



Self-monitoring to be performed in MARCH. Due to EHS no later than MAY 1<sup>st</sup>

Self-monitoring to be performed in OCTOBER. Due to EHS no later than DECEMBER 1<sup>st</sup>

SELF-MONITORING FORM
Alternative Septic System – System Performance Report

PLEASE KEEP A COPY OF THIS SITE INSPECTION TO COMPLETE FUTURE FORMS.

Site Address: \_\_\_\_\_

System Type: (Mound, P.D., Other) \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

RECOMMENDED MAINTENANCE & REMINDERS:

- 1. Clean effluent filter screen (s) annually
2. Pump septic tank every 3-5 years depending on use.
3. Purge and balance system annually by a C42 or Engineering Contractor or Qualified Service Professional familiar with the system.
4. Switch diversion valve (if you have one, biannual or as specified on approved septic plans).
5. Keep expansion areas unencumbered.

On the back of this form, sketch a layout of your system. Please number the performance wells (previously known as monitoring well).

PERFORMANCE WELL INFORMATION:

Table with 6 columns: Well Number, Depth (inches), Distance from the top of the ground surface to the top of the water (if dry, write "dry"), Well Number, Depth (inches), Distance from the top of the ground surface to the top of the water (if dry, write "dry"). Rows 1-5.

CONTROL/ALARM BOX INFORMATION:

Does the system have a pump? Yes No Does Audible Alarm work? Yes No Not Sure
Does the system have a Dose Counter? Yes No Does Alarm Light work? Yes No Not Sure
If there is a pretreatment unit, is it working? Yes No Not Sure
Do you have a diversion valve? Yes No which field is it serving? \_\_\_\_\_

FILL OUT THE INFORMATION BELOW IF YOU HAVE A DOSE COUNTER: (If you do not have a dose counter but have a timer that reads in elapsed minutes, please write the elapsed minutes in the dose counter reading space below.)

Table with 4 columns: Current dose counter reading, Previous dose counter reading, Number of doses, Today's date, Date of previous counter reading, Number of days.

Number of doses divided by number of days = \_\_\_\_\_ doses per day
Doses per day multiplied by \_\_\_\_\_ gallons per dose\* for your system = \_\_\_\_\_ gallons per day (for this time period)
System is designed for: \_\_\_\_\_ gallons per day

\* Gallons per day and Gallons per Dose should be available on the septic plans. For those with a timer and no dose counter, the gallons per minute and minutes per dose can be found in the septic plan calculations. Make sure this reading is for the leach field, not the pretreatment unit.

General Condition of System – Note any maintenance/repairs done on system since last monitoring, i.e.: tank pumped, alarm repaired, pump and or floats replaced, system purged & balance and by whom.

\_\_\_\_\_

Monitored By: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

WE SUGGEST THAT YOU KEEP A COPY OF THIS SITE INSPECTION TO COMPLETE FUTURE FORMS.