



Inspection & Reporting Agreement Questionnaire

Please Complete the Following Questionnaire for an O&M Quote

Application completed by: _____
 Contact Phone #: _____
 Contact email: _____

Please enter the property owners name and address in the Client field

Client		Client Phone	
Mailing Address		Client email	
		Client fax	
		Occupant Phone	
Service Property Address		Occupant email	
		Subdivision/Lot	
County		New House Y or N	

Do you know what type of Onsite System is on this property? YES NO

If yes, please check the type of treatment system and the type of disposal system you have under the owner column. SeptiCare will verify the components before issuing a contract.

Treatment System	Owner	SeptiCare
Septic Tank		
Sand Filter		
Delta Whitewater / ECOPOD / NutriClear		
F.A.S.T.		
Other		
Advantex		
Puraflo®		
Aquarobic®		
Ecoflo		
Pump System		

Disposal System	Owner	SeptiCare
Gravel Trenches		
Chambers		
Low Pressure		
Pad		
Delta Drip Irrigation		
American Perc Rite Drip		
Geoflow Drip		
Spray		
Mound		
Filter-bed		
Discharge		

Has the Health Department made you aware of any special requirements or sampling? Yes No

What service are you interested in. Septi-Check™ Septi-Safe™ Septi-Sure™

Do you have a private Well? Yes No

Are you interested in Water Analysis? Yes No

Are you interested in Water Treatment? Yes No

Call: 540-428-3986 FAX: 540-428-3989 email: service@septic-tank-company.com