

NEIGHBOURHOOD SURVEY OF EXISTING SEPTIC DISPOSAL SYSTEMS

The information on this form will be **strictly confidential**. Only data summaries will be released.

1. ADDRESS OF AFFECTED PROPERTY: _____
2. WHAT TYPE OF WASTEWATER DISPOSAL SYSTEM DO YOU HAVE?
 - septic tank/leaching field
 - cesspool
 - discharge to surface water (location of discharge: _____)
 - other
3. WHEN WAS THE SYSTEM INSTALLED? _____
4. WHERE IS YOUR WASTEWATER DISPOSAL FIELD? Front yard Back yard
5. DO YOU HAVE A BASEMENT? Yes No DOES IT HAVE PLUMBING? Yes No
6. HAVE YOU HAD ANY PROBLEMS WITH YOUR WASTEWATER DISPOSAL SYSTEM?
 - Yes No
7. PLEASE INDICATE THE TYPES OF PROBLEM THAT BEST DESCRIBE OR DESCRIBED YOUR SITUATION (check more than one if necessary)
 - slow drainage in sink and other water-using appliances
 - odour outside
 - toilet sometimes backs-up
 - liquid is visible on the ground surface
 - other (please describe) _____.
8. HOW OFTEN DO YOU HAVE PROBLEMS WITH YOUR SYSTEM?
 - weekly
 - monthly
 - frequently
 - other _____.
9. IN WHAT SEASON(S) DO YOU GENERALLY HAVE PROBLEMS? (Check more than one if appropriate) spring summer autumn winter
10. DO YOU HAVE PROBLEMS AFTER PERIODS OF FREQUENT OR HEAVY RAINFALL?
 - Yes No
11. HOW HAVE YOU DEALT WITH THE PROBLEMS?
 - pumping How often: weekly monthly winter only
 - restricting water use? How? _____.
 - repairing system Please describe: _____.
 - other Please describe: _____.

IF YOU HAVEN'T HAD TO PERFORM ANY REPAIRS, PLEASE SKIP TO QUESTION 13

12. IF YOU HAD YOUR SYSTEM REPAIRED, CAN YOU PLEASE INDICATE...

How long had your system been in service before repair? _____ years

When was the repair done? _____.

What was done? _____.

13. HOW OFTEN DO YOU HAVE YOUR SYSTEM PUMPED? Once every _____ years

14. WHEN WAS YOUR HOUSE BUILT? _____.

15. HOW MANY YEARS HAVE YOU LIVED IN THE HOUSE? _____.

16. WHAT IS THE APPROXIMATE SIZE OF YOUR LOT? _____.

17. WHAT IS THE PREDOMINANT SOIL TYPE? Clay Silt Sand Gravel

18. HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? (Number in each category)

_____ 0 - 12 years old, _____ 12 - 18 years old, _____ 18 & older

19. DO ANY OF YOUR NEIGHBOURS ON YOUR STREET HAVE PROBLEMS WITH WASTEWATER DISPOSAL?

Yes No (if no, skip to question 20)

IF YES, WHAT MAKES IT APPEAR THERE IS A PROBLEM?

liquid is visible on the ground surface

odour

frequent pumping

other (please explain) _____.

20. DO YOU HAVE A WELL?

Yes No

IF YES, HAS THE WATER QUALITY BEEN ADVERSELY AFFECTED BY ON-SITE SEWAGE DISPOSAL?

Yes No

RESULTS OF TESTING (if available): Total and fecal coliform/nitrates/other _____.

21. DO YOU HAVE ANY COMMENTS YOU WOULD LIKE TO MAKE?

Please return to: City of Kelowna, Works & Utilities Dep't. Att'n. Mary-Lou Bailey
1435 Water St. Kelowna, B.C. V1Y 1J4 -or- Fax to (250) 862-3349