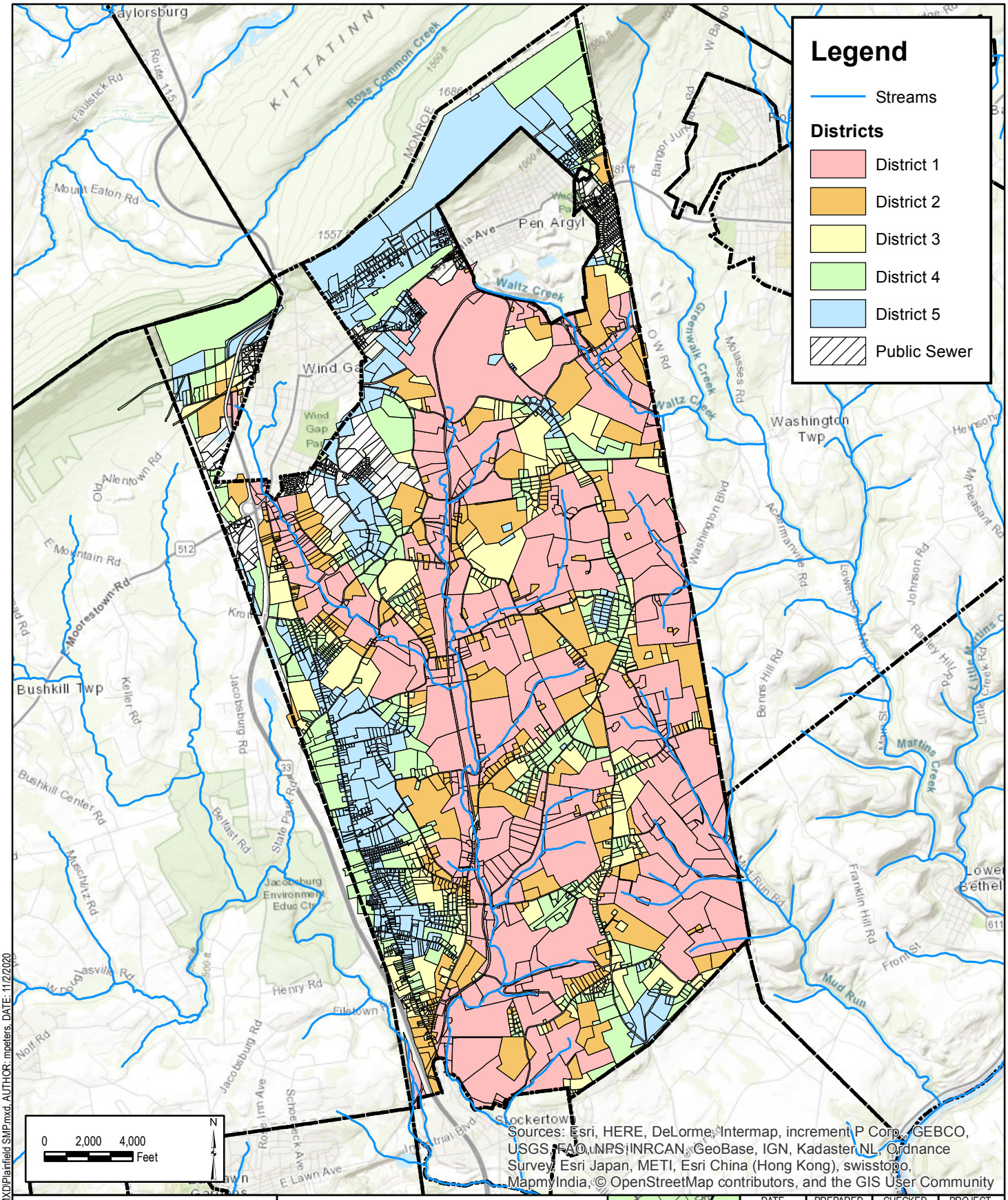
All ordinances or parts of ordinances inconsistent with the provisions of this ordinance are hereby repealed to the extent of such inconsistency.

§ 18-119 **Severability.**

If any section or clause of this ordinance shall be adjudged invalid, such adjudication shall not affect the validity of the remaining provisions which shall be deemed severable therefrom.

Sewer District Maintenance and Operations Schedule

District	Compliance Effective Date
1	January 1, 2023
2	January 1, 2024
3	January 1, 2025
4	January 1, 2026
5	January 1, 2027



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PLAINFIELD TOWNSHIP
NORTHAMPTON COUNTY, PA

SEWAGE MANAGEMENT PROGRAM

SEWER DISTRICTS

DATE	PREPARED	CHECKED	PROJECT ENGINEER
NOV 2020	MBP	NO	MBP
PROJECT	SCALE	DRAWING NO.	
4652.001	1 " = 6000 '	SMP - 1	

FILE: H:\0004652.001\06-GIS\MXD\Plainfield SMP.mxd, AUTHOR: mpeters, DATE: 11/2/2020

PLAINFIELD TOWNSHIP
ACT 537 SEWAGE FACILITIES PLAN

II-F
POTABLE WATER SUPPLIES

N

Monroe County

Pen Argyl Borough

Wind Gap Borough

Bushkill Township

Washington Township

Lower Mount Bethel Township

Upper Nazareth Township

Stockertown Borough

Forks Township

PLAINFIELD TOWNSHIP
NORTHAMPTON COUNTY
EST. 1762

Legend

- Municipality
- Streams
- Contours
- Study Area
- Public Water Service

0 600 1,200
Feet

Ott
CONSULTING INC.
PO Box 226
513 S. Main Street
Bangor, PA 18013
610-588-2411

December 24, 2019

PLAINFIELD TOWNSHIP
ACT 537 SEWAGE FACILITIES PLAN

II-G
WETLANDS AND HYDRIC SOILS

N

Monroe County

Pen Argyl Borough

Wind Gap Borough

Bushkill Township

Washington Township

Lower Mount Bethel Township

Upper Nazareth Township

Stockertown Borough

Forks Township

PLAINFIELD TOWNSHIP NORTHAMPTON COUNTY EST. 1762

Legend
- Municipality
- Streams
- Wetlands
- Contours
- Hydric Soils Minor
- Hydric Soils Major
- Study Area

0 600 1,200 Feet

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December 24, 2019