

**TRAILL DISTRICT HEALTH UNIT  
Request for Septic Evaluation**

**Requesting source:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Current Owner:** \_\_\_\_\_

**Previous Owner:** \_\_\_\_\_

**Directions to property:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Legal description:**

Lot/block: \_\_\_\_\_ ¼ Section: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_

Year home constructed: \_\_\_\_\_ # bedrooms: \_\_\_\_\_

**EXISTING SEPTIC SYSTEM**

Installer \_\_\_\_\_

Year Installed \_\_\_\_\_

Septic tank: Size: \_\_\_\_\_

Construction: \_\_\_\_\_

Drain field: # of lines: \_\_\_\_\_ Length: \_\_\_\_\_

Depth: \_\_\_\_\_ Width: \_\_\_\_\_

Seepage Bed: Square Footage: \_\_\_\_\_ Depth: \_\_\_\_\_

Other: \_\_\_\_\_

**In the past two years:**

1. Any backing up into the house via toilets, showers, waste tubs, drains: Y N

2. Septic tank overflowing to ground surface? Y N

3. Effluent surfacing along the drain field? Y N

Date septic tank last pumped \_\_\_\_\_

