



## HOME OWNER SURVEY FORM

Name:	Date:
Address:	Phone(Home):
	Phone (Cell):
If renting, provide your Name below & Owner's Name and Address abov	ve
Name:	Date:
Address:	Phone(Home):
1) Approximate age of this house?years	Phone (Cell):
2) How long have you lived in this house?years	
3) Does this house have a basement? Yes or No (If yo	ou answered no, skip Questions 5,6, and 7.)
the rows of block in your basement wall, rows high. 5) Does the basement have any of the following items? Floor drain? Yes No Laundry tub? Yes No Bathroom? Yes No	
Bathroom?YesNoSump pump?YesNoFinished space?YesNo	
	Yes No
7) Would you like to have wastewater service to your basement in the fut	ure? Yes No
8) Do the down spouts from the roof gutters connect to an underground p	ipe? Yes No
9) Where does the sump discharge? To septic tank To down	spouts To yard
10) Where is your septic tank located? Front yard Back yard	d Other
11) Where is your water well located? Front yard Back yard	d Other
12) Comments or Questions?	

For Office Use Only

Survey Person\_\_\_\_