

64	Gruver, J	3233 Summer Valley Rd	6/37-20-0048004	own	3 1/5 years	y	n	n	n	1 tank, 1 pump	iron	drilled	1991	160	150	s tank	s tank	s tank	seepage pit	s tank	green lush grass
65	Gursky, Ken	125 Pine Ridge Dr.	6/37-15-0052000	own	4 1/5 years	y	n	n	n		drilled	1992	130	250	s tank	seepage pit	s tank				
66	Hamm, Larry	277 Hamms Ln.	6/37-15-0132000	own	1/5 years	y	n	n	n		drilled	1970	115	150	softener	seepage pit	s tank				
67	Hartman, David W	126 Tower Rd	6/37-14-0067005	own	5 1/3 years	y	n	n	n		drilled	1994	100	100	s tank	s tank	s tank				
68	Heintzman, Wade	1370 Laurel Ln	6/37-18-0005008	own	1/5 years	y	n	n	n		drilled	1989	200	200	s tank	s tank	s tank				
69	Heilick, Mary Lou	300 Pine Hill Rd	6/37-15-0017001	own	1 1/5 years	n	n	n	n		drilled	1984	60	70	s tank	s tank	s tank	pipe to ditch	s tank		
70	Holloway, Walter N	78 Cemetery Rd	6/30-37-0014066	own	2 once	y	n	n	n		drilled	1993	120	20	s tank	s tank	s tank	pipe to ditch	s tank		
71	Hoherchak, Joseph	3306 Summer Valley Rd	6/37-20-0041000	own	2 1/5 years	y	n	n	n		drilled	1970	90	90	s tank	s tank	s tank				
72	Hoherchak, Joseph	3319 Summer Valley Rd	6/37-20-0040003	own	2 1/5 years	y	n	n	n		drilled	1970	80	80	s tank	s tank	s tank				
73	Hollenbach, Charles	362 Archery Club Rd.	6/37-19-0038002	own	5 never	y	n	n	n		drilled	1978	110	200	s tank	s tank	s tank				
74	Hoser, Michael & Dawn	116 Waterwheel Rd.	6/37-20-0018002	own	2 1/5 years	y	n	n	n		drilled	1990	225	225	filter	s tank	s tank				
75	Houser, Lester W.	79 Lumber Ln	6/37-14-0182000	own	2 never	y	n	n	n		drilled	1970	400	100	seepool	seepool	s tank				
76	Huegel, Bryan	247 Millhead Rd	6/37-03-0011002	own	2 1/5 years	y	n	n	n		drilled	1996	240	110	softener	s tank	s tank				
77	(n) Dean, James	338 Snowdrift Rd.	6/37-08-0026001	own	2 never	y	n	n	n		drilled	1994	250	300	s tank	s tank	s tank				
78	Jens, K H	248 St. Peters Rd	6/37-03-0008000	own	2 never	y	n	n	n		drilled	2000	125	100	softener	s tank	s tank				
79	Keckenetz, Kai	50 Retreat Rd	6/37-20-0075000	own	2 never	y	n	n	n		drilled	1987	120	110	s tank	s tank	s tank				
80	Kammerer, Frank	482 Blue Mt Dr	6/37-20-0124000	own	2 1/3 years	y	n	n	n		drilled	2000	100	100	s tank	s tank	s tank				
81	Kernick, Chris	132 Limekn Dr	6/37-21-0063001	own	4 1/5 years	y	n	n	n		drilled	1974	150	75	chlorinator	s tank	s tank				
82	Kissinger, Richard	6/37-14-0140003	own	2 1/3 years	y	n	n	n	n		drilled	1976	75	150	s tank	s tank	s tank				
83	Klisch, Mark	2020 Valley Rd	6/37-24-0010000	own	4 1/5 years	y	n	n	n		drilled	1972	150	150	s tank	s tank	s tank				
84	Krudsen, Elmer	505 Fawn Ln	6/37-24-0013000	own	1 1/5 years	y	n	n	n		drilled	1979	126	100	s tank	s tank	s tank				
85	Kolch, Joseph & Terrana	518 Hemlock Rd.	6/37-28-0101000	own	1 1/5 years	y	n	n	n		drilled	1980	120	75	s tank	s tank	s tank				
86	Krause, Kathryn	177 School Dr	6/37-19-0069000	own	as needed	y	n	n	n		hand d	1945	25	100	ph	seepool	storm sewer				
87	Kropp, Dorothy S.	32 Mantville Rd	6/37-11-0074014	own	2 1/3 years	y	n	n	n		drilled	1978	250	250	s tank	s tank	s tank				
88	Krouse, Steve	131 S Hilltop Rd	6/37-14-0142001	own	5 never	y	n	n	n		drilled	1999	450	200	UV	s tank	s tank				
89	Kuhns, Larry	567 Birch Crossing Rd	6/37-07-0094000	own	5 1/3 years	y	n	n	n		drilled	1982	75	75	filter	s tank	s tank				
90	(n) Whitbeck, Joseph	61 Mantville Rd	6/37-07-0089000	own	2 never	y	n	n	n		drilled	1982	75	75	filter	s tank	s tank				
91	(n) Whitbeck, Joseph	185 Archery Club Rd	6/37-19-0016000	own	2 1/5 years	y	n	n	n		drilled	1985	503	150+	s tank	s tank	s tank				
92	Laub, James & Cheryl	2264 Sunny Rd	6/37-14-0142001	own	1 lead year	y	n	n	n		drilled	1970	70	70	s tank	s tank	s tank				
93	Lechleiner, Homer & Doris	209 School Dr	6/37-14-0131000	own	2 1/5 years	y	n	n	n		drilled	1972	80	102	s tank	s tank	s tank				
94	Lee, K	92 St. Peters Rd	6/37-07-0106001	own	4 never	y	n	n	n		drilled	1976	180	80	s tank	s tank	s tank				
95	Lewis, Harry W	54 Oak Terrace Rd	6/37-11-0070013	own	3 1/3 years	y	n	n	n		drilled	1976	180	80	s tank	s tank	s tank				
96	Liganzo, Matthew & Nicole	112 Limekn Dr.	6/37-21-0063004	own	8	y	n	n	n		drilled	1976	180	80	s tank	s tank	s tank				
97	MacKay, William	132 Ash Circle	6/37-16-0031001	own	2 1/5 years	y	n	n	n		drilled	1976	180	80	s tank	s tank	s tank				
98	MacDonald, Kathy	29 Pine Hill Rd	6/37-14-0165000	own	1 1/3 years	y	n	n	n		drilled	1976	180	80	s tank	s tank	s tank				
99	Malinowski, Elizabeth	11 Mantz Hill Ln	6/37-07-0076000	own	2 1/5 years	y	n	n	n		drilled	1976	180	80	s tank	s tank	s tank				
100	McGee, Kathy	38 Archery Club Rd	6/37-18-0005013	own	2 1/5 years	y	n	n	n		drilled	1976	180	80	s tank	s tank	s tank				
101	Messerschmidt, Tom	144 Blue Mt Dr.	6/37-25-0020007	own	never	y	n	n	n		drilled	1986	165	100	s tank	s tank	s tank				
102	Mikuk, Donald & Yvonne	6/37-25-0020007	own	2 1/5 years	y	n	n	n	n		drilled	1986	165	100	s tank	s tank	s tank				
103	Miller, David & Bonita	6/37-20-0082005	own	2 1/5 years	y	n	n	n	n		drilled	1977	120	200	UV	s tank	s tank				
104	Miller, David & Bonita	6/37-20-0073002	own	3 1/5 years	y	n	n	n	n		drilled	1975	18	120	s tank	s tank	s tank				
105	Miller, Denlon	6/37-07-0057000	own	1 year	y	n	n	n	n		drilled	1982	80	200	s tank	s tank	s tank				
106	(n) Dunbar, James	71 Tower Rd	6/37-14-0066002	own	3 1/3 years	y	n	n	n		drilled	1978	250	300	filter	s tank	s tank				
107	Miller, Robert D	16 Bolch Rd	6/37-21-0020001	own	2 1/5 years	y	n	n	n		drilled	1983	185	200	s tank	s tank	s tank				
108	(n) Miller, Eric	545 Colksping Rd	6/37-09-0001003	own	2 1/3 years	y	n	n	n		drilled	1976	200	200	s tank	s tank	s tank				
109	Mmm, Larry	31 Pigeon Ln	6/37-07-0121000	own	never	y	n	n	n		hand d	1980	300	300	s tank	s tank	s tank				
110	Morgan, David	18 Teaberry Lane	6/37-20-0129000	own	5 1/3 years	y	n	n	n		drilled	1988	300	50	filter	s tank	s tank				
111	Neumeyer, R	32 Red Oak Terrace	6/37-28-0124000	own	4 1/5 years	y	n	n	n		drilled	1985	120	200	softener	s tank	s tank				
112	Nicholls, Kathy & Robert	21 Red Oak Terrace	6/37-20-0122000	own	2 1/5 years	y	n	n	n		drilled	1994	300	250	softener	s tank	s tank				
113	Nohsten, Gary L. Sr.	12 Loc Ln	6/37-24-0047000	own	2 1/5 years	y	n	n	n		drilled	1999	200	200	s tank	s tank	s tank				
114	Osenbach, David & Shirley	516 Hemlock Rd	6/37-23-0002000	own	new	y	n	n	n		drilled	1977	393	96	s tank	s tank	s tank				
115	Panga, John & Josephine	195 Ash Circle	6/37-11-0074017	own	1 1/3 years	y	n	n	n		drilled	1977	393	96	s tank	s tank	s tank				
116	Paiker, Christine M	137 S Hilltop Rd	6/37-09-0024001	own	2 1/5 years	y	n	n	n		drilled	1992	135	135	soda ash	s tank	s tank				
117	Pend, Helen V	73 Deere Ln	6/37-09-0024001	own	3 1/5 years	y	n	n	n		drilled	1978	135	135	s tank	s tank	s tank				
118	Plasma Bruce & Janet	90 Winter Mt Dr	6/37-16-0035006	own	2 1/3 years	y	n	n	n		drilled	1976	135	135	s tank	s tank	s tank				
119	Plesnarski, Rosemary	39 Deere Ln	6/37-20-0073004	own	3 1/5 years	y	n	n	n		drilled	1997	250	200	s tank	s tank	s tank				
120	Plesnarski, Rosemary	34 Retreat Rd	6/37-19-0021001	own	1 1/5 years	y	n	n	n		drilled	1999	200	100	s tank	s tank	s tank				
121	Reese, Frances & Crystal	2122 Shady Ln	6/37-20-0104004	own	2 1/5 years	y	n	n	n		drilled	1971	200	200	s tank	s tank	s tank				
122	Reinhart, Richard R	361 Blue Mt Dr	6/37-07-0088000	own	2 1/5 years	y	n	n	n		drilled	1986	400	200	s tank	s tank	s tank				
123	Reisler, Donald & Denise	23 Mantville Rd	6/37-07-0011000	own	2 1/3 years	y	n	n	n		drilled	1999	225	100	s tank	s tank	s tank				
124	Rice, Carl	78 Villas Crossing Rd	6/37-08-0032004	own	as needed	y	n	n	n		drilled	1975	100	100	s tank	s tank	s tank				
125	(n) Rossi, Frank	94 Downwood Ln	6/37-14-0011002	own	1 1/5 years	y	n	n	n		drilled	1996	250	250	softener	s tank	s tank				
126	Rohrbach, Ted	26 Municipal Rd.	6/37-13-0099003	own	3 1/5 years	y	n	n	n		drilled	1996	250	250	softener	s tank	s tank				
127	Rosen, Ted	2571 Sunny Rd	6/37-14-0155000	own	1 1/5 years	y	n	n	n		drilled	1971	100	100	s tank	s tank	s tank				
128	Sassanan, Ronald S	539 Zion Stone Church	6/37-14-0056002	own	1 1/5 years	y	n	n	n		drilled	1996	250	250	softener	s tank	s tank				
129	Schaefer, Linda	109 School Dr	6/37-14-0084000	own	1 1/5 years	y	n	n	n		drilled	1996	250	250	softener	s tank	s tank				
130	Sedack, J & C	60 Blue Mt Dr	6/37-25-0005002	own	1 1/5 years	y	n	n	n		drilled	1996	250	250	softener	s tank	s tank				
131	Sep, Laure & Blane	6/37-25-0005002	own	1 1/5 years	y	n	n	n	n		drilled	1996	250	250	softener	s tank	s tank				
132	Sjara, Philomena	6/37-20-0066000	own	2 1/3 years	y	n	n	n	n		drilled	1970	86	150	UV	s tank	s tank				
133	Sluk, Frances M	6/37-25-0005001	own	1 1/5 years	y	n	n	n	n		drilled	1992	250	500+	s tank	s tank	s tank				
134	Smith, Harvey E. Jr	332 Blue Mt Dr	6/37-14-0138000	own	1 1/5 years	y	n	n	n		drilled	1992	250	500+	s tank	s tank	s tank				
135	Smulligan, Joseph	2 Cal Tail Ln	6/37-14-0138000	own	1 1/5 years	y	n	n	n		drilled	1992	250	500+	s tank	s tank	s tank				
136	Southam, Jane L.			own	1 1/5 years	y	n	n	n		drilled	1992	250	500+	s tank	s tank	s tank				

ESP REGIONAL SEWAGE NEEDS SURVEY

①

Date: 3/31/03

Name: TELL BOGASH

Street Address: 16 BOGASH LANE
TAMAGUA, PA. 18252

Phone Number: N/A ☒ Owner ☐ Renter # of Residents N/A

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☒ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____
Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
Pump(s)
How many pumps? _____ Size(s) _____
Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Other: N/A Sizes _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source. N/A

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

6. Do you have your water tested periodically?

☐ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☐ Drilled
☐ Unknown

9. When was your well constructed?
_____ (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?
_____ feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
~~Old Well~~ Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: N/A

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

2
Date: 4

Name: THEODORE BOGOSIY

Street Address: 10 BOGOSIY LN.
TAMARICA PA
18252

Phone Number 570 386 5295 ☒ Owner ☐ Renter # of Residents _____

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? _____ Size(s) _____
Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
Pump(s)
How many pumps? _____ Size(s) _____
Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

6. Do you have your water tested periodically?

☐ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N

Bacteria (Coliform) _____ (MPN)

Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☐ Drilled
☐ Unknown

9. When was your well constructed?
_____ (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?
_____ feet

12. Is the water from your well treated by any method?

Check all that apply.

_____ Water softener

_____ Chlorinator

_____ Ultraviolet light treatment unit

_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
<u>Seepage Pit</u>	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
<u>Seepage Pit</u>	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

3

610-468-9890

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/26/03

Name: Harry Bowman

Street Address: 931 West Penn Pike
Tamaqua Pa. 18252

Phone Number: 386-3722 ☒ Owner ☐ Renter # of Residents 3

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☐ Drilled
☐ Unknown

9. When was your well constructed?
_____ (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?
_____ feet

12. Is the water from your well treated by any method?

Check all that apply.

_____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

<u>Septic Tank</u>	<u>Inground Bed</u>
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank	<u>Inground Bed</u>
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

4

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/22/03

Name: Irene M. Hunsicker

Street Address: 9 South Jamagua Dr.
Jamagua
Pa. 18252

Phone Number: 570-386-4822 ☒ Owner ☐ Renter # of Residents _____

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey
ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☒ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes

☐ No

3. Has your system ever been repaired?

☐ Yes

☒ No

4. Did the repair require a permit?

☐ Yes

☒ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? 1 Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes

☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☐ Drilled
☐ Unknown

9. When was your well constructed?
_____ (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?
_____ feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
X West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

5

Date: 3/30/03

Name: RONALD M. TINI

Street Address: 16 S. TAMAQUA PR
TAMAQUA
PA 18252

Phone Number: (570) 386-8395 ☒ Owner ☐ Renter # of Residents 3

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply. 2 YEARS OLD
PUMP 1 WEEK

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☐ No UNKNOWN

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?
☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? 1 Size(s) _____

Building sewer lines
What type of lines? IRON (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? 1 Size(s) _____

Drain Field(s)
How many? 1 Type _____ (ie. Standard in-ground etc)
Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☐ Drilled
☐ Unknown

9. When was your well constructed?
_____ (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?
_____ feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
~~_____~~ Rush Township
_____ Schuylkill Township
_____ Walker Township
✓ West Penn Township

ADDITIONAL COMMENTS:

TANK is ONLY 2 YEARS OLD
HAS BIN PUMP 1 TIME SINCE WE BOUGHT
HOUSE

ESP REGIONAL SEWAGE NEEDS SURVEY

6

Date: 3/18/03

Name: MARLIN G ZEHNER

Street Address: 26 South TAMIAQUA DRIVE
TAMIAQUA RA

Phone Number: 570-3865267 ☒ Owner ☐ Renter # of Residents

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? 1 Size(s) 1000 GAL

Building sewer lines
What type of lines? PLASTIC (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? Size(s)

Drain Field(s)
How many? Type (ie. Standard in-ground etc)
Sizes

Other:

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
 Bacteria (Coliform) _____ (MPN)
 Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☐ Drilled
☐ Unknown

9. When was your well constructed?
 _____ (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?
 _____ feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
 _____ Chlorinator
 _____ Ultraviolet light treatment unit
 _____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
 Community Sewer Cesspool
 Inground Trench Storm Sewer
 Old Well Elevated Sand Mound
 Pipe to Ditch Holding Tank
 Seepage Pit Pipe to Stream
 Privy Bore Hole
 Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
 Community Sewer Cesspool
 Inground Trench Storm Sewer
 Old Well Elevated Sand Mound
 Pipe to Ditch Holding Tank
 Seepage Pit Pipe to Stream
 Privy Bore Hole
 Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
 WETNESS WATER PONDING
 SYSTEM OVERFLOW SLUGGISH DRAINS
 SEWAGE BACKING UP INTO HOME
 OTHER: WETNESS

16. Which municipality do you reside in?

- _____ Tamaqua Borough
 _____ Rush Township
 _____ Schuylkill Township
 _____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 7/1/03

Name: Helen Bogush

Street Address: 19 Atlas Rd
Tamagosa, Pa. 18252

Phone Number: 570-386-5133 ☒ Owner ☐ Renter # of Residents 2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?
☒ Yes ☐ No

4. Did the repair require a permit?

5. What was repaired? Check all that apply:

Septic Tank(s)
 How many tanks? 1 Size(s) 1000 gal

Building sewer lines
 What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
 How many pumps? _____ Size(s) _____

Drain Field(s)
 How many? _____ Type _____ (ie. Standard in-ground etc)
 Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes

☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: N/A

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1952 (year)

10. How deep is your well? 60 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

UNKNOWN feet

12. Is the water from your well treated by any method?

Check all that apply.

- ☐ Water softener
☐ Chlorinator
☐ Ultraviolet light treatment unit
Other: N/A

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: N/A

16. Which municipality do you reside in?

- ☐ Tamaqua Borough
☐ Rush Township
☐ Schuylkill Township
☐ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/3/03

Name: Patricia & Judith Gerber

Street Address: 31 Atlas Rd

Tamagood Pl 15252

Phone Number: 386-4726 ☒ Owner ☐ Renter # of Residents 2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☒ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

- Septic Tank(s)
 How many tanks? _____ Size(s) _____
- Building sewer lines
 What type of lines? _____ (ie. Plastic, clay, or iron?)
- Pump(s)
 How many pumps? _____ Size(s) _____
- Drain Field(s)
 How many? _____ Type _____ (ie. Standard in-ground etc)
 Sizes _____
- Other: None

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: Everything

8. How is your well constructed:

- ☒ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1950 (year)

10. How deep is your well? DONT KNOW feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

35 feet

12. Is the water from your well treated by any method? NO

Check all that apply.

- ____ Water softener
____ Chlorinator
____ Ultraviolet light treatment unit
____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system? NONE

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
✓ West Penn Township

ADDITIONAL COMMENTS:

9

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 4/1/03

Name: PETER HARAHUSH

Street Address: 17 ATLAS ROAD
TAMAQUA, PA. 18252

Phone Number 570-386-4377 ☒ Owner ☐ Renter # of Residents 1

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☒ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

- Septic Tank(s) ☒ How many tanks? 1 Size(s) 1000 gal.
Building sewer lines _____ What type of lines? _____ (ie. Plastic, clay, or iron?)
Pump(s) _____ How many pumps? _____ Size(s) _____
Drain Field(s) _____ Type _____ (ie. Standard in-ground etc)
How many? _____ Sizes _____
Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?
☐ Yes ☒ No

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☒ Yes ☐ No

4. Did the repair require a permit?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for.

Nitrates ppm as N

Bacteria (Coliform) (MPN)

Other: N/A

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
UNKNOWN (year)

10. How deep is your well? UNKNOWN feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

UNKNOWN feet

12. Is the water from your well treated by any method?

Check all that apply.

☐ Water softener

☐ Chlorinator

☐ Ultraviolet light treatment unit

☐ Other: N/A

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed
<input type="checkbox"/> Community Sewer	<input type="checkbox"/> Cesspool
<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound
<input type="checkbox"/> Pipe to Ditch	<input type="checkbox"/> Holding Tank
<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole
<input type="checkbox"/> Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed
<input type="checkbox"/> Community Sewer	<input type="checkbox"/> Cesspool
<input checked="" type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound
<input type="checkbox"/> Pipe to Ditch	<input type="checkbox"/> Holding Tank
<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole
<input type="checkbox"/> Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: N/A

16. Which municipality do you reside in?

☐ Tamaqua Borough
☐ Rush Township
☐ Schuylkill Township
☐ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: / /

Name: Mildred Henniger

Street Address: 7 Atlas Rd
Leimay, Pa. 18252

Phone Number: 570-386-5622 ☒ Owner ☐ Renter # of Residents

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years

☒ Only when there is a problem. Please explain: I line about very little use

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

5. What was repaired? Check all that apply:

Septic Tank(s) _____ Size(s) _____
How many tanks? _____

Building sewer lines _____ (ie. Plastic, clay, or iron?)
What type of lines? _____

Pump(s) _____ Size(s) _____
How many pumps? _____

Drain Field(s) _____ Type _____
How many? _____ (ie. Standard in-ground etc)
Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have well or other private water source.

6. Do you have your water tested periodically?

☐ Yes

☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1940 (year)

10. How deep is your well? APRX. 60' feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

100 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ____ Water softener
____ Chlorinator
____ Ultraviolet light treatment unit
____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|---|---------------------|
| <input checked="" type="checkbox"/> Septic Tank | Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| <input checked="" type="checkbox"/> Pipe to Ditch | Holding Tank |
| <input checked="" type="checkbox"/> Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- | | |
|---|---------------------|
| <input checked="" type="checkbox"/> Septic Tank | Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- ____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 1/1/

Name: THOMAS P. LACEK

Street Address: 1023 PARK DRIVE

Phone Number: 570 386 5567 ☒ Owner ☐ Renter # of Residents 2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
- ☐ At least once a year
- ☒ At least once every TWO - THREE years
- ☐ At least once every 5 years
- ☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☒ Yes ☐ No

COMPLETELY REBUILT IN 1975

4. Did the repair require a permit?

☒ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? 1 Size(s) 1000 GI

Building sewer lines
What type of lines? PLASTIC & IRON (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? 2 Size(s)

Drain Field(s)
How many? 1 Type C (ie. Standard in-ground etc)
Size(s) 30' x 75'

Other:

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1996 (year)

10. How deep is your well? 81 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

Approx 65 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
☐ Chlorinator
☐ Ultraviolet light treatment unit
Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed |
| <input type="checkbox"/> Community Sewer | <input checked="" type="checkbox"/> Cesspool |
| <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mound |
| <input type="checkbox"/> Pipe to Ditch | <input type="checkbox"/> Holding Tank |
| <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole |
| <input type="checkbox"/> Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed |
| <input type="checkbox"/> Community Sewer | <input checked="" type="checkbox"/> Cesspool |
| <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mound |
| <input type="checkbox"/> Pipe to Ditch | <input type="checkbox"/> Holding Tank |
| <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole |
| <input type="checkbox"/> Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

- GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

ONLY AT EXTREME
WET CONDITIONS

16. Which municipality do you reside in?

- ☐ Tamaqua Borough
☐ Rush Township
☐ Schuylkill Township
☐ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/26/03

Name: RICKY + MARY MILLER

Street Address: 16 ATLAS RD

TAMAQUA PA 18252

Phone Number: (570) 386-5909 ☒ Owner ☐ Renter # of Residents 3

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
- ☐ At least once a year
- ☒ At least once every three years
- ☐ At least once every 5 years
- ☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s) _____ Size(s) 3000

How many tanks? 1

Building sewer lines _____

What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s) _____

How many pumps? _____ Size(s) _____

Drain Field(s) _____

How many? 1 Type _____ (ie. Standard in-ground etc) Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

3. Has your system ever been repaired?

☒ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☐ Drilled
☒ Unknown

9. When was your well constructed?
_____ (year)

10. How deep is your well? ≈ 35 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

≈ 45 feet

12. Is the water from your well treated by any method? NO

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage stem do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

PUBLIC CENTRAL SEWAGE SYSTEM WOULD BE WELCOME.

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 4/17/03

Name: R. J. Norman

Street Address: 1026 Park Dr

Tamagua PA 18252

Phone Number: _____ ☒ Owner ☐ Renter # of Residents _____

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain: _____

5. What was repaired? Check all that apply:

- Septic Tank(s)
 How many tanks? _____ Size(s) _____
 Building sewer lines _____
 What type of lines? _____ (ie. Plastic, clay, or iron?)
 Pump(s)
 How many pumps? _____ Size(s) _____
 Drain Field(s)
 How many? _____ Type _____
 (ie. Standard in-ground etc)
 Sizes _____
 Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☒ Hand Dug
☐ Drilled
☐ Unknown

9. When was your well constructed?
_____ (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

_____ feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|---|---------------------|
| <input checked="" type="checkbox"/> Septic Tank | Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole ? |
| Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- separate from above*
- | | |
|---|---------------------|
| <input checked="" type="checkbox"/> Septic Tank | Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/24/03

Name: Gladys Stein

Street Address: 10 Atlas Rd.
Tamaqua, PA 18252

Phone Number: 570 386 4973 ☒ Owner ☐ Renter # of Residents _____

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?
☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____
Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
Pump(s)
How many pumps? _____ Size(s) _____
Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☐ Drilled
☐ Unknown

9. When was your well constructed?
_____ (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?
_____ feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed-
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

15

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/17/03

Name: Karissa Brothers

Street Address: 9 Snickers Ln
New Ringgold, PA 17960

Phone Number: (570) 386-2092 ☒ Owner ☐ Renter # of Residents 2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please
ONLY if
system.

1. Maintenance

Check

How often

☐ Never

☒ At least once every three years

☐ At least once every 5 years

☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes

☐ No

3. Has your system ever been repaired?

☐ Yes

☐ No

4. Did the repair require a permit?

☐ Yes

☐ No

? Check all that apply:

Size(s)

(ie. Plastic, clay, or iron?)

Size(s)

Type
(ie. Standard in-ground etc)
Size(s)

Other:

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes

☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☐ Drilled
☐ Unknown

9. When was your well constructed?
1981 (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?
_____ feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 03/26/2003

Name: DANIEL & GLORIA BINGAMAN

Street Address: 422 GOLF RD.
TAMAQUA, PA 18252

Phone Number: 1-570-668-0114 ☒ Owner ☐ Renter # of Residents 2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

☒ Never - IVE NEVER HAD ANY PROBLEMS

☐ At least once a year

☐ At least once every three years

☐ At least once every 5 years

☒ Only when there is a problem. Please explain: IF THERE IS A PROBLEM ILL HAVE IT PUMPED OUT.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes

☐ No

NEVER PUMPED OUT

3. Has your system ever been repaired?

☐ Yes

☒ No

4. Did the repair require a permit?

☐ Yes

☐ No

N/A

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? 1

Size(s) 1000G

Building sewer lines
What type of lines? PLASTIC

(ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? NONE

Size(s) N/A

Drain Field(s)
How many? 1

Type STAND. IN-GRO.
(ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes

☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates NOT ppm as N
Bacteria (Coliform) TESTED (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1988 (year) APPROX

10. How deep is your well? APPROX 100 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

APPROX 100 feet

12. Is the water from your well treated by any method?

Check all that apply.

NO

- ____ Water softener
____ Chlorinator
____ Ultraviolet light treatment unit
____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|--------------------|---------------------|
| <u>Septic Tank</u> | <u>Inground Bed</u> |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- | | |
|--------------------|---------------------|
| <u>Septic Tank</u> | <u>Inground Bed</u> |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

NO

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- ____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

NEIGHBORS GOT WATER PONDING & OVERFLOW
CAUSING SMELL

15

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/26/03

Name: Frank Bobick

Street Address: 291 Golf Road
Tombau, PA 15282

Phone Number: 386-2400 ☒ Owner ☐ Renter # of Residents 3

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
- ☐ At least once a year
- ☒ At least once every three years
- ☐ At least once every 5 years
- ☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

Do repairs require a permit?

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? 2 Size(s) 2500 gal

Building sewer lines
What type of lines? plastic clay (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? 0 Size(s)

Drain Field(s)
How many? 1 Type Spreads (ie. Standard in-ground etc)
Sizes

Other:

YOUR DRINKING WATER

Answer this section ONLY if you have well or other private water source.

6. Do you have your water tested periodically

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

N/A

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
_____ (year) *Don't know!*

10. How deep is your well? *Don't know* _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

150 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
____ Chlorinator
____ Ultraviolet light treatment unit
☒ Other: *P.H.*

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed-
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY) *None*

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- ____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

We do not need public sewage!!!

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/21/03

Name: William Boyer

Street Address: 19 Archery Ln.
TAMAGUA PA.

Phone Number: 386-4855 [X] Owner [] Renter # of Residents

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- Never
- At least once a year
- At least once every three years
- [X] At least once every 5 years
- Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

[X] Yes [] No

3. Has your system ever been repaired?

[] Yes [] No

4. Did the repair require a permit?

[] Yes [] No

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? Size(s)
- Building sewer lines
What type of lines? (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? Size(s)
- Drain Field(s)
How many? Type (ie. Standard in-ground etc)
Sizes
- Other:

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

[] Yes [X] No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1975 (year)

10. How deep is your well? 150 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

100 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: ___/___/___

Name: Kistler, Kim & Tom

Street Address: 133 Mill Drive
Tamaqua PA 18252

Phone Number: 570-386-4288 [X] Owner [] Renter # of Residents 3

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- Never
- At least once a year
- At least once every three years
- At least once every 5 years
- Only when there is a problem. Please explain:
x Once since residing at address

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?
[] Yes [] No [] Unknown

3. Has your system ever been repaired?
[] Yes [X] No

4. Did the repair require a permit?
[] Yes [] No

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? _____ Size(s) _____
- Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? _____ Size(s) _____
- Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
- Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?
[] Yes [X] No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1992 (year)

10. How deep is your well? unknown feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?
unknown feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

20

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/27/03

Name: Jocelyn E. Shelhamer

Street Address: 30 Clearview Crossing
Tamara, Pa. 18252

Phone Number: 570-386-4995 ☒ Owner ☐ Renter # of Residents _____

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☒ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s) _____ Size(s) _____
How many tanks? _____

Building sewer lines _____ (ie. Plastic, clay, or iron?)
What type of lines? _____

Pump(s) _____ Size(s) _____
How many pumps? _____

Drain Field(s) ☒ Type _____
How many? _____ (ie. Standard in-ground etc)
Size(s) _____

Other: Adda Tank

YOUR DRINKING WATER

Answer this section ONLY if you have well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) ☒ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1971 (year)

10. How deep is your well? unknown feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

Over 100 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
☐ Chlorinator
☒ Ultraviolet light treatment unit
Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

<input checked="" type="checkbox"/> Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

<input checked="" type="checkbox"/> Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

☐ Tamaqua Borough
☐ Rush Township
☐ Schuylkill Township
☐ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/17/03

Name: Thomas Ackerman

Street Address: 1363 Laurel Lane
New Ringgold PA

Phone Number: _____ ☒ Owner ☐ Renter # of Residents 2

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

The System was Just Installed May/2002

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

The System is only 10 month old

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes

☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
2002 (year)

10. How deep is your well? 325 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

175 feet

12. Is the water from your well treated by any method? NO

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: <u>Standard System</u> <u>w/ 1500 gal Tank</u>

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

<u>Septic Tank</u>	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: NO

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

22

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/22/03

Name: JAMES E. AKINS

Street Address: 30 MANTZVILLE RD.
TAMAQUA PA 18252

Phone Number: 570-386-4093 ☒ Owner ☐ Renter # of Residents 5

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years (LARGE TANK)
☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____

Other: ☒ EXTENSION ADD 30 FT
DON'T NEED TO DIG 16'

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

3. Has your system ever been repaired?

☒ Yes ☐ No

4. Did the repair require a permit?

☐ Yes ☒ No - PUT EXTENSION
ON BECAUSE DEPTH OF TANK'S

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
? 1972 (year)

10. How deep is your well? ≈ 160' feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

app. 60' feet

12. Is the water from your well treated by any method?

No

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|---|---------------------|
| <input checked="" type="checkbox"/> Septic Tank | Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- | | |
|---|---------------------|
| Septic Tank | Inground Bed |
| Community Sewer | Cesspool |
| <input checked="" type="checkbox"/> Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system?

NONE

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: ___/___/___

Name: Jacqueline Arndt

Street Address: 116 Retreat Rd.
New Ringgold, Pa 17960

Phone Number: 570-386-4739 ☒ Owner ☐ Renter # of Residents

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
- ☐ At least once a year
- ☐ At least once every three years
- ☒ At least once every 5 years
- ☐ Only when there is a problem. Please explain: _____

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s) N.A.
How many tanks? Size(s)

Building sewer lines
What type of lines? (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? Size(s)

Drain Field(s)
How many? Type
(ie. Standard in-ground etc)
Size(s)

Other:

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for: NA

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1969 (year)

10. How deep is your well? 110 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)? ?

_____ feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: Filter System

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: NONE

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

I have no problems, but if I did I should be able to have my system repaired and not have to pay to hook into a public sewerage system. If this is the problem - maybe we are over populated & overloaded!!

24

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 1 / 1 /

Name: Allan Arner

Street Address: 352 Lime Kiln Dr.
 Andreas, Pa.
 18211

Phone Number: 570-386-3341 ☒ Owner ☐ Renter # of Residents 1

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never ONLY live here one year
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain: _____

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?
☐ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☐ No

4. Did the repair require a permit?

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? 1 Size(s) _____
- Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? _____ Size(s) _____
- Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
- Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have well or other private water source.

6. Do you have your water tested periodically?
☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
10's (year)

10. How deep is your well? 98 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

100 feet

12. Is the water from your well treated by any method? NO

Check all that apply.

- ____ Water softener
____ Chlorinator
____ Ultraviolet light treatment unit
____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: NONE

16. Which municipality do you reside in?

- ____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

25

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/21/03

Name:

Street Address: SAMUEL ATANASIO
#1 Glory Rd.
New Ringgold, PA. 17960
.....
.....

Phone Number: ☒ Owner ☐ Renter # of Residents 2

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never - Live in house 2 yrs.
- ☐ At least once a year
- ☐ At least once every three years
- ☐ At least once every 5 years
- ☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? _____ Size(s) _____
- Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? _____ Size(s) _____
- Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
- Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?
☐ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?
☐ Yes ☐ No

6. Do you have your water tested periodically?
☐ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
 Bacteria (Coliform) _____ (MPN)
 Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☐ Drilled
☐ Unknown

9. When was your well constructed?
 _____ (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?
 _____ feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
 _____ Chlorinator
 _____ Ultraviolet light treatment unit
 _____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|---|---------------------------|
| <input checked="" type="checkbox"/> Septic Tank | _____ Inground Bed |
| _____ Community Sewer | _____ Cesspool |
| _____ Inground Trench | _____ Storm Sewer |
| _____ Old Well | _____ Elevated Sand Mound |
| _____ Pipe to Ditch | _____ Holding Tank |
| _____ Seepage Pit | _____ Pipe to Stream |
| _____ Privy | _____ Bore Hole |
| _____ Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- | | |
|---|---------------------------|
| <input checked="" type="checkbox"/> Septic Tank | _____ Inground Bed |
| _____ Community Sewer | _____ Cesspool |
| _____ Inground Trench | _____ Storm Sewer |
| _____ Old Well | _____ Elevated Sand Mound |
| _____ Pipe to Ditch | _____ Holding Tank |
| _____ Seepage Pit | _____ Pipe to Stream |
| _____ Privy | _____ Bore Hole |
| _____ Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

- GREEN LUSH GRASS ODORS
 WETNESS WATER PONDING
 SYSTEM OVERFLOW SLUGGISH DRAINS
 SEWAGE BACKING UP INTO HOME
 OTHER: NONE

16. Which municipality do you reside in?

- _____ Tamaqua Borough
 _____ Rush Township
 _____ Schuylkill Township
 _____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3 / 13 / 03

Name: Robert R. Bailey

Street Address: 3488 Summer Valley Rd.
New Ringgold, Pa. 17960

Phone Number: 386 4499 ☒ Owner ☐ Renter # of Residents 2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☐ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Size(s) _____

Other: None

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
2013 (year)

10. How deep is your well? 306 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

_____ feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
☒ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: <u>Don't Know</u>

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: NO

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

27

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/29/03

Name: DAVID BALMA T

Street Address: 19 RATTESNAKE LANE
ANDAZAS, PA
18211

Phone Number: ☒ Owner ☐ Renter # of Residents 2

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?
☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s) N/A Size(s) _____
How many tanks? _____

Building sewer lines _____ (ie. Plastic, clay, or iron?)
What type of lines? _____

Pump(s) _____ Size(s) _____
How many pumps? _____

Drain Field(s) _____ Type _____
How many? _____ (ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes

☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates N/A ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1990 (year)

10. How deep is your well? 90 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

? feet

12. Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
____ Chlorinator
____ Ultraviolet light treatment unit
____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- ____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

WOULD RECOMMEND A WATER QUALITY SURVEY

28

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 4/1/03

Name: JOHN L. BAARTMAN

Street Address: 11 WILDLIFE TRAIL
TAMAQUA PA
18252

Phone Number: 386-1385 ☒ Owner ☐ Renter # of Residents 2

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey
ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain: _____

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____
(ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ☐ ppm as N
 Bacteria (Coliform) ☐ (MPN)
 Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?

1998 (year)

10. How deep is your well? 250 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

200 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
 _____ Chlorinator
 _____ Ultraviolet light treatment unit
 _____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- ☒ Septic Tank ☒ Inground Bed
☐ Community Sewer ☐ Cesspool
☒ Inground Trench ☐ Storm Sewer
☐ Old Well ☐ Elevated Sand Mound
☐ Pipe to Ditch ☐ Holding Tank
☐ Seepage Pit ☐ Pipe to Stream
☐ Privy ☐ Bore Hole
☐ Pipe to Surface ☐ Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- ☒ Septic Tank ☒ Inground Bed
☐ Community Sewer ☐ Cesspool
☒ Inground Trench ☐ Storm Sewer
☐ Old Well ☐ Elevated Sand Mound
☐ Pipe to Ditch ☐ Holding Tank
☐ Seepage Pit ☐ Pipe to Stream
☐ Privy ☐ Bore Hole
☐ Pipe to Surface ☐ Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
 WETNESS WATER PONDING
 SYSTEM OVERFLOW SLUGGISH DRAINS
 SEWAGE BACKING UP INTO HOME
 OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
 _____ Rush Township
 _____ Schuylkill Township
 _____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

OUR #1 PRIORITY WHEN PURCHASING PROPERTY WAS TO HAVE "PRIVATE" WELL + SEWER. WE ACCEPT THE RESPONSIBILITY FOR MAINTAINING THEM + AVOIDING PROBLEMS. WOULD SERIOUSLY CONSIDER LEAVING THE REGION IF FORCED TO USE PUBLIC WATER + SEWER. WE SPENT A LOT FOR GOOD SYSTEMS + ARE IN PROCESS OF GETTING ULTRAVIOLET UNIT FOR WATER SAFETY.

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/13/03

Name: Beverly BATMAN
 Street Address: 182 Archee Club Road
New Ringgold, PA
17960

Phone Number: 570-386-5535 ☒ Owner ☐ Renter # of Residents 2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?
☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
 How many tanks? _____ Size(s) _____
 Building sewer lines
 What type of lines? _____ (ie. Plastic, clay, or iron?)
 Pump(s)
 How many pumps? _____ Size(s) _____
 Drain Field(s)
 How many? _____ Type _____ (ie. Standard in-ground etc)
 Sizes _____
 Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1978 (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

75 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/15/03

Name: Robert & Rose Beck

Street Address: 177 MUNICIPAL Road
New Ringgold PA 17960

Phone Number: 386-4209 ☒ Owner ☐ Renter # of Residents 3

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____
Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
Pump(s)
How many pumps? _____ Size(s) _____
Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N

Bacteria (Coliform) (MPN)

Other: within normal limits
I don't have documentation available.

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?

1996 (year)

10. How deep is your well? 500 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

over 1000 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
☐ Chlorinator
☐ Ultraviolet light treatment unit
☐ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|-----------------|----------------------------|
| Septic Tank | Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | <u>Elevated Sand Mound</u> |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- | | |
|-----------------|----------------------------|
| Septic Tank | Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | <u>Elevated Sand Mound</u> |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system? NO

(CIRCLE ALL THAT APPLY)

- GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- ☐ Tamaqua Borough
☐ Rush Township
☐ Schuylkill Township
☐ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

I am opposed to municipal water & sewer as
a mandatory hookup.

ESP REGIONAL SEWAGE NEEDS SURVEY

31

Date: 3/12/03

Name: Michael Patricia Bernadyn

Street Address: 2 Red Oak Terrace
New Ringgold
PA 17960

Phone Number: 570-386-2891 ☒ Owner ☐ Renter # of Residents 4

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☒ Yes ☐ No

4. Did the repair require a permit?

☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? 1 _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
 Bacteria (Coliform) _____ (MPN)
 Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1976 (year)

10. How deep is your well? 120 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

100 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
 _____ Chlorinator
 _____ Ultraviolet light treatment unit
 _____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|---|---------------------|
| <input checked="" type="checkbox"/> Septic Tank | Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- | | |
|---|---------------------|
| <input checked="" type="checkbox"/> Septic Tank | Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

- ☒ GREEN LUSH GRASS ☐ ODORS
☐ WETNESS ☐ WATER PONDING
☐ SYSTEM OVERFLOW ☐ SLUGGISH DRAINS
☐ SEWAGE BACKING UP INTO HOME
 OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
 _____ Rush Township
 _____ Schuylkill Township
 _____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

West Penn Twp. (32)

Date: ___/___/___

Name:

Delores V. Beurrier

Street Address:

322 Blue Mtn. Drive
New Ringgold PA.
17960

Phone Number:

386-5781



Owner



Renter

of Residents

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

System is only 3 years old
Check all that apply.

How often do you have your septic tank pumped out?

___ Never

___ At least once a year

___ At least once every three years

☒ At least once every 5 years

___ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)

How many tanks? _____

Size(s) _____

Building sewer lines

What type of lines? _____

(ie. Plastic, clay, or iron?)

Pump(s)

How many pumps? _____

Size(s) _____

Drain Field(s)

How many? _____

Type _____
(ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes

☐ No

Has your system ever been repaired?

☐ Yes

☒ No

4. Did the repair require a permit?

☐ Yes

☐ No

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes

☐ No

We have a community well that is tested regularly.

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☐ Drilled
☐ Unknown

9. When was your well constructed?
_____ (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?
_____ feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

- GREEN LUSH GRASS
WETNESS
SYSTEM OVERFLOW
SEWAGE BACKING UP INTO HOME
ODORS
WATER PONDING
SLUGGISH DRAINS
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
_____ West Penn Township

ADDITIONAL COMMENTS:

33

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/21/03

Name: RUTH ANN BONASS

Street Address: 115 MILLHEAD ROAD

ANDREAS, PA 18211

Phone Number... 570-386-4841..... ☒ Owner ☐ Renter # of Residents 2

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey
ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____
Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
Pump(s)
How many pumps? _____ Size(s) _____
Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
Other: _____

YOUR DRINKING WATER

Answer this section *if*
well or other private

6. Do you have y

☐ Yes

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

ADDITIONAL

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N

Bacteria (Coliform) (MPN)

Other: _____

8. How is your well constructed:

☐ Hand Dug

☒ Drilled

☐ Unknown

9. When was your well constructed?

1985 (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

200 feet

12. Is the water from your well treated by any method? NO

Check all that apply.

_____ Water softener

_____ Chlorinator

_____ Ultraviolet light treatment unit

_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank

Community Sewer

Inground Trench

Old Well

Pipe to Ditch

Seepage Pit

Privy

Pipe to Surface

Inground Bed

Cesspool

Storm Sewer

Elevated Sand Mound

Holding Tank

Pipe to Stream

Bore Hole

Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank

Community Sewer

Inground Trench

Old Well

Pipe to Ditch

Seepage Pit

Privy

Pipe to Surface

Inground Bed

Cesspool

Storm Sewer

Elevated Sand Mound

Holding Tank

Pipe to Stream

Bore Hole

Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS

WETNESS

SYSTEM OVERFLOW

SEWAGE BACKING UP INTO HOME

OTHER: _____

ODORS

WATER PONDING

SLUGGISH DRAINS

16. Which municipality do you reside in?

_____ Tamaqua Borough

_____ Rush Township

_____ Schuylkill Township

_____ Walker Township

☒ West Penn Township

VAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

34

Date: 3/14/03

Name: Brian Borzak

Street Address: 84 Chain Circle
New Rmggold

Phone Number: 386-8540 ☒ Owner ☐ Renter # of Residents 4

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☒ Yes ☐ No

4. Did the repair require a permit?

☒ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? plastic (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____
(ie. Standard in-ground etc)
Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

unknown all was good

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1977 (year)

10. How deep is your well? 305 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

100+ feet

12. Is the water from your well treated by any method?

No
Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- Septic Tank 2 Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/12/2003

Name: Juanita S. Bruce

Street Address: 2161 Sunny Rd

New Ringold

PA 17960

Phone Number: 570-386-2910 ☒ Owner ☐ Renter # of Residents _____

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain: _____

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? 1 Size(s) 500.00

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1983 (year)

10. How deep is your well? 325.00 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

200 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
~~Community Sewer~~ Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
~~Community Sewer~~ Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

36

Date: 03/14/03

Name: RONALD CALARCO

Street Address: 416 Archery Club Rd.
New Ringgold, Pa. 17960

Phone Number: 570.386.2912 ☒ Owner ☐ Renter # of Residents 3

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

5. What was repaired? Check all that apply: *N/A*

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Size(s) _____

Other: _____

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

☐ Never

☐ At least once a year

☐ At least once every three years

☒ At least once every 5 years

☐ Only when there is a problem. Please explain: _____

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes

☐ No

3. Has your system ever been repaired?

☐ Yes

☒ No

4. Did the repair require a permit? *N/A*

☐ Yes

☐ No

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes

☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1984 (year) ?

10. How deep is your well? 1/2 325 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

Approx 100 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
X West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/22/03

Name: ALBERT H. CHEESE

Street Address: 3157 BEN SALEM ROAD

ANDREAS PA

18211 - 9643

Phone Number: 570-386-3126 ☒ Owner ☐ Renter # of Residents 3

(NOTE) One Away at College

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
- ☐ At least once a year
- ☐ At least once every three years
- ☐ At least once every 5 years
- ☒ Only when there is a problem. Please explain: Every 8 years

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

5. What was repaired? Check all that apply:

Septic Tank(s) _____ Size(s) _____
How many tanks? _____

Building sewer lines _____ (ie. Plastic, clay, or iron?)
What type of lines? _____

Pump(s) _____ Size(s) _____
How many pumps? _____

Drain Field(s) _____ Type _____
How many? _____ (ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have well or other private water source.

6. Do you have your water tested periodically

☐ Yes ☒ No

was tested once when house was built.

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1987 (year)

10. How deep is your well? 133 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

150 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ____ Water softener
____ Chlorinator
____ Ultraviolet light treatment unit
____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed |
| <input type="checkbox"/> Community Sewer | <input type="checkbox"/> Cesspool |
| <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mound |
| <input type="checkbox"/> Pipe to Ditch | <input type="checkbox"/> Holding Tank |
| <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole |
| <input type="checkbox"/> Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed |
| <input type="checkbox"/> Community Sewer | <input type="checkbox"/> Cesspool |
| <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mound |
| <input type="checkbox"/> Pipe to Ditch | <input type="checkbox"/> Holding Tank |
| <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole |
| <input type="checkbox"/> Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- ____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

Septic Tank is opened regularly and checked for
Sludge Build up.

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: ___/___/___

Name: Todd Cheese

Street Address: 63 Lime Kiln Road
Andres PA 18211

Phone Number: 570-386-5018 ☒ Owner ☐ Renter # of Residents 2

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
- ☐ At least once a year
- ☐ At least once every three years
- ☐ At least once every 5 years
- ☐ Only when there is a problem. Please explain: _____

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? _____ Size(s) _____
- Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? _____ Size(s) _____
- Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Size(s) _____
- Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?
- ☐ Yes ☐ No

6. Do you have your water tested periodically?
- ☐ Yes ☐ No

3. Has your system ever been repaired?
- ☐ Yes ☐ No

4. Did the repair require a permit?
- ☐ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☐ Drilled
☐ Unknown

9. When was your well constructed?
_____ (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?
_____ feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
_____ West Penn Township

ADDITIONAL COMMENTS:

I have a sand mound septic system. I take care of my own. I have no interest whatsoever in public sewer and water and unlikely ever will. Thank You

39

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/30/03

Name: Frederick & Theresa Cunicola

Street Address: 111 Snowdrift Rd

Andreas, PA 18211

Phone Number: 386-5118 ☒ Owner ☐ Renter # of Residents 4

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes

☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1988 (year)

10. How deep is your well? 180 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

180 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

40
Date: 31/ST01

Name: OLIVER, F COOMBE

Street Address: 2019 SUNNY RD

Phone Number: 386-5144 ☒ Owner ☐ Renter # of Residents 2

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? _____ Size(s) _____
- Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? _____ Size(s) _____
- Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
- Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☐ No

4. Did the repair require a permit?

☐ Yes ☐ No

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
_____ (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

500 feet

12. Is the water from your well treated by any method? NO

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: <u>DON'T KNOW</u>

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: <u>DON'T KNOW</u>

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

(41)

Date: ___/___/___

Name: Don Cornell

Street Address: 55 Dorset Rd.
New Ringgold Pa.

Phone Number: _____ ☒ Owner ☐ Renter # of Residents _____

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☒ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? _____ Size(s) _____
- Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? _____ Size(s) _____
- Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
- Other: _____

YOUR DRINKING WATER

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for: NO

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
? (year)

10. How deep is your well? 20' feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

125' feet

12. Is the water from your well treated by any method? NO

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|---|---------------------|
| <input checked="" type="checkbox"/> Septic Tank | Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- | | |
|---|---------------------|
| <input checked="" type="checkbox"/> Septic Tank | Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/13/03

Name: Glenn and Diane Cunningham

Street Address: 129 Municipal Road
New Ringgold, PA 17960

Phone Number: (516) 386-2878 ☒ Owner ☐ Renter # of Residents 5

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☒ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

NO REPAIR
Septic Tank(s) _____ Size(s) _____
How many tanks? _____
Building sewer lines _____ (ie. Plastic, clay, or iron?)
What type of lines? _____
Pump(s) _____ Size(s) _____
How many pumps? _____
Drain Field(s) _____ Type _____
How many? _____ (ie. Standard in-ground etc)
Sizes _____
Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

2/99

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1998 (year)

10. How deep is your well? 420 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

200 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
☐ Chlorinator
☐ Ultraviolet light treatment unit
☐ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

15. Have you ever noticed any of the following near your septic system? NO

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- ☐ Tamaqua Borough
☐ Rush Township
☐ Schuylkill Township
☐ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

RECEIVED MAR 20
AFTER THE RETURN
DATE OF MAR 17

REGIONAL SEWAGE NEEDS SURVEY

Date: 3/24/03

.....DENNIS Kalish.....

67 SKYLINE DR.....

P.U.A.....

Phone Number.....788.....☒ Owner ☐ Renter # of Residents.....

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey
ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

___ Never

___ At least once a year

___ At least once every three years

___ At least once every 5 years

☒ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? 1 Size(s)

Building sewer lines
What type of lines? (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? Size(s)

Drain Field(s)
How many? 1 Type STANDARD
(ie. Standard in-ground etc)
Size(s)

Other:

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☒ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) X (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1992 (year)

10. How deep is your well? 360 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

150 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
X Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|--------------------|---------------------|
| <u>Septic Tank</u> | <u>Inground Bed</u> |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- | | |
|--------------------|---------------------|
| <u>Septic Tank</u> | Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: No

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
X West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

44

Date: 3/17/03

Name: Edward A. Dudley

Street Address: 51 Red Oak Terrace
New Ringgold, PA 17960

Phone Number: 570-386-2917 ☒ Owner ☐ Renter # of Residents 2

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☒ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N

Bacteria (Coliform) (MPN)

Other: _____

8. How is your well constructed:

- ☐ Hand Dug ☒ Pounded
☐ Drilled
☐ Unknown

9. When was your well constructed?
1983 (year)

10. How deep is your well? ? feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

? feet

12. Is the water from your well treated by any method?

Check all that apply.

_____ Water softener

_____ Chlorinator

_____ Ultraviolet light treatment unit

_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed
<input type="checkbox"/> Community Sewer	<input type="checkbox"/> Cesspool
<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound
<input type="checkbox"/> Pipe to Ditch	<input type="checkbox"/> Holding Tank
<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole
<input type="checkbox"/> Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed
<input type="checkbox"/> Community Sewer	<input type="checkbox"/> Cesspool
<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound
<input type="checkbox"/> Pipe to Ditch	<input type="checkbox"/> Holding Tank
<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole
<input type="checkbox"/> Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 1

Name: Ronald EVERETT

Street Address: 679 Pine Hill Rd.
Andreas, Pa 18211

Phone Number: (570) 386-5022 ☒ Owner ☐ Renter # of Residents

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain: _____

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? Size(s)

Building sewer lines
What type of lines? (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? Size(s)

Drain Field(s)
How many? Type
(ie. Standard in-ground etc)
Sizes

Other:

YOUR DRINKING WATER

Answer this section ONLY if you have well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

3. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1978 (year)

10. How deep is your well? 450 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

50 feet

2. Is the water from your well treated by any method?

Check all that apply.

- ____ Water softener
____ Chlorinator
____ Ultraviolet light treatment unit
☒ Other: Neutralizer

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- ____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

46

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/21/03

Name: Darvin S. Faust

Street Address: 100 Pond Dr
Andreas Pa. 18211

Phone Number: 570-386-4331 ☒ Owner ☐ Renter # of Residents 3

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never one time in 30 yrs.
and it did not need it then but
☐ At least once a year had problem with line
☐ At least once every three years
☐ At least once every 5 years

☒ Only when there is a problem. Please explain:

If your septic system is working right you do not have to pump it out

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? Plastic (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____
(ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☒ Hand Dug
☐ Drilled
☐ Unknown

9. When was your well constructed?
30 (year)

10. How deep is your well? 3' feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

200 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ____ Water softener
____ Chlorinator
☒ Ultraviolet light treatment unit
____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank

Inground Bed

Community Sewer
Inground Trench
Old Well
Pipe to Ditch
Seepage Pit
Privy
Pipe to Surface
Cesspool
Storm Sewer
Elevated Sand Mound
Holding Tank
Pipe to Stream
Bore Hole
Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank

Inground Bed

Community Sewer
Inground Trench
Old Well
Pipe to Ditch
Seepage Pit
Privy
Pipe to Surface
Cesspool
Storm Sewer
Elevated Sand Mound
Holding Tank
Pipe to Stream
Bore Hole
Other: _____

15. Have you ever noticed any of the following near your septic system? NO

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS
WETNESS
SYSTEM OVERFLOW
SEWAGE BACKING UP INTO HOME
ODORS
WATER PONDING
SLUGGISH DRAINS
OTHER: _____

16. Which municipality do you reside in?

- ____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

Your septic system should not have to be pump if it
is work right

47

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/21/03

Name: Dennis & Val Faust

Street Address: 467 Rabbit Run
Andrews PA
18211

Phone Number: 386-4613 ☒ Owner ☐ Renter # of Residents

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- Never
- At least once a year
- At least once every three years
- ☒ At least once every 5 years
- Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? Size(s)
- Building sewer lines
What type of lines? (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? Size(s)
- Drain Field(s)
How many? Type (ie. Standard in-ground etc) Sizes
- Other:

YOUR DRINKING WATER

Answer this section ONLY if you have well or other private water source.

6. Do you have your water tested periodically

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N

Bacteria (Coliform) (MPN)

Other: Need it tested yearly for
fosfer care Safe for
Drinking

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1978 (year)

10. How deep is your well? 300 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

200 feet

12. Is the water from your well treated by any method?

Check all that apply.

☐ Water softener

☐ Chlorinator

☐ Ultraviolet light treatment unit

☐ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank

Community Sewer

Inground Trench

Old Well

Pipe to Ditch

Seepage Pit

Privy

Pipe to Surface

Inground Bed

Cesspool

Storm Sewer

Elevated Sand Mound

Holding Tank

Pipe to Stream

Bore Hole

Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank

Community Sewer

Inground Trench

Old Well

Pipe to Ditch

Seepage Pit

Privy

Pipe to Surface

Inground Bed

Cesspool

Storm Sewer

Elevated Sand Mound

Holding Tank

Pipe to Stream

Bore Hole

Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS

WETNESS

SYSTEM OVERFLOW

SEWAGE BACKING UP INTO HOME

OTHER: _____

ODORS

WATER PONDING

SLUGGISH DRAINS

16. Which municipality do you reside in?

☐ Tamaqua Borough

☐ Rush Township

☐ Schuylkill Township

☐ Walker Township

☒ West Penn Township

ADDITIONAL COMMENTS:

48

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: / /

Name:

MR. & MRS. ETHELBERG FAUST

RR 1 Box 145 326 Coldspring Rd.
Andreas, PA 18211

Street Address:

Phone Number: 570-386-4583 ☒ Owner ☐ Renter # of Residents 3

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey
ONLY if your home utilizes an on-lot septic
system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

☒ Never had a problem

☒ ~~At least once a year~~ had it pumped once 10 yrs. ago

☐ At least once every three years

☐ At least once every 5 years

☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes

☐ No

3. Has your system ever been repaired?

☐ Yes

☒ No

4. Did the repair require a permit?

☐ Yes

☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)

How many tanks? 1

Size(s) 12' long & 5' wide

Building sewer lines

What type of lines? Plastic & terra cotta (ie. Plastic, clay, or iron?)

Pump(s)

How many pumps? Gravity

Size(s)

Drain Field(s)

How many? 1

Type
(ie. Standard in-ground etc.)
Size(s) 20' x 7'

Other:

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

I have a well now and cased off the old one.

6. Do you have your water tested periodically?

☒ Yes

☐ No Because of the solid

I also have a water softener & also have a water purifier system.

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
about 7 (year) ago

10. How deep is your well? about 200 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

own — 100 feet north

12. Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
☐ Chlorinator
☐ Ultraviolet light treatment unit
☒ Other: Triple filter system

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
<u>Inground Trench</u>	Storm Sewer
Old Well	Elevated Sand Mound
<u>Pipe to Ditch</u>	Holding Tank
Seepage Pit	Pipe to Stream
<u>Privy</u>	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

☐ Tamaqua Borough
☐ Rush Township
☐ Schuylkill Township
☐ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

49

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 4/1/03

Name: RAY FELDOR

Street Address: 508 HENLOK RD
TAMARCA, PA 18252

Phone Number: 570-386-4650 ☒ Owner ☐ Renter # of Residents

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? Size(s)

Building sewer lines
What type of lines? (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? Size(s)

Drain Field(s)
How many? Type (ie. Standard in-ground etc)
Size(s)

Other:

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N

Bacteria (Coliform) (MPN)

Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?

1994 (year)

10. How deep is your well? 376 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

125+ feet

12. Is the water from your well treated by any method?

Check all that apply.

☒ Water softener

☐ Chlorinator

☐ Ultraviolet light treatment unit

☐ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed
<input type="checkbox"/> Community Sewer	<input type="checkbox"/> Cesspool
<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound
<input type="checkbox"/> Pipe to Ditch	<input type="checkbox"/> Holding Tank
<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole
<input type="checkbox"/> Pipe to Surface	<input type="checkbox"/> Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed
<input type="checkbox"/> Community Sewer	<input type="checkbox"/> Cesspool
<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound
<input type="checkbox"/> Pipe to Ditch	<input type="checkbox"/> Holding Tank
<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole
<input type="checkbox"/> Pipe to Surface	<input type="checkbox"/> Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

☐ Tamaqua Borough
☐ Rush Township
☐ Schuylkill Township
☐ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3 / 12 / 03

Name: Donald + Ramona Fegley

Street Address: 22 Oak Terrace Road
New Ringgold PA 17960

Phone Number: 570-381-3084 ☒ Owner ☐ Renter # of Residents 4

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey **ONLY** if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year.
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? _____ Size(s) _____
- Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? _____ Size(s) _____
- Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
- Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

6. Do you have your water tested periodically?

3. Has your system ever been repaired?

☐ Yes ☒ No

☒ Yes

☐ No

4. Did the repair require a permit?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1989 (year)

10. How deep is your well? approx 250 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?
approx 300 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
☐ Chlorinator
☐ Ultraviolet light treatment unit
☐ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

- GREEN LUSH GRASS
WETNESS
SYSTEM OVERFLOW
SEWAGE BACKING UP INTO HOME
ODORS
WATER PONDING
SLUGGISH DRAINS
OTHER: _____

16. Which municipality do you reside in?

- ☐ Tamaqua Borough
☐ Rush Township
☐ Schuylkill Township
☐ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

51
Date: / /

Name:

GARY + ROSANNE FERNSTERMAKER

Street Address:

194 Tower Road
New Ringgold Pa 17960

Phone Number:

570-386-2571

☒ Owner

☐ Renter

of Residents

3

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

☐ Never

☐ At least once a year

☒ At least once every three years

☐ At least once every 5 years

☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)

How many tanks?

Size(s)

Building sewer lines

What type of lines?

(ie. Plastic, clay, or iron?)

Pump(s)

How many pumps?

Size(s)

Drain Field(s)

How many?

Type

(ie. Standard in-ground etc)

Sizes

Other:

YOUR DRINKING WATER

2. When your septic system is pumped out, is the interior inspected for cracks, or broken baffles?

☒ Yes

☐ No

3. Has your system ever been repaired?

☐ Yes

☒ No

4. Did the repair require a permit?

☐ Yes

☐ No

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes

☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1981 (year)

10. How deep is your well? 450 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)? well is in front yard
?? septic is 10 back of house
_____ feet

12. Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
☒ Chlorinator
☒ Ultraviolet light treatment unit
Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

- GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/24/03

Name: Mr. & Mrs. David Fink

Street Address: 537 Cold Spring Road
Andreas, PA 18211

Phone Number: 570-386-5640 ☒ Owner ☐ Renter # of Residents _____

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1967 (year)

10. How deep is your well? 210 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?
_____ feet

12. Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
☐ Chlorinator
☐ Ultraviolet light treatment unit
Other: Acid Neutralizer

Filter system on drinking water

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☒ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☒ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- ☐ Tamaqua Borough
☐ Rush Township
☐ Schuylkill Township
☐ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

53
Date: 3/13/03

Name: Thomas F. Flaminio

Street Address: 11 E Hyland Drive

New Ringgold PA 17960

Phone Number: 570-386-3230 ☒ Owner ☐ Renter # of Residents five

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This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____
Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
Pump(s)
How many pumps? (1) _____ Size(s) _____
Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Other: _____ Sizes _____

YOUR DRINKING WATER

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☒ Yes ☐ No

4. Did the repair require a permit?

☐ Yes ☒ No

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1992 (year)

10. How deep is your well? 275 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

200 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	<u>Elevated Sand Mound</u>
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	<u>Elevated Sand Mound</u>
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: ___/___/___

Name: George C. & Margaret J. Frace

Street Address: 277 Sycamore Ln
New Ringgold

Phone Number: 386-5462 ☒ Owner ☐ Renter # of Residents 4

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This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
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YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
- ☐ At least once a year
- ☒ At least once every three years
- ☐ At least once every 5 years
- ☐ Only when there is a problem. Please explain:

system is only 5 yrs old

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____
Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
Pump(s)
How many pumps? _____ Size(s) _____
Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1998 (year)

10. How deep is your well? 270 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

115 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
X West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/12/03

Name: David + Lisa FREDERICK

Street Address: 51 CHAIN CIRCLE
NEW KINGGOLD, PA 17960

Phone Number: 386-5203 ☒ Owner ☐ Renter # of Residents 4

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?
☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s) NA
How many tanks? _____ Size(s) _____

Building sewer lines _____
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s) _____
How many pumps? _____ Size(s) _____

Drain Field(s) _____ Type _____
How many? _____ (ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1990 (year)

10. How deep is your well? 300+ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

800+ feet

12. Is the water from your well treated by any method?

Check all that apply. NO

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed
<input type="checkbox"/> Community Sewer	<input type="checkbox"/> Cesspool
<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound
<input type="checkbox"/> Pipe to Ditch	<input checked="" type="checkbox"/> Holding Tank
<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole
<input type="checkbox"/> Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed
<input type="checkbox"/> Community Sewer	<input type="checkbox"/> Cesspool
<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound
<input type="checkbox"/> Pipe to Ditch	<input type="checkbox"/> Holding Tank
<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole
<input type="checkbox"/> Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/13/03

Name: Darryl & Charlotte Fritz

Street Address: 231 Sky Line Drive
New Ringgold PA 17960

Phone Number: 386-2859 ☒ Owner ☐ Renter # of Residents 2

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This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

5. What was repaired? Check all that apply:

Septic Tank(s) NA
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____

Other: _____

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

when inspection dictates

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit? NA

☐ Yes ☐ No

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for: NA

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1993 (year)

10. How deep is your well? 550 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

150 feet

12. Is the water from your well treated by any method? NO

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

<u>Septic Tank</u>	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	<u>Elevated Sand Mound</u>
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

<u>Septic Tank</u>	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	<u>Elevated Sand Mound</u>
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system? NO

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: / /

Name: RANDY FRITZ

Street Address: 379 COLD SPRING RD.

ANDREAS PA.

18211

Phone Number: 386-5585 ☒ Owner ☐ Renter # of Residents

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This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
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YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
- ☐ At least once a year
- ☒ At least once every three years
- ☐ At least once every 5 years
- ☐ Only when there is a problem. Please explain: _____

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s) _____ Size(s) _____
How many tanks? _____

Building sewer lines _____ (ie. Plastic, clay, or iron?)
What type of lines? _____

Pump(s) _____ Size(s) _____
How many pumps? _____

Drain Field(s) _____ Type _____
How many? _____ (ie. Standard in-ground etc)
Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1978 (year)

10. How deep is your well? 200 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

100 feet

12. Is the water from your well treated by any method? NO

Check all that apply.

- ____ Water softener
____ Chlorinator
____ Ultraviolet light treatment unit
____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system? NO

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- ____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

58

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/20/03

Name: WILLIAM B. GERNERT

Street Address: 212 ARCHERY CLUB RD.
NEW RINGGOLD, PA. 17960

Phone Number: (570) 386-8125 ☒ Owner ☐ Renter # of Residents 2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never INSTALLED 12/98
☐ At least once a year WILL HAVE IT PUMPED OUT
☐ At least once every three years THIS SPRING
☐ At least once every 5 years THEREAFTER
☐ Only when there is a problem. Please explain: EVERY 5 YRS.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles? WILL REQUEST

☐ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s) ONE TANK WITH DIVIDER & TWO ACCESS COVERS
How many tanks? _____ Size(s) 2

Building sewer lines ONE
What type of lines? PLASTIC (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? NONE Size(s) _____
GRAVITY FLOW

Drain Field(s) FOUR PARALLEL Type _____
How many? LINES (ie. Standard in-ground etc)
WITH DIST. MANIFOLD Sizes _____

Other: SYSTEM WAS INSPECTED AND APPROVED BY OFFICIALS PRIOR TO USE

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

YEARLY

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
12/98 (year)

10. How deep is your well? 650 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

300 + feet

12. Is the water from your well treated by any method?

Check all that apply.

_____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
Other: NONE

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

NO

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

59

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/18/03

Name: JIM + MARY ANN GIBBONS

Street Address: 14 W HULAND DRIVE
NEW RINGGOLD, PA

Phone Number: 570-386-3981 ☒ Owner ☐ Renter # of Residents 2

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey
ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain: _____

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

5. What was repaired? Check all that apply:

Septic Tank(s) _____ Size(s) _____
How many tanks? _____

Building sewer lines _____ (ie. Plastic, clay, or iron?)
What type of lines? _____

Pump(s) _____ Size(s) _____
How many pumps? _____

Drain Field(s) _____ Type _____
How many? _____ (ie. Standard in-ground etc)
Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have well or other private water source.

6. Do you have your water tested periodically

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N -
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1996 (year)

10. How deep is your well? 375 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

200' feet

12. Is the water from your well treated by any method?

Check all that apply.

- ____ Water softener
____ Chlorinator
____ Ultraviolet light treatment unit
☒ Other: FILTER

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed |
| <input type="checkbox"/> Community Sewer | <input type="checkbox"/> Cesspool |
| <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mound |
| <input type="checkbox"/> Pipe to Ditch | <input type="checkbox"/> Holding Tank |
| <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole |
| <input type="checkbox"/> Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed |
| <input type="checkbox"/> Community Sewer | <input type="checkbox"/> Cesspool |
| <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mound |
| <input type="checkbox"/> Pipe to Ditch | <input type="checkbox"/> Holding Tank |
| <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole |
| <input type="checkbox"/> Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- ____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

60

Date: 3/21/03

Name: Clinton Green

Street Address: 529 Oak Lane
Tamaqua PA 18252

Phone Number: 570-386-4836 ☒ Owner ☐ Renter # of Residents 2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? _____ Size(s) _____
- Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? _____ Size(s) _____
- Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
- Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?
☐ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1992 (year)

10. How deep is your well? 750 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

125 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/15/03

Name: Delbert + Patsy Green

Street Address: 127 Sycamore Lane
New Ringgold Pa
17960

Phone Number: 570-386-5266 ☒ Owner ☐ Renter # of Residents 2

~~~~~  
 This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
 ~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☒ Only when there is a problem. Please explain:
when it's full

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☒ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s)
 How many tanks? 1 Size(s) 500 gal

Building sewer lines
 What type of lines? 0 (ie. Plastic, clay, or iron?)

Pump(s)
 How many pumps? 0 Size(s) 0

Drain Field(s)
 How many? 0 Type 0
 (ie. Standard in-ground etc)
 Sizes 0

Other: 0

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: N/A

8. How is your well constructed:

IT'S A SPRING NO WELL
☐ Hand Dug
☐ Drilled
☒ Unknown

9. When was your well constructed?

N/A (year) IT'S A SPRING

10. How deep is your well? N/A feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

100 feet

12. Is the water from your well treated by any method?

Check all that apply.

☐ Water softener
☐ Chlorinator
☐ Ultraviolet light treatment unit
N/A Other: NO

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: NO

16. Which municipality do you reside in?

☐ Tamaqua Borough
☐ Rush Township
☐ Schuylkill Township
☐ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/10/03

Name:

Mr & Mrs Anin Greene

Street Address:

98 Water wheel Rd.
New Ringgold PA
17960

Phone Number:

386-4468



Owner



Renter

of Residents

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years

☒ Only when there is a problem. Please explain: new system
3 yrs old

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)

How many tanks? _____

Size(s) _____

Building sewer lines

What type of lines? _____

(ie. Plastic, clay, or iron?)

Pump(s)

How many pumps? _____

Size(s) _____

Drain Field(s)

How many? _____

Type _____
(ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes

☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
199 (year)

10. How deep is your well? 325 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

125 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank <input checked="" type="checkbox"/>	Inground Bed <input checked="" type="checkbox"/>
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank <input checked="" type="checkbox"/>	Inground Bed <input checked="" type="checkbox"/>
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ☒ ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/17/03Name: Gretta GrossStreet Address: 71 Red Oak Terrace
New Ringgold, PA 17960Phone Number: ☒ Owner ☐ Renter # of Residents 1

~~~~~

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

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YOUR SEPTIC SYSTEM

Please provide answers to this survey
ONLY if your home utilizes an on-lot septic
system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
- ☐ At least once a year
- ☐ At least once every three years
- ☒ At least once every 5 years
- ☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? _____ Size(s) _____
- Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? _____ Size(s) _____
- Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
- Other: _____

YOUR DRINKING WATER**2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?**

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☐ Drilled
☒ Unknown

9. When was your well constructed?
1988 (year)

10. How deep is your well? 60 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

unknown feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME.
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/18/03

Name: John Gruver

Street Address: 3233 Summer Valley Rd.
New Ringgold, PA 17960

Phone Number (570) 386-3349 ☒ Owner ☐ Renter # of Residents 3

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?
☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) 0 (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1991 (year)

10. How deep is your well? 160 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

150 feet

12. Is the water from your well treated by any method?

Check all that apply.

- Water softener
 Chlorinator
 Ultraviolet light treatment unit
 Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

N/A

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- Tamaqua Borough
 Rush Township
 Schuylkill Township
 Walker Township
✓ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

65

Date: 3/24/03

Name: KERRY GURSKY

Street Address: 125 PINE RIDGE DR.
ANDREAS, PA. 18211

Phone Number: 570-386-3217 ☒ Owner ☐ Renter # of Residents 4

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s) N/A Size(s) _____
How many tanks? _____

Building sewer lines _____ (ie. Plastic, clay, or iron?)
What type of lines? _____

Pump(s) _____ Size(s) _____
How many pumps? _____

Drain Field(s) _____ Type _____
How many? _____ (ie. Standard in-ground etc)
Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1982 (year)

10. How deep is your well? 130 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

250 feet

12. Is the water from your well treated by any method? NO

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

<u>Septic Tank</u>	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
<u>Seepage Pit</u>	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

NO

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
X West Penn Township

ADDITIONAL COMMENTS:

666

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/21/03

Name: HARRY HAMM

Street Address: 27 Hamm's Lane
Andreas Pa. 18211

Phone Number: 570-386-4839 ☒ Owner ☐ Renter # of Residents _____

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
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YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain: _____

5. What was repaired? Check all that apply:

Septic Tank(s) ☒
How many tanks? 1 Size(s) 1200
Building sewer lines _____
What type of lines? _____ (ie. Plastic, ☒ clay, or iron?)
Pump(s) _____
How many pumps? 1 Size(s) _____
Drain Field(s) _____
How many? 1 Type SAND (ie. Standard in-ground etc)
Sizes _____
Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☒ No

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: 1800

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1970 (year)

10. How deep is your well? 115 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

150 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
☐ Chlorinator
☐ Ultraviolet light treatment unit
Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

☐ Tamaqua Borough
☐ Rush Township
☐ Schuylkill Township
☐ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

(67)

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/12/03

Name: David W. Hartman

Street Address: 126 Tower Rd.
New Ringgold, PA 17960

Phone Number: 570 386-3250 ☒ Owner ☐ Renter # of Residents 5

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey
ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____
Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
Pump(s)
How many pumps? _____ Size(s) _____
Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

3. Has your system ever been repaired?
☐ Yes ☒ No

☐ Yes ☒ No

4. Did the repair require a permit?
☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1994 (year)

10. How deep is your well? 100+ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

100 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
X West Penn Township

ADDITIONAL COMMENTS:

68

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/26/03

Name: Wade Heintzelman

Street Address: 1370 Laurel LN
New Ringgold, Pa 17960

Phone Number: Owner Renter # of Residents

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- Never
- At least once a year
- At least once every three years
- X At least once every 5 years
- Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

Yes No

3. Has your system ever been repaired?

Yes No

4. Did the repair require a permit?

5. What was repaired? Check all that apply:

Septic Tank(s) Size(s)
How many tanks?

Building sewer lines (ie. Plastic, clay, or iron?)
What type of lines?

Pump(s) Size(s)
How many pumps?

Drain Field(s) Type (ie. Standard in-ground etc)
How many? Sizes

Other:

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

Yes No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1989 (year)

10. How deep is your well? ? feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

200 Ft. feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
X West Penn Township

ADDITIONAL COMMENTS:

It is more important to inspect & fix residential sewage systems than to force someone who maintains and cares for their system to pay for a public service. It is important to regulate lot sizes for sufficient protection of individual sewer systems.

(69)

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: ___/___/___

Name: Mary Lou Hepford

Street Address: 300 Pine Hill Road
Andover, PA 17211

Phone Number: (570) 386 4393 ☐ Owner ☐ Renter # of Residents 1

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey
ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain: _____

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? 1 Size(s) 1
- Building sewer lines
What type of lines? CLAY (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? _____ Size(s) _____
- Drain Field(s)
How many? 1 Type _____ (ie. Standard in-ground etc)
Size(s) _____
- Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☒ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1954 (year)

10. How deep is your well? 60 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

70 feet

12. Is the water from your well treated by any method? No

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: NO

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
✓ West Penn Township

ADDITIONAL COMMENTS:

70

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 1/1

Name: Walter N HILL

Street Address: 78 Cemetery Rd
New Ringgold PA 17960

owner is:
W. STANTON HOLLOWAY
1220 BUTLER LN
Perkasie PA 18944

Phone Number: 570-386-2482 ☐ Owner ☐ Renter # of Residents 2

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey
ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ ~~Never~~ ONCE
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____

Other: LID

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?
☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates

ppm as N

Bacteria (Coliform)

(MPN)

Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
12 (year)

10. How deep is your well? 120 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

20 feet

12. Is the water from your well treated by any method?

NO

Check all that apply.

_____ Water softener

_____ Chlorinator

_____ Ultraviolet light treatment unit

_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank

Community Sewer

Inground Trench

Old Well

Pipe to Ditch

Seepage Pit

Privy

Pipe to Surface

Inground Bed

Cesspool

Storm Sewer

Elevated Sand Mound

Holding Tank

Pipe to Stream

Bore Hole

Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank

Community Sewer

Inground Trench

Old Well

Pipe to Ditch

Seepage Pit

Privy

Pipe to Surface

Inground Bed

Cesspool

Storm Sewer

Elevated Sand Mound

Holding Tank

Pipe to Stream

Bore Hole

Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS

ODORS

WETNESS

WATER PONDING

SYSTEM OVERFLOW

SLUGGISH DRAINS

SEWAGE BACKING UP INTO HOME

OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough

_____ Rush Township

_____ Schuylkill Township

_____ Walker Township

☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/24/03

Name: Joseph Hoherchak

Street Address: 3306 Summer Valley Rd
New Ringgold, PA
17960

Phone Number 570-386-4816 ☒ Owner ☐ Renter # of Residents 2

~~~~~  
 This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
 ~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s)
 How many tanks? _____ Size(s) _____

Building sewer lines
 What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
 How many pumps? _____ Size(s) _____

Drain Field(s)
 How many? _____ Type _____ (ie. Standard in-ground etc)
 Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
NOX 1970 (year)

10. How deep is your well? ? feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

90 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

- GREEN LUSH GRASS
WETNESS
SYSTEM OVERFLOW
SEWAGE BACKING UP INTO HOME
ODORS
WATER PONDING
SLUGGISH DRAINS
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/24/03

Name: Joseph Hoherchak

Street Address: 3319 Summer Valley Rd
New Ringgold PA
17960

Phone Number: 570-386-4816 ☐ Owner ☒ Renter # of Residents 2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s)
 How many tanks? _____ Size(s) _____

Building sewer lines
 What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
 How many pumps? _____ Size(s) _____

Drain Field(s)
 How many? _____ Type _____ (ie. Standard in-ground etc)
 Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?

! prob 1970 (year)

10. How deep is your well? 2 _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

80 _____ feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/13/03

Name: Charles Hollenbach

Street Address: 362 Archway Club Rd

New Ringgold, Pa. 17860

Phone Number: 570 386 2548 ☒ Owner ☐ Renter # of Residents 5

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey
ONLY if your home utilizes an on-lot septic
system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____
(ie. Standard in-ground etc)
Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☐ No

4. Did the repair require a permit?

☐ Yes ☐ No

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1978 (year)

10. How deep is your well? 110 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

200 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|--------------------|---------------------|
| <u>Septic Tank</u> | Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- | | |
|--------------------|---------------------|
| <u>Septic Tank</u> | Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

- GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/13/03

Name: Michael + Dylan Hasic

Street Address: 116 Waterwheel Road
New Ringgold PA 17960

Phone Number: 570-386-8029 ☒ Owner ☐ Renter # of Residents 2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles? Don't know - did not own home when it was pumped out.
☐ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?
☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s) NA
 How many tanks? _____ Size(s) _____
 Building sewer lines _____
 What type of lines? _____ (ie. Plastic, clay, or iron?)
 Pump(s) _____
 How many pumps? _____ Size(s) _____
 Drain Field(s) _____
 How many? _____ Type _____
 (ie. Standard in-ground etc)
 Sizes _____
 Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for: March 1, 2002

Nitrates - Trace ppm as N

Bacteria (Coliform) (P) for total coliform no # given (MPN)

Other: 1.0 ppm Iron
25 ppm total dissolved solids.

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1990 (year)

10. How deep is your well? ? feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

200-250 feet

12. Is the water from your well treated by any method?

Check all that apply.

☐ Water softener

☒ Chlorinator

☐ Ultraviolet light treatment unit

☒ Other: Chemical system + Iron Filter
(for pH adjustment)

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed
<input type="checkbox"/> Community Sewer	<input type="checkbox"/> Cesspool
<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound
<input type="checkbox"/> Pipe to Ditch	<input type="checkbox"/> Holding Tank
<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole
<input type="checkbox"/> Pipe to Surface	Other: <u>Standard Trench</u>

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed
<input type="checkbox"/> Community Sewer	<input type="checkbox"/> Cesspool
<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound
<input type="checkbox"/> Pipe to Ditch	<input type="checkbox"/> Holding Tank
<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole
<input type="checkbox"/> Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: None

16. Which municipality do you reside in?

☐ Tamaqua Borough
☐ Rush Township
☐ Schuylkill Township
☐ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

Purchased home Feb 2000. Septic was pumped out in 1999, as per
previous owner.
March 2002, water tested (P) for coliform, water system purchased to
correct problems

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/15/03

Name: LOSTER. W. HOUSER

Street Address: 79 LUTHER LANE
NEW RINGGOLD, Pa.
17960

Phone Number: 570-386-2284 ☒ Owner ☐ Renter # of Residents 2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates . ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1970 (year)

10. How deep is your well? 400 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

100 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool <input checked="" type="checkbox"/>
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	<u>Cesspool</u>
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

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Date: ___/___/___

Name: Brun Huegel

Street Address: 247 Millhead R

Tamagua Pa. 18252

Phone Number: 386 3319 ☒ Owner ☐ Renter # of Residents

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain: _____

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? Size(s)
- Building sewer lines -
What type of lines? (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? Size(s)
- Drain Field(s)
How many? Type
(ie. Standard in-ground etc)
Sizes
- Other:

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N

Bacteria (Coliform) (MPN)

Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1996 (year)

10. How deep is your well? 240 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

110 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
____ Chlorinator
☒ Ultraviolet light treatment unit
____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | <input checked="" type="checkbox"/> Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- | | |
|-----------------|--|
| Septic Tank | <input checked="" type="checkbox"/> Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | <input checked="" type="checkbox"/> Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

- GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- ____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: ___/___/___

Name: Edgar A. Huggins

Street Address: 338 Snowdrift Road

Andress, PA 18211

Phone Number: (570) 386-2895 ☒ Owner ☐ Renter # of Residents 2

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never
- ☐ At least once a year
- ☐ At least once every three years
- ☐ At least once every 5 years
- ☐ Only when there is a problem. Please explain: _____

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?
☐ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?
☐ Yes ☐ No

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? _____ Size(s) _____
- Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? _____ Size(s) _____
- Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Size(s) _____
- Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?
☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1994 (year)

10. How deep is your well? 250 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

300 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

I have no ^{complaints} ~~complaints~~ about our sewage system!

Our well is adequate and performs fine, however, I should have it tested. Where would I do that?

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/25/02

Name: K. H. JENS

Street Address: 248 ST. PETER'S RD.
TAMARAC PA

Phone Number: 386-2327 ☒ Owner ☐ Renter # of Residents 2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

Do repairs require a permit?

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have well or other private water source.

6. Do you have your water tested periodically?

☒ Yes

☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
2000 (year)

10. How deep is your well? 125 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

100 ft feet

- ~~12.~~ Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
____ Chlorinator
____ Ultraviolet light treatment unit
____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed
<input type="checkbox"/> Community Sewer	<input type="checkbox"/> Cesspool
<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound
<input type="checkbox"/> Pipe to Ditch	<input type="checkbox"/> Holding Tank
<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole
<input type="checkbox"/> Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed
<input type="checkbox"/> Community Sewer	<input type="checkbox"/> Cesspool
<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound
<input type="checkbox"/> Pipe to Ditch	<input type="checkbox"/> Holding Tank
<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole
<input type="checkbox"/> Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

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ESP REGIONAL SEWAGE NEEDS SURVEY

Date: ___/___/___

Name: KECSKEMETI

Street Address: 48-50 RETREAT RD.
NEW RINGGOLD, PA
17960

Phone Number: 570 386-2762 ☒ Owner ☐ Renter # of Residents _____

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey
ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never
____ At least once a year
____ At least once every three years
____ At least once every 5 years
____ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? _____ Size(s) _____
- Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? _____ Size(s) _____
- Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
- Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☐ No

4. Did the repair require a permit?

☐ Yes ☐ No

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
_____ (year)

10. How deep is your well? 175 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

900 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: ✓

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	<u>Elevated Sand Mound</u>
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	<u>Elevated Sand Mound</u>
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: NO

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
✓ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/13/03

Name: Wayne + Patricia Remery

Street Address: 482 Blue Mt. Drive
New Ringold, PA 17960

Phone Number: 5703864665 ☒ Owner ☐ Renter # of Residents 2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☒ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1987 (year)

10. How deep is your well? 120 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

110 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

81

Date: 3/21/03

Name: CHRIS KERNICK

Street Address: 132 LIMEKILN DRIVE
ANDREAS, PA 18211

Phone Number: ☒ Owner ☐ Renter # of Residents 4

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?
☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s) _____ Size(s) _____
How many tanks? _____

Building sewer lines _____ (ie. Plastic, clay, or iron?)
What type of lines? _____

Pump(s) _____ Size(s) _____
How many pumps? _____

Drain Field(s) _____ Type _____
How many? _____ (ie. Standard in-ground etc)
Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) UNK. (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
2000 (year)

10. How deep is your well? 200' feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

100' feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed |
| <input type="checkbox"/> Community Sewer | <input type="checkbox"/> Cesspool |
| <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mound |
| <input type="checkbox"/> Pipe to Ditch | <input type="checkbox"/> Holding Tank |
| <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole |
| <input type="checkbox"/> Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed |
| <input type="checkbox"/> Community Sewer | <input type="checkbox"/> Cesspool |
| <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mound |
| <input type="checkbox"/> Pipe to Ditch | <input type="checkbox"/> Holding Tank |
| <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole |
| <input type="checkbox"/> Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

82

Date: 3/13/03

Name:

RICHARD KISSINGER

Street Address:

107 PINE HILL ROAD

Phone Number:

570-386-3085

☒ Owner

☐ Renter

of Residents

2

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

☐ Never

☐ At least once a year

☒ At least once every three years

☐ At least once every 5 years

☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)

How many tanks? _____

Size(s) _____

Building sewer lines

What type of lines? _____

(ie. Plastic, clay, or iron?)

Pump(s)

How many pumps? _____

Size(s) _____

Drain Field(s)

How many? _____

Type _____
(ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes

☒ No

3. Has your system ever been repaired?

☐ Yes

☒ No

4. Did the repair require a permit?

☐ Yes

☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1974 (year)

10. How deep is your well? 150 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

75 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

83

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/21/03

Name: Mark Klitsch

Street Address: 2020 Valley Rd.
Tamagua, Pa. 18252

Phone Number: 570-386-3348 ☒ Owner ☐ Renter # of Residents 4

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never
☒ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1976 (year)

10. How deep is your well? 75 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

150 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: NONE

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: NONE

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

84

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/25/03

Name: E. Imer Knudsen

Street Address: 505 FAUN LN
THANAGA Pa
18252

Phone Number: 386-2407 ☒ Owner ☐ Renter # of Residents

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey
ONLY if your home utilizes an on-lot septic
system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain: _____

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? Size(s)

Building sewer lines
What type of lines? (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? Size(s)

Drain Field(s)
How many? Type
(ie. Standard in-ground etc)
Size(s)

Other:

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ☒ ppm as N
Bacteria (Coliform) ☒ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1972 (year)

10. How deep is your well? 150 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

app. 150 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

85

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 04/10/03

Name: JOSEPH & TERRIANA KOZCH

Street Address: 518 HERLOCK RD.

TAMAQUA, PA 18252

Phone Number: 570-386-5639 ☒ Owner ☐ Renter # of Residents 4

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
- ☐ At least once a year
- ☐ At least once every three years
- ☒ At least once every 5 years
- ☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks, or broken baffles?
☒ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?

5. What was repaired? Check all that apply:

Septic Tank(s) How many tanks?	_____	Size(s)	_____
Building sewer lines What type of lines?	_____	(ie. Plastic, clay, or iron?)	_____
Pump(s) How many pumps?	_____	Size(s)	_____
Drain Field(s) How many?	_____	Type (ie. Standard in-ground etc)	_____
Other:	_____	Sizes	_____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?
☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1983 (year)

10. How deep is your well? 4500 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

100 feet UP-HILL OF SEPTIC

12. Is the water from your well treated by any method?

Check all that apply.

☐ Water softener

☐ Chlorinator

☐ Ultraviolet light treatment unit

☒ Other: CARBIDE FILTER

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank

Inground Bed

Community Sewer
Inground Trench
Old Well
Pipe to Ditch
Seepage Pit
Privy
Pipe to Surface
Cesspool
Storm Sewer
Elevated Sand Mound
Holding Tank
Pipe to Stream
Bore Hole
Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank

Inground Bed

Community Sewer
Inground Trench
Old Well
Pipe to Ditch
Seepage Pit
Privy
Pipe to Surface
Cesspool
Storm Sewer
Elevated Sand Mound
Holding Tank
Pipe to Stream
Bore Hole
Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS
WETNESS
SYSTEM OVERFLOW
SEWAGE BACKING UP INTO HOME
OTHER: _____
ODORS
WATER PONDING
SLUGGISH DRAINS

16. Which municipality do you reside in?

☐ Tamaqua Borough
☐ Rush Township
☐ Schuylkill Township
☐ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/15/03

Name:

Kathryn Krause

Street Address:

177 School Dr.
New Ringgold, Pa.
17960

Phone Number 570-386-5384 ☒ Owner ☐ Renter # of Residents _____

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain: _____

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____
Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
Pump(s)
How many pumps? _____ Size(s) _____
Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

☐ Yes

☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1979 (year)

10. How deep is your well? 126 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

_____ feet

12. Is the water from your well treated by any method?

Check all that apply.

_____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

87

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 03/13/03

Name: DOROTHY S. KRAPP

Street Address: 2948 SUMMER VALLEY RD.

NEW RINGGOLD, PA

17960

Phone Number: 570-386-5657 ☒ Owner ☐ Renter # of Residents 1

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____
Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
Pump(s)
How many pumps? _____ Size(s) _____
Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

3. Has your system ever been repaired?
☐ Yes ☒ No

☒ Yes ☐ No

4. Did the repair require a permit?
☐ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1950 (year)

10. How deep is your well? 120 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

75 feet

12. Is the water from your well treated by any method? No

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system? No

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
X West Penn Township

ADDITIONAL COMMENTS:

88

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/21/03

Name: STEVE KROUSE

Street Address: 52 MANTZVILLE RD
TAMAQUA, PA 18252

Phone Number: 570-386-1180 ☒ Owner ☐ Renter # of Residents

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? Size(s)
Building sewer lines ☒ What type of lines? clay (ie. Plastic, clay, or iron?)
Pump(s)
How many pumps? Size(s)
Drain Field(s)
How many? Type (ie. Standard in-ground etc)
Other: baffle added

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- Never
- At least once a year
- At least once every three years
- At least once every 5 years

☒ Only when there is a problem. Please explain:
feed pipe to system broke so decided to pump tank then (cess pool)

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?
☐ Yes ☐ No

3. Has your system ever been repaired?
☒ Yes ☐ No

4. Did the repair require a permit?
☒ Yes ☐ No

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source

6. Do you have your own drinking water?
☐ Yes

ADDITIONAL

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☒ Hand Dug
☐ Drilled
☐ Unknown

9. When was your well constructed?

1945 (year)

10. How deep is your well? 25 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

100 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ____ Water softener
____ Chlorinator
____ Ultraviolet light treatment unit
☒ Other: pH

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	<u>Cesspool</u>
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	<u>Cesspool</u>
Inground Trench	<u>Storm Sewer</u>
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

NAI COMMENTS:

(89)

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: ___/___/___

Name: Larry Kilns

Street Address: 1315 Hilltop Rd
New Ringgold, PA 17960

Phone Number: 570-386-2323 ☒ Owner ☐ Renter # of Residents 2

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey **ONLY** if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1978 (year)

10. How deep is your well? 2 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

250 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- ☒ Septic Tank
☐ Community Sewer
☐ Inground Trench
☐ Old Well
☐ Pipe to Ditch
☐ Seepage Pit
☐ Privy
☐ Pipe to Surface
☐ Inground Bed
☐ Cesspool
☐ Storm Sewer
☐ Elevated Sand Mound
☐ Holding Tank
☐ Pipe to Stream
☐ Bore Hole
Other: _____

15. Have you ever noticed any of the following near your septic system? NO

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

90

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: ___/___/___

Name: Randy R. Kupres

Street Address: 587 Birch Crossing Rd.
New Ringgold Pa. 17960

Phone Number: 570-386-3827 ☒ Owner ☐ Renter # of Residents 5

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain: _____

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes NA ☒ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes NA ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____
Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
Pump(s)
How many pumps? NA Size(s) _____
Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates UNKNOWN ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1999 (year)

10. How deep is your well? 450 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

200 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ____ Water softener
____ Chlorinator
☒ Ultraviolet light treatment unit
____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system? NO

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- ____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

91

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: / /

Name: Kurek

Street Address: 61 MANTZVILLE RD
TAMAGUA, PA 18252

Phone Number: 386-3052 ☒ Owner ☐ Renter # of Residents 5

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?
☒ Yes ☐ No

4. Did the repair require a permit?

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? 1 Size(s) 500 Gal

Building sewer lines YES
What type of lines? PVC (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? Size(s)

Drain Field(s) YES
How many? 1 Type STD
(ie. Standard in-ground etc)
Size(s)

Other:

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes

☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
~ 20 (year)

10. How deep is your well? 7 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

120 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
____ Chlorinator
____ Ultraviolet light treatment unit
____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

☒ Septic Tank
Community Sewer
Inground Trench
Old Well
Pipe to Ditch
Seepage Pit
Privy
Pipe to Surface
Inground Bed
Cesspool
Storm Sewer
Elevated Sand Mound
Holding Tank
Pipe to Stream
Bore Hole
Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

☒ Septic Tank
Community Sewer
Inground Trench
Old Well
Pipe to Ditch
Seepage Pit
Privy
Pipe to Surface
Inground Bed
Cesspool
Storm Sewer
Elevated Sand Mound
Holding Tank
Pipe to Stream
Bore Hole
Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS
WETNESS
SYSTEM OVERFLOW
SEWAGE BACKING UP INTO HOME
ODORS
WATER PONDING
SLUGGISH DRAINS
OTHER: _____

16. Which municipality do you reside in?

- ____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

92

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 04/10/23

Name: James & Cheryl LAUB
Street Address: 25 Mantzville Rd
TAMARCA, PA 18352

Phone Number: 570-384-2129 ☒ Owner ☐ Renter # of Residents 2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never
- ☐ At least once a year
- ☐ At least once every three years
- ☐ At least once every 5 years
- ☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?
☐ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☐ No

4. Did the repair require a permit?
☐ Yes ☐ No

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? _____ Size(s) _____
- Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? _____ Size(s) _____
- Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
- Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?
☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☐ Drilled
☒ Unknown

9. When was your well constructed?
@ 1950 (year)

10. How deep is your well? unknown feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

7.5 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: Filtered

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: <u>7</u>

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
_____ West Penn Township

ADDITIONAL COMMENTS:

I Bought the house @ 6 years ago -
sewer has no problems - don't know much
about the system.

ESP REGIONAL SEWAGE NEEDS SURVEY

93

Date: 3/16/03

Name:

Homer & Doris Schleuter

Street Address:

185 Archery Club Dr.
New Ringgold, Pa 17960

Phone Number:

570-386-5162

☒ Owner

☐ Renter

of Residents

2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

☐ Never

☐ At least once a year

☐ At least once every three years

☒ At least once every 5 years

☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)

How many tanks? 1

Size(s)

Building sewer lines

What type of lines? Plastic

(ie. Plastic, clay or iron?)

Pump(s)

How many pumps? 1

Size(s)

Drain Field(s)

How many? 1

Type
(ie. Standard in-ground etc)
Size

Other:

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes

☐ No

3. Has your system ever been repaired?

☐ Yes

☒ No

4. Did the repair require a permit?

☐ Yes

☐ No

6. Do you have your water tested periodically?

☐ Yes

☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
19 65 (year)

10. How deep is your well? 503 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

75 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

- GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
✓ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

94

Date: 9/3/07

Name: K. LEE

Street Address: 2264 SUNNY RD

NEW RINGGOLD PA 17960

Phone Number: Owner Renter # of Residents 1

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☒ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s)
 How many tanks? _____ Size(s) _____
 Building sewer lines
 What type of lines? _____ (ie. Plastic, clay, or iron?)
 Pump(s)
 How many pumps? _____ Size(s) _____
 Drain Field(s)
 How many? _____ Type _____ (ie. Standard in-ground etc)
 Sizes _____
 Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates UNK. ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1970 (year)

10. How deep is your well? UNK. feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

150 + feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

95

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/14/03

Name: ELI LEONE

Street Address: 109 SCHOOL DRIVE
NEW RINGGOLD PA 17960

Phone Number: 570-386-4922 ☒ Owner ☐ Renter # of Residents 2

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____
Building sewer lines X
What type of lines? IRON (ie. Plastic, clay, or iron?)
Pump(s)
How many pumps? _____ Size(s) _____
Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Other: _____ Sizes _____

YOUR DRINKING WATER

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

3. Has your system ever been repaired?

☒ Yes ☐ No

4. Did the repair require a permit?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1972 (year)

10. How deep is your well? 60 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

102 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

<u>Septic Tank</u>	<u>Inground Bed</u>
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

<u>Septic Tank</u>	<u>Inground Bed</u>
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3 12 03

Name: HARRY W. LEWIS

Street Address: 92 ST. PETERS RD.
ANDREWS, PA
18211

Phone Number: 386-4581 ☒ Owner ☐ Renter # of Residents _____

~~~~~  
 This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
 ~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain: _____

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?

5. What was repaired? Check all that apply:

Septic Tank(s)
 How many tanks? _____ Size(s) _____

Building sewer lines
 What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
 How many pumps? _____ Size(s) _____

Drain Field(s)
 How many? _____ Type _____ (ie. Standard in-ground etc)
 Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1998 (year)

10. How deep is your well? 180 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

80 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 4/3/03

Name: Matthew & Nicole Ligenza

Street Address: 54 Oak Terrace Rd
New Kingstown, PA 17060

Phone Number: (570) 386-4494 ☒ Owner ☐ Renter # of Residents 4

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☒ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?
☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
14-15 (year)

10. How deep is your well? 7 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

200 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
☐ Chlorinator
☐ Ultraviolet light treatment unit
☐ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system? ☒

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

☐ Tamaqua Borough
☐ Rush Township
☐ Schuylkill Township
☐ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/24/03

Name: William Mackey

Street Address: 112 Limekiln Drive
Andreas, PA
18211

Phone Number: _____ ☒ Owner ☐ Renter # of Residents 3

~~~~~  
 This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
 ~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit?
☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s) _____ Size(s) _____
 How many tanks? _____
 Building sewer lines _____ (ie. Plastic, clay, or iron?)
 What type of lines? _____
 Pump(s) _____ Size(s) _____
 How many pumps? _____
 Drain Field(s) _____ Type _____
 How many? _____ (ie. Standard in-ground etc)
 Sizes _____
 Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1997 (year)

10. How deep is your well? 300 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

350 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
____ Chlorinator
____ Ultraviolet light treatment unit
____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	<u>Elevated Sand Mound</u>
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	<u>Elevated Sand Mound</u>
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

No

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

99

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 4/27/03

Name: KATHY MALDONADO

Street Address: 132 ASH CIRCLE
ANDREAS PA
18211

Phone Number: 356 3626 ☒ Owner ☐ Renter # of Residents 2

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☒ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles? N/A

☐ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No

4. Did the repair require a permit? N/A

5. What was repaired? Check all that apply: N/A

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for: N/A

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1991 (year)

10. How deep is your well? 300 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

100 feet

12. Is the water from your well treated by any method? No

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

<u>Septic Tank</u>	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	<u>Elevated Sand Mound</u>
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

<u>Septic Tank</u>	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	<u>Elevated Sand Mound</u>
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

100
Date: ___/___/___

Name: Elizabeth M. Lindow, Sr.

Street Address: 29 Pine Hill Rd

New Ringgold

PA 17960

Phone Number: _____ ☒ Owner ☐ Renter # of Residents _____

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☒ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain: _____

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes ☒ No

Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____
Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
Pump(s)
How many pumps? _____ Size(s) _____
Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☐ Drilled
☒ Unknown

9. When was your well constructed?

1996 (year)

10. How deep is your well? 200 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

200 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ____ Water softener
____ Chlorinator
☒ Ultraviolet light treatment unit
____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	<u>Elevated Sand Mound</u>
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank	Inground Bed
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	<u>Elevated Sand Mound</u>
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS sometimes
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS sometimes
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

101

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/26/03

Name: Kathy McGee

Street Address: 11 Mantz Hill Ln
Tamagua, PA
18252

Phone Number: 386-5409 ☒ Owner ☐ Renter # of Residents 2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☒ Yes ☐ No

4. Did the repair require a permit?

☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? plastic (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? 1 Size(s) _____

Drain Field(s)
How many? _____ Type _____
(ie. Standard in-ground etc)
Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1951 (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

100 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/18/03

Name:

Tom Messerschmidt

Street Address:

38 Archery Club Rd
New Ringgold Pa.
17960

Phone Number:

☒

Owner

☐

Renter

of Residents

2

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
- ☐ At least once a year
- ☒ At least once every three years
- ☐ At least once every 5 years
- ☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)

How many tanks? _____

Size(s) _____

Building sewer lines

What type of lines? _____

(ie. Plastic, clay, or iron?)

Pump(s)

How many pumps? _____

Size(s) _____

Drain Field(s)

How many? _____

Type _____
(ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes

☐ No

3. Has your system ever been repaired?

☐ Yes

☒ No

6. Do you have your water tested periodically?

☒ Yes

☐ No

4. Did the repair require a permit?

☐ Yes

☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
86 (year)

10. How deep is your well? 150' feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

70' to Tank feet

12. Is the water from your well treated by any method? No

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system? No

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
1 West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

103

Date: 3/16/03

Name:

DONALD/YVONNE MIKRUK

Street Address:

144 BL. MTN. DR.
NEW BINGGOLD, PA.
17960-9550

Phone Number:

44



Owner



Renter

of Residents

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?



Never



At least once a year



At least once every three years



At least once every 5 years



Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)

How many tanks? _____

Size(s) _____

Building sewer lines

What type of lines? _____

(ie. Plastic, clay, or iron?)

Pump(s)

How many pumps? _____

Size(s) _____

Drain Field(s)

How many? _____

Type _____
(ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☐ Yes

☐ No

3. Has your system ever been repaired?

☐ Yes

☐ No

6. Do you have your water tested periodically?

☒ Yes

☐ No

4. Did the repair require a permit?

☐ Yes

☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
✓ Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1977 (year)

10. How deep is your well? 120' feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

200 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
✓ _____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|--------------------|---------------------|
| <u>Septic Tank</u> | <u>Inground Bed</u> |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- | | |
|--------------------|---------------------|
| <u>Septic Tank</u> | <u>Inground Bed</u> |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY) NO

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
✓ _____ West Penn Township

ADDITIONAL COMMENTS:

104

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 4/8/03

Name: DAVID/BONITA MILLER

Street Address: 209 BLUE MOUNTAIN DR.
NEW RINGGOLD PA 17960

Phone Number: ☒ Owner ☐ Renter # of Residents: 4

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

5. What was repaired? Check all that apply:

Septic Tank(s) _____ Size(s) _____
How many tanks? _____

Building sewer lines _____
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s) _____ Size(s) _____
How many pumps? _____

Drain Field(s) _____ Type _____
How many? _____ (ie. Standard in-ground etc)
Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes

☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
2 (year)

10. How deep is your well? 3 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

@ 80 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ____ Water softener
____ Chlorinator
☒ Ultraviolet light treatment unit
____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: Latarels

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- ____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

105

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/13/03

Name: Denton Miller

Street Address: 38 Retreat Road

New Ringgold, Pa 17960

Phone Number: 570-386-2314 ☒ Owner ☐ Renter # of Residents 3

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
~~~~~

YOUR SEPTIC SYSTEM

Please provide answers to this survey
ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☐ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____

Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? _____ Size(s) _____

Drain Field(s)
How many? _____ Type _____
(ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1975 (year)

10. How deep is your well? 180 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

120 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

<u>Septic Tank</u>	<u>Inground Bed</u>
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

<u>Septic Tank</u>	<u>Inground Bed</u>
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

106

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: ___/___/___

Name: E. Miller

Street Address: 6 Short St.
Tamaqua, Pa. 18252

Phone Number: 570-386-5315 ☒ Owner ☐ Renter # of Residents _____

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never
- ☒ At least once a year
- ☐ At least once every three years
- ☐ At least once every 5 years
- ☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?

☐ Yes ☒ No

4. Did the repair require a permit?

☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? 1 Size(s) _____

Building sewer lines
What type of lines? clay (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? 1 Size(s) _____

Drain Field(s)
How many? 1 Type _____ (ie. Standard in-ground etc)
Size(s) _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
about 1982 (year)

10. How deep is your well? 80 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

_____ feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: None

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- | | |
|---|---------------------|
| Septic Tank <input checked="" type="checkbox"/> | Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

- | | |
|-----------------|---------------------|
| Septic Tank | Inground Bed |
| Community Sewer | Cesspool |
| Inground Trench | Storm Sewer |
| Old Well | Elevated Sand Mound |
| Pipe to Ditch | Holding Tank |
| Seepage Pit | Pipe to Stream |
| Privy | Bore Hole |
| Pipe to Surface | Other: _____ |

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- _____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/14/03

Name:

Robert D Miller

Street Address:

71 Tower Rd
New Ruggold, Pa
17960

Phone Number:

570-386-4280

☒ Owner

☐ Renter

of Residents

3

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

☐ Never

☐ At least once a year

☒ At least once every three years

☐ At least once every 5 years

☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

Septic Tank(s)

How many tanks? _____

Size(s) _____

Building sewer lines

What type of lines? _____

(ie. Plastic, clay, or iron?)

Pump(s)

How many pumps? _____

Size(s) _____

Drain Field(s)

How many? _____

Type _____

(ie. Standard in-ground etc)

Sizes _____

Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes

☐ No

3. Has your system ever been repaired?

☐ Yes

☒ No

4. Did the repair require a permit?

☐ Yes

☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates ppm as N
Bacteria (Coliform) (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1978 (year)

10. How deep is your well? 250' feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

300' feet

12. Is the water from your well treated by any method?

Check all that apply.

- ____ Water softener
____ Chlorinator
____ Ultraviolet light treatment unit
____ Other: Filter

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY) None

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

ESP REGIONAL SEWAGE NEEDS SURVEY

108

Date: 3/21/03

Name: WARREN C Miller

Street Address: 15 Bolich Road
Andreas PA 18211

Phone Number: 386 4761 ☒ Owner ☐ Renter # of Residents Two

This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☐ Never
☐ At least once a year
☐ At least once every three years
☒ At least once every 5 years
☐ Only when there is a problem. Please explain:

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?

☒ Yes ☐ No

3. Has your system ever been repaired?
☐ Yes ☒ No CHANGED

4. Did the repair require a permit?

5. What was repaired? Check all that apply:

Changed from one to two
Septic Tank(s)
How many tanks? 2 Size(s) 500 gal

Building sewer lines
What type of lines? Plastic (ie. Plastic, clay, or iron?)

Pump(s)
How many pumps? none Size(s)

Drain Field(s)
How many? one Type STD (ie. Standard in-ground etc)
Size(s)

Other:

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1963 (year)

10. How deep is your well? 185 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

300 feet

12. Is the water from your well treated by any method?

Check all that apply.

- ☒ Water softener
____ Chlorinator
____ Ultraviolet light treatment unit
____ Other: _____

13. What kind of sewage system do you have?
(CIRCLE ALL THAT APPLY)

<u>Septic Tank</u>	<u>Inground Bed</u>
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

<u>Septic Tank</u>	<u>Inground Bed</u>
Community Sewer	Cesspool
Inground Trench	Storm Sewer
Old Well	Elevated Sand Mound
Pipe to Ditch	Holding Tank
<u>Seepage Pit</u>	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

- ____ Tamaqua Borough
____ Rush Township
____ Schuylkill Township
____ Walker Township
☒ West Penn Township

ADDITIONAL COMMENTS:

This survey arrived on the 21st of March, talk about efficiency!

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 4/8/03

Name: Larry Mimm
Street Address: 545 Cold Spring Rd.
Andreas, PA. 18211

Phone Number: 386-5715 ☒ Owner ☐ Renter # of Residents 2

This survey is being conducted to determine if there are any existing; or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.

YOUR SEPTIC SYSTEM

Please provide answers to this survey ONLY if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

- How often do you have your septic tank pumped out?
- ☐ Never
 - ☐ At least once a year
 - ☒ At least once every three years
 - ☐ At least once every 5 years
 - ☐ Only when there is a problem. Please explain:

5. What was repaired? Check all that apply:

- Septic Tank(s)
How many tanks? _____ Size(s) _____
- Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
- Pump(s)
How many pumps? _____ Size(s) _____
- Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Sizes _____
- Other: _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?
- ☐ Yes ☒ No

2. When your septic system is pumped out, is the interior inspected for cracks or broken baffles?
- ☒ Yes ☐ No
3. Has your system ever been repaired?
- ☐ Yes ☒ No
4. Did the repair require a permit?
- ☐ Yes ☒ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☐ Hand Dug
☒ Drilled
☐ Unknown

9. When was your well constructed?
1976 (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)? Well in front yard
Septic system - back yard feet

12. Is the water from your well treated by any method?

Check all that apply.

_____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
_____ West Penn Township

ADDITIONAL COMMENTS:

110

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/12/03

Name: DAVID MORGAN

Street Address: 31 PIGEON LANE
NEW RINGGOLD, PA

Phone Number: 386-2939 ☒ Owner ☐ Renter # of Residents _____

~~~~~  
This survey is being conducted to determine if there are any existing, or potential, sewage problems in the ESP Planning region area. The results of this survey are intended to be used in evaluating the need for community wide sewage treatment solutions.  
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YOUR SEPTIC SYSTEM

Please provide answers to this survey **ONLY** if your home utilizes an on-lot septic system.

1. Maintenance

Check all that apply.

How often do you have your septic tank pumped out?

- ☒ Never
☐ At least once a year
☐ At least once every three years
☐ At least once every 5 years
☐ Only when there is a problem. Please explain: _____

5. What was repaired? Check all that apply:

Septic Tank(s)
How many tanks? _____ Size(s) _____
Building sewer lines
What type of lines? _____ (ie. Plastic, clay, or iron?)
Pump(s)
How many pumps? _____ Size(s) _____
Drain Field(s)
How many? _____ Type _____ (ie. Standard in-ground etc)
Other: _____ Sizes _____

YOUR DRINKING WATER

Answer this section ONLY if you have a well or other private water source.

6. Do you have your water tested periodically?

3. Has your system ever been repaired?

☐ Yes ☐ No

4. Did the repair require a permit?

☐ Yes ☐ No

☒ Yes ☐ No

7. If you have had your well tested within the last two years, what were the values reported for:

Nitrates _____ ppm as N
Bacteria (Coliform) _____ (MPN)
Other: _____

8. How is your well constructed:

- ☒ Hand Dug
☐ Drilled
☐ Unknown

9. When was your well constructed?
_____ (year)

10. How deep is your well? _____ feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?

75 feet

12. Is the water from your well treated by any method?

Check all that apply.

- _____ Water softener
_____ Chlorinator
_____ Ultraviolet light treatment unit
_____ Other: _____

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: DRAIN FIELD

14. Where does your laundry, sink and bath water go? (CIRCLE ALL THAT APPLY)

Septic Tank Inground Bed
Community Sewer Cesspool
Inground Trench Storm Sewer
Old Well Elevated Sand Mound
Pipe to Ditch Holding Tank
Seepage Pit Pipe to Stream
Privy Bore Hole
Pipe to Surface Other: _____

15. Have you ever noticed any of the following near your septic system?

(CIRCLE ALL THAT APPLY)

GREEN LUSH GRASS ODORS
WETNESS WATER PONDING
SYSTEM OVERFLOW SLUGGISH DRAINS
SEWAGE BACKING UP INTO HOME
OTHER: _____

16. Which municipality do you reside in?

_____ Tamaqua Borough
_____ Rush Township
_____ Schuylkill Township
_____ Walker Township
X West Penn Township

ADDITIONAL COMMENTS:
