



Self-monitoring to be performed in **MARCH**.
Due to EHS no later than **MAY 1st**

Self-monitoring to be performed in **OCTOBER**.
Due to EHS no later than **DECEMBER 1st**

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:

Well Number	Distance from the top of the <u>ground surface</u> to the top of the <u>water</u> (if dry, write "dry")	Well Number	Distance from the top of the <u>ground surface</u> to the top of the <u>water</u> (if dry, write "dry")
1	_____ inches	6	_____ inches
2	_____ inches	7	_____ inches
3	_____ inches	8	_____ inches
4	_____ inches	9	_____ inches
5	_____ inches	10	_____ inches

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
 Do you have a diversion valve? _____ Yes _____ No If you have a pretreatment unit does it work? __ Yes __ No __ Not Sure
 Which field is now operating? _____

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.)

Current dose counter reading	_____	Today's date	_____ / _____ / _____
Previous dose counter reading	_____	Date of previous counter reading	_____ / _____ / _____
Number of doses	_____	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: _____ / _____ / _____

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