

Preliminary Information Form

For NOF Inspections of Onlot Wastewater Treatment Systems (OWTS)

Property owner name(s): _____

Site address: _____

1. Is this inspection a second opinion: Yes _____ No _____

2. Have excessive rains caused flooding conditions at the site: Yes _____ No _____

Note: Well or home inspectors **should not** discharge *well test* water into the OWTS!

3. Age of structure: _____ Age of OWTS: _____

4. Is there more than one OWTS in use: Yes _____ No _____

5. Most recent number of people occupying structure: _____

6. Number of occupants projected to occupy this structure or projected daily flow: _____

7. Number of bedrooms in structure or daily flow: _____

8. Is structure currently being occupied: Yes _____ No _____

9. If the structure is presently unoccupied, for how long has it been vacant: Yes _____ No _____

Note: If structure has been vacant for more than one week, a hydraulic load test **must** be performed on the OWTS.

10. Is the structure occupied on a seasonal basis: Yes _____ No _____

If yes, then list the frequency: _____

11. List any repairs made on the system in the past: _____

12. Is it possible for the septic system construction or repair permit to be available at the time of the inspection: Yes _____ No _____

Note: If you answered yes, please make it available at the time of the inspection or prior to it.

13. Do the washing machine or other graywater lines discharge to any other place than the treatment tank? Yes _____ No _____

If you answered yes, specify where they discharge: _____

14. When was the treatment tank last cleaned: Yes _____ No _____

15. What is the typical cleaning frequency: _____

16. Please provide the name of the person or company that last cleaned your tank: _____

17. Is the system covered by a maintenance program: Yes _____ No _____

If yes, what is the maintenance provider's name: _____

18. Are the treatment and pump tanks accessible (main access dug out) : Yes _____ No _____

19. Was the system subject to a soil fracturing or Terralift process within the last 12 months: Yes _____ No _____

Comments: _____

Signature of person completing this form: _____ Date: ____ / ____ / ____

McGovern & Co. Excavating, Inc.

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Kennett Square, PA 19348

REQUESTING A COPY OF SEWAGE PERMIT

- **GO ON-LINE TO CHESTER COUNTY'S WEBSITE - CHESCO.ORG**
- **UNDER DEPARTMENTS GO INTO HEALTH DEPARTMENT**
- **UNDER DEPARTMENTS CLICK ON SEWAGE AND WATER**
- **UNDER FILE REQUEST CLICK ON REQUEST AN EXISTING SEWAGE/WELL PERMIT**
- **COMPLETE ALL THE INFORMATION AND SUBMIT IT TO THE COUNTY**
- **IF YOU HAVE ANY PROBLEMS OR QUESTIONS, CONTACT THE HEALTH DEPARTMENT AT THE NUMBER LISTED ON THE FORM**
- **IF YOU NEED ANY ASSISTANCE FROM MCGOVERN & CO. EXCAVATING, INC., PLEASE CONTACT OUR OFFICE AT 610-444-5797 AND ASK FOR RANDY DIETTERICK OR AIMEE AMORIELLO**