



RESIDENTIAL WASTEWATER USE ASSESSMENT

This ballpark bid will require a site visit and evaluation for a formal final proposal

This questionnaire allows us to characterize your wastewater to identify the best treatment systems.

Property Owner Name _____ Phone number _____

Address of property _____ Email _____

River Authority _____ County _____

Best time to call: Morning _____ Midday _____ Evening _____

PROPERTY: (Please fill in blanks or check the correct selections)

Legal description (subdivision) _____ Lot # _____ Section _____ Block _____

Property size: Acres _____ Survey _____

DRINKING WATER SOURCE: Well _____ Public water _____

WATER INPOUNDMENTS: Well _____ Pool _____ Creek _____ River _____

TOPOGRAPHY: Flat _____ Slight slope _____ Steep slope _____

TREES: Clear _____ Scattered _____ Thick _____ Brushy _____

RESIDENCE: (Please fill in blanks or check the correct selections)

How many bedrooms? _____ Baths? _____ How many square feet of living space? _____

Jacuzzi tub _____ Indoor _____ Outdoor _____ Swimming pool _____

Outdoor kitchen _____ Bath house _____ Guest house _____ Number of bedrooms? _____

OCCUPANTS & SPECIAL WATER NEEDS: (Please fill in blanks or check the correct selections)

How many adults? _____ How many children? _____ Boys _____ Girls _____

Special water needs above average laundry use _____

Medication usage long term (i.e. antibiotics) _____

Any unusual water uses? _____

Kids from school _____ Large gatherings _____ House parties _____ Pool parties _____

Potable water treatment appliances (i.e. water softener) _____