

## ESP REGIONAL SEWAGE NEEDS SURVEY

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ ☒ 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

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)  
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?  
\_\_\_\_\_ (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)?  
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)

- |   |                     |
|---|---------------------|
| <input checked="" type="checkbox"/> Septic Tank | Inground Bed        |
| <input type="checkbox"/> Community Sewer        | Cesspool            |
| <input type="checkbox"/> Inground Trench        | Storm Sewer         |
| <input type="checkbox"/> Old Well               | Elevated Sand Mound |
| <input type="checkbox"/> Pipe to Ditch          | Holding Tank        |
| <input type="checkbox"/> Seepage Pit            | Pipe to Stream      |
| <input type="checkbox"/> Privy                  | 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 | Inground Bed        |
| <input type="checkbox"/> Community Sewer        | Cesspool            |
| <input type="checkbox"/> Inground Trench        | Storm Sewer         |
| <input type="checkbox"/> Old Well               | Elevated Sand Mound |
| <input type="checkbox"/> Pipe to Ditch          | Holding Tank        |
| <input type="checkbox"/> Seepage Pit            | Pipe to Stream      |
| <input type="checkbox"/> Privy                  | 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: 3/12/03

Name: Kathy + Robert Nicholls

Street Address: 32 Red Oak Terrace  
New Ringgold, PA 17960

Phone Number: 386-3218 ☒ 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) 1000 GALLONS  
How many tanks? 1 Size(s) 1000 GALLONS

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?

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

☒ 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?  
1988 (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)?

Approx. 50 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  
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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/1/03

Name: GARY L NOTHSTEIN SR.

Street Address: 21 RED OAK TERRACE  
NEW RINGGOLD PA 17960

Phone Number: 570-386-2665 ☒ 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

NA

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

TESTED 2 TIMES IN 18 YEARS

VA

- 1A 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? 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)

☒ 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 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/24/03

Name: David & Shirley Osenbach

Street Address: 12 Log Lane  
New Ringgold PA

Phone Number: 386-3604 ☒ 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.  
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### YOUR SEPTIC SYSTEM

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

☒ 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: Non of your Business

☒ 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: Non of your Business

### 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

Why Do you care about our water when you let the trailer park & the

☒ 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: Non of your Business

☒ 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)?

Non of your Business  
\_\_\_\_\_ feet

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

Check all that apply.

\_\_\_\_\_ Water softener

\_\_\_\_\_ Chlorinator

\_\_\_\_\_ Ultraviolet light treatment unit

\_\_\_\_\_ Other: Non of your Business

I think the township should Rally  
to get ED Dudley + Tim Houser  
Removed from office (!!!)

#### ADDITIONAL COMMENTS:

We live in the Country Not the City, we Don't want to  
Become A City, and IF Sewer + water comes in, No one can afford it  
+ Don't Forget we pay our Taxes (which are way to many) and we Can't  
and won't pay for sewer + water

☒ 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: _____

NON OF Your Business

☒ 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

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/22/03

Name: John & Josephine PANGIA

Street Address: 516 Henlock RD  
TAMAQUA PA 18252

Phone Number: 570-386-8447 ☒ 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? \_\_\_\_\_ 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?  
1994 (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)?

over 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?

(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: Christian m. Parker

Street Address: 195 Ash Circle

Andreas Pa 18211

Phone Number: 570-386-5967 ☒ Owner ☐ Renter # of Residents 1

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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: \_\_\_\_\_

### 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  
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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: \_\_\_/\_\_\_/\_\_\_

Name: .....

Street Address: .....

Helen V. Peindl  
137 S Hilltop Rd  
New Ringgold, PA 17960

Phone Number: 610-570-386-8031 ☒ 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:

*System is new - will be pumped in 2005*

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?  
1999 (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?

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  |
| <input type="checkbox"/> Community Sewer        | Cesspool  |
| <input type="checkbox"/> Inground Trench        | Storm Sewer   |
| <input type="checkbox"/> Old Well               | <input checked="" type="checkbox"/> Elevated Sand Mound |
| <input type="checkbox"/> Pipe to Ditch          | Holding Tank  |
| <input type="checkbox"/> Seepage Pit            | Pipe to Stream  |
| <input type="checkbox"/> Privy                  | 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 | Inground Bed  |
| <input type="checkbox"/> Community Sewer        | Cesspool  |
| <input type="checkbox"/> Inground Trench        | Storm Sewer   |
| <input type="checkbox"/> Old Well               | <input checked="" type="checkbox"/> Elevated Sand Mound |
| <input type="checkbox"/> Pipe to Ditch          | Holding Tank  |
| <input type="checkbox"/> Seepage Pit            | Pipe to Stream  |
| <input type="checkbox"/> Privy                  | 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: 3/29/03

Name: BRUCE & JANET PUSHA

Street Address: 73 DEERE LN.  
ANDREWS PA 18211

Phone Number: 570-386-1251 ☒ 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

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?  
 ? (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)?

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:

I HAVE MILLER'S SANITATION PUMP OUT MY SEPTIC TANK EVERY OTHER YEAR - HE DOES AN INSPECTION AND SAID THAT THE TANKING IS ABOUT PERFECT. A LATER FROM WHEN WAS TESTED AT TIME OF PURCHASE (1997) UV LIGHT IS

# ESP REGIONAL SEWAGE NEEDS SURVEY

119

Date: 3/28/03

Name: Rosemary Plesniarski

Street Address: 60 Winter Mtn. Dr.

Andreas, PA 15211

Phone Number: 570-386-4165 ☒ 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: backed up.

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) 0/100 (MPN)  
Other: 0.005 mg/L  
manganese

8. How is your well constructed:

- ☐ Hand Dug  
☒ Drilled  
☐ Unknown

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

10. How deep is your well? 393 feet

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

96 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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

120

Date: 3 / 21 / 03

Name: Rosemary Plesniarski et al.

Street Address: 90 Winter mtn. Dr.

Andress, PA 18211

Phone Number: 570-380-4165 ☒ 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)  
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?  
\_\_\_\_\_ (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)?

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
<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  
X West Penn Township

ADDITIONAL COMMENTS:

The house is over 200 yrs. old. The "system" is  
on #7 pipe and near no one.



121

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 03/21/2003

Name: FRANCIS & CRYSTAL REESE

Street Address: 39 DEERE LANE  
ANDREAS, PA 18211

Phone Number: 570-386-5149 ☒ 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?  
1992 (year)

10. How deep is your well? 135 feet

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

135 feet

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

Check all that apply.

- \_\_\_\_ Water softener  
\_\_\_\_ Chlorinator  
\_\_\_\_ Ultraviolet light treatment unit  
☒ Other: Soda Ash

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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/16/03

Name: Richard R. Reinhart

Street Address: 34 Retreat Rd.

New Ringgold, PA

Phone Number: 386-4944 ☒ 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?  
1978 (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)?

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: 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: 3/18/03

Name: Donald & Denise Resster

Street Address: 2122 Shady Lane  
New Ringold PA 17960

Phone Number: 570-386-5507 ☒ 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? It's new

☐ Yes ☐ No

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:

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: \_\_\_\_\_

## 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:

*Don't recall - all fine.*

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? 250<sup>+</sup> feet

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

200<sup>+</sup> 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ESP REGIONAL SEWAGE NEEDS SURVEY

124

Date: 3/12/03

Name: CARL RICE

Street Address: 361 Blue Mountain Dr  
New Ringold Pa

Phone Number: 570.386.8248 ☒ 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?  
1999 (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)

- |                    |                     |
|--------------------|---------------------|
| <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? 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:

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125

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 4/17/03

Name: John Risko

Street Address: 23 Mantzville Road  
Tamagua, PA 18252-5563

Phone Number: 570-386-5610 ☒ 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?

### 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

- ☐ 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?  
Unknown (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? 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	<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	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:

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126

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/23/2003

Name: D.A. ROHRBAUGH

Street Address: RD MILLER  
78 Villa Crossing  
Tampa Pa 18252

Phone Number: 570 386 5802 ☒ 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? \_\_\_\_\_ 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?  
1971 (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)?

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

127

**ESP REGIONAL SEWAGE NEEDS SURVEY**

Date: 3, 24, 03

Name: Ted Rosen

Street Address: 94 Meadows Ln  
Andross Pt 08211

Phone Number: 386 3861 ☒ 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.  
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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)  
 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?  
1986 (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)?

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 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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 03/12/03

128

Name: RONALD S. SASSAMAN

Street Address: 28 MUNICIPAL RD.  
NEW RINGGOLD, PA 17960

Phone Number: 570-386-5842 ☒ 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: ELECTRICAL CONNECTION TO PUMP

## 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) N/A (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? 225 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: N/A

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: 3/18/03

Name: .....

Street Address: .....



Linda Schaeffer  
2154 Shady Ln.  
New Ringgold, PA 17960

Phone Number: 570 386-3224 ☒ 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: use septic tank treatment - opened only once ever  
kid put soda can in Vent Pipe.

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? 100 + 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: Filters

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  
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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

130  
Date: 3/15/03

Name: JAMES + CAROL SEDLAK

Street Address: 2271 SUNNY RD.  
NEW RINGGOLD, PA 17960

Phone Number: 386-4236 ☒ 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:

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? PVC (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?  
71 (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: 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/12/03

Name: Laurie & Blaine Seip

Street Address: 539 Zions Stone Church Rd.  
New Ringgold, PA.  
17960

Phone Number: (570) 386-4612 ☒ 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.  
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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

Answer this section ONLY if you have 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?  
1996 (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)?

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: IRON

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: \_\_\_\_\_

16. Which municipality do you reside in?

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

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

132

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/15/03

Name: Philomena Sfazza

Street Address: 109 School Dr.  
New Ringgold, Pa. 17960

Phone Number: 386-5206 ☒ Owner ☐ Renter # of Residents 1 one

~~~~~  
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

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?  
\_\_\_\_\_ (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)

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:**

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West Penn Twp. (133)

## ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 1/1/1

Name: Frances M. Lelub

Street Address: 60 Blue Mountain Dr.  
New Ringgold, Pa.  
17960

Phone Number: 570 386 3815 ☒ 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? 1 Size(s) don't know  
Building sewer lines plastic  
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)  
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?  
\_\_\_\_\_ (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:

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## ESP REGIONAL SEWAGE NEEDS SURVEY

134

Date: 03/13/03

Name:

Harvey E. Smith Jr.

Street Address:

375 Zion's Stone Church Rd.  
New Ringgold PA 17960

Phone Number: 570 386 5679 ☒ 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: \_\_\_\_\_

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? 49 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

**VAL COMMENTS:**

new up to date septic system put in 3 yrs ago

135

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 4/1/03

Name: MR + MRS. JOSEPH SMULLIGAN

Street Address: 132 BLUE MOUNTAIN DR  
NEW RINGGOLD, PA 17960

Phone Number: 386-5116 ☒ 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.  
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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)  
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?

1970 (year)

10. How deep is your well? 88 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ESP REGIONAL SEWAGE NEEDS SURVEY

136

Date: \_\_\_/\_\_\_/\_\_\_

Name: Jane L. Southam

Street Address: 2 Cat Tail Ln.  
New Ringgold, Pa.  
17960

Phone Number: (570) 386-3053 ☒ 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)  
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?  
5-18-92(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)?

2 acres 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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

137

Date: 3/28/03

Name: Curtis C. Steigerwalt

Street Address: 132 Municipal Road  
New Ringgold, PA 17960

Phone Number: 570-386-4367 ☒ 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 18 months  
☐ 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: O.K.

8. How is your well constructed:

- ☐ Hand Dug  
☒ Drilled  
☐ Unknown

9. When was your well constructed?

11/21/87 (year)

10. How deep is your well? 260 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)

- |   |                     |
|---|---------------------|
| <input checked="" type="checkbox"/> Septic Tank | Inground Bed        |
| <input type="checkbox"/> Community Sewer        | Cesspool            |
| <input type="checkbox"/> Inground Trench        | Storm Sewer         |
| <input type="checkbox"/> Old Well               | Elevated Sand Mound |
| <input type="checkbox"/> Pipe to Ditch          | Holding Tank        |
| <input type="checkbox"/> Seepage Pit            | Pipe to Stream      |
| <input type="checkbox"/> Privy                  | 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 | Inground Bed        |
| <input type="checkbox"/> Community Sewer        | Cesspool            |
| <input type="checkbox"/> Inground Trench        | Storm Sewer         |
| <input type="checkbox"/> Old Well               | Elevated Sand Mound |
| <input type="checkbox"/> Pipe to Ditch          | Holding Tank        |
| <input type="checkbox"/> Seepage Pit            | Pipe to Stream      |
| <input type="checkbox"/> Privy                  | 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: 3/12/03

Name:

M. Stuenkel

Street Address:

88 Red Oak Ter.  
New Ringgold Pa 17960

Phone Number:

570 386-5531



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: 50 yrs - no problems

### 5. What was repaired? Check all that apply:

Septic Tank(s)

How many tanks? \_\_\_\_\_

Size(s) \_\_\_\_\_

Building sewer lines

What type of lines? AD

(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

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

☐ Yes

☒ No Never pumped

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 70 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? 120 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?

Check all that apply:

\_\_\_\_\_ Water softener

\_\_\_\_\_ Chlorinator

\_\_\_\_\_ Ultraviolet light treatment unit

☒ Other: alloy

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:

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139

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 4/12/03

Name: Beth Stolarski

Street Address: 100 Sky High Lane  
New Ringgold, PA  
17960

Phone Number: 386-3043 ☒ 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: \_\_\_\_\_

8. How is your well constructed:

- ☐ Hand Dug  
☒ Drilled  
☐ Unknown

9. When was your well constructed?  
1994 (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)?

90 - 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: \_\_\_\_\_

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: 3/15/03

Name: Ed Stott

Street Address: 41 Red Oak Terrace  
New Ringgold, PA  
17960

Phone Number: 570-386-3601 ☒ 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.

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)  
 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

### 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

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

Nit

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? 300 feet

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

600 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)

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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/22/03

Name: MARVIN STROHL

Street Address: 640 BLUE MOUNTAIN DRIVE  
ANDREAS PA 18211

Phone Number: 570-386-5006 ☒ 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 N/A ☐ 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:

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: \_\_\_\_\_

## 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 8 ppm as N  
Bacteria (Coliform) 0 (MPN)  
Other: IRON / MINERALS

8. How is your well constructed:

- ☐ Hand Dug  
☒ Drilled  
☐ Unknown

9. When was your well constructed?  
1975 (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 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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/13/03

142

Name:

DAVID SWANK

Street Address:

290 CHAIN CIRCLE  
NEW RINGOLD PA 17960

Phone Number:

570 386 5684



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?

1987 (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)?

200-300 feet

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

Check all that apply.

\_\_\_\_\_ Water softener

\_\_\_\_\_ Chlorinator

\_\_\_\_\_ Ultraviolet light treatment unit

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

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:**

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# ESP REGIONAL SEWAGE NEEDS SURVEY

143

Date: 3/15/07

Name: JOSEPHINE SWIRSKY

Street Address: 48 RED OAK TERRACE

NEW RINGGOLD PA 17960

Phone Number: 570-386-2640 ☒ 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)  
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

- 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? 385' 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?

*NONE*

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) *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:**

LIVE ALONE NOT HOME VERY OFTEN RETIRED

# ESP REGIONAL SEWAGE NEEDS SURVEY

(144)  
Date:   1  /  1  /  

Name:

James P. Tierney

Street Address:

145 Zion Stone Church Rd.  
New Ringgold, Pa 17960

Phone Number:

(570) 386-4335



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)  
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

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?  
1972 (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)?

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:

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(145)

**ESP REGIONAL SEWAGE NEEDS SURVEY**

Date: 3/1/21/03

Name: HENRY TRACY

Street Address: 175 BLUE Mtn DR

Phone Number: 386-5198 ☒ 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?

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?  
72 (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)?  
75 yards 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:

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146

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: MARCH 10 2003

Name: MR. F. L. VAN DALL

Street Address: 173 Municipal Rd  
New Ringgold, PA  
17960

Phone Number: 510 386 3484 ☒ 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: \_\_\_\_\_

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? Clay (ie. Plastic, clay, or iron?)

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

Drain Field(s)  
How many? One Type Standard (ie. Standard in-ground etc)  
Size(s) 4' x 16'

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: Iron

8. How is your well constructed:

- ☐ Hand Dug  
☒ Drilled  
☐ Unknown

9. When was your well constructed?  
\_\_\_\_\_ (year)

10. How deep is your well? 158 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: Water Filter for Iron

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

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

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147

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 03/21/03

Name: J. M. Walker

Street Address: 528 Oak Lane  
Tamaqua PA 18252-5606  
(West Penn Twp)

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)  
Other: Sizes

## 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 N/A

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?  
1978 (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)?

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:

This area does not need public water/sewer.  
nor the extra costs/fees entailed.

148

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date:   /  /  

Name: Ethel Weaver (mobile home)

Street Address: 318 Lime Kiln Dr.  
Andress, Pa. 18211

Phone Number: 570-386 4566 ☒ 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.  
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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)  
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?

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?  
1960 (year)

10. How deep is your well? 58 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: No

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

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

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149

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 5/23/03

Name: Ethel Weaver

Street Address: 324 Lime Kiln dr.  
Andrew, Pa. 18211

Phone Number: 570-386-4566 ☒ 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)  
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?  
1960 (year)

10. How deep is your well? 58 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: no

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY) 1978

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: none

16. Which municipality do you reside in?

\_\_\_\_\_ Tamaqua Borough  
\_\_\_\_\_ Rush Township  
☒ Schuylkill Township  
\_\_\_\_\_ Walker Township  
☒ West Penn Township

ADDITIONAL COMMENTS:

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150

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 4 / 10 / 03

Name: FRANK & Lisa Wenzel

Street Address: 136 S. Hilltop Rd  
New Ringgold PA 17960

Phone Number: 570-386-0337 ☒ 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?  
☐ Yes ☒ No

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

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)?

approx 70' 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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/13/03

Name:

West Penn Archery Club

Street Address:

147 Archery Club Rd  
New Ringgold PA 17960

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)  
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

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

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?  
\_\_\_\_\_ (year) unknown

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)?

50

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: NONE

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

152

Date: 3/17/03

Name: THOMAS WHITE

Street Address: 2005 EVERGREEN DR.  
TAMARCA, PA.

Phone Number: 386 2287 ☒ 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

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)?

300' at least 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:

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153

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 4/1/03

Name: Gary Williams

Street Address: 133 Snowdrift Road  
Andreas, PA 18211

Phone Number: 386-4059 ☒ 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: \_\_\_\_\_

8. How is your well constructed:

- ☐ Hand Dug  
☒ Drilled  
☐ Unknown

9. When was your well constructed?  
1992 (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: Sediment 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)

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

154

Date: 3/13/03

Name: Joe and Donna Wye

Street Address: 51 S. Red Oak Terrace  
New Ringgold, PA 17960

Phone Number: (570) 386-5944 ☒ 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: IT IS A NEW SYSTEM. ONLY 3 YRS. OLD. HAVE NOT HAD ANY PROBLEMS YET.

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)

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?  
1999 (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)?

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

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

155

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/2/03

Name: Kevin Yeakley

Street Address: 474 Rabbit Run Rd  
Andreas Pa 18211

Phone Number: [blank] ☒ Owner ☐ Renter # of Residents [blank]

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

## 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? 280 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  
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  
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: 3/21/03

Name:

Paul Dee Doran

Street Address:

1121 Penn Drive  
Andrews Ga  
11211

Phone Number:

570-386-2534

☒ 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.  
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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: Do not know

8. How is your well constructed:

- ☐ Hand Dug  
☒ Drilled  
☐ Unknown

9. When was your well constructed?  
2000 (year)

10. How deep is your well? 235 feet

11. How far away is your well located from the nearest septic system (your own or a neighbor's)?  
60-70 or more feet

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

Check all that apply.

- \_\_\_\_ Water softener  
\_\_\_\_ Chlorinator  
\_\_\_\_ Ultraviolet light treatment unit  
\_\_\_\_ 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: <u>Sand mound</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: \_\_\_\_\_

16. Which municipality do you reside in?

- \_\_\_\_ Tamaqua Borough  
\_\_\_\_ Rush Township  
\_\_\_\_ Schuylkill Township  
\_\_\_\_ Walker Township  
X West Penn Township

**ADDITIONAL COMMENTS:**

We just moved in 3 years ago. Water is coming from the ground with the septic tank. It is not a good thing. Please fix it as soon as possible.



R We are very against public water & sewer proposals. We live here because it is rural & poseses rural character. If there are developments trailer parks that undermine this, then force them to fix the problems with their units. Do not force us to change a well working water & sewage system because others have not done upkeep with theirs. Force them to be responsible property owners!

### ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/23/03

Name:

David + Shelly Zellner

Street Address:

1520 Penn Dr.

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:

#### 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



12/89/2082 08:26

12/89/2082 08:26

PLATE # 12-075

**Pottsville Environmental Testing Laboratory, Inc.**  
 164 East Bacon Street  
 Palo Alto, Pennsylvania 17901  
 (570) 622-7315

Name : SHELLY ZELLNER  
 Address: 1520 PENN DRIVE  
 ANDREAS, PA 18211

**BACTERIOLOGICAL  
 ANALYSIS REPORT**

SAMPLE LOCATION	DATE SAMPLE TAKEN	DATE SAMPLE TESTED	NON COLIFORM COUNT / 100 ML	COLIFORM COUNT / 100 ML	REMARKS
1520 PENN DRIVE	12/5	12/5	2	0	SD
(NEW HOUSE)					
ANDREAS, PA					
(WELL WATER - KITCHEN)					

REMARKS: SD - SAFE FOR DRINKING : MEETS DEP BACTERIOLOGICAL STANDARDS  
 NSD - NOT SAFE FOR DRINKING : EVIDENCE OF CONTAMINATION

PA DER LAB #54 - 184

**NOTES:**

Coliform count must be zero to be safe.

ATTESTED

DATE

12/9/2002

**Pottsville Environmental Testing Laboratory, Inc.**104 East Babson Street  
Pottsville, Pennsylvania 17861Telephone 610-622-7315  
Fax 610-622-7365SHELLY ZELLNER  
1520 PENN DRIVE  
ANDREAS, PA 18211

12/09/02

Sample Location: 1520 PENN DRIVE (NEW HOUSE)  
ANDREAS, PA  
(WELL WATER - KITCHEN)

Sample Date/Time: 12/05/02 (1115)

Sampled By: MCF


**CHEMICAL ANALYSIS**

PARAMETER	CONCENTRATION	PA DEP MAXIMUM CONTAMINANT LEVEL
1. Detergents	< 0.01 mg/l	0.5 mg/l as MBAS or less
2. Iron, Total	0.79 mg/l	0.3 mg/l as Fe or less
3. Lead	< 0.002 mg/l	0.015 mg/l as Pb or less*
4. Nitrate	< 4.4 mg/l	45. mg/l as NO <sub>3</sub> or less
5. Nitrate Nitrogen	< 1.00 mg/l	10. mg/l as N or less
6. pH	7.19	6.5 to 8.5
7. Total Dissolved Solids	94. mg/l	500. mg/l or less

The maximum contaminant levels on potable water as set by the Pennsylvania Department of Environmental Protection (PA DEP) Safe Drinking Water Regulations which govern municipal and public water supplies have been followed. Our analysis indicates that at the time of sampling, this water supply does not comply with PA DEP's standards for total iron. A high concentration of iron is not considered a health hazard, but gives water a metallic taste, stains clothing and plumbing fixtures, and promotes the growth of iron bacteria in the water system. Based upon these findings, this water supply is considered potable.

I certify that the water samples upon which this report is based have been obtained from the property in question by a qualified employee of this laboratory.

If there are any questions regarding this data, feel free to contact me.

  
 Michael C. Fabian  
 Laboratory Director

(\* - action level)

\* Installed  
 water softener to  
 correct iron content  
 problem \*

158

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/22/03

Name: HARRY BARBER

Street Address: 1332 CLEANTOWN RD  
TAMPA FL  
825-2

Phone Number: 86-2436 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

28 Mrs. Only when there is a problem. Please explain: FUL

### 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:   /  /  

Name:

TERRY L. FRITZ

Street Address:

672 PENN DRIVE  
TAMABUA PA 18252

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)

How many tanks? N/A

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?  
1957 (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:

HAVE (NO) DESIRE TO CONSIDER CHANGING  
CURRENT SYSTEM!!



# ESP REGIONAL SEWAGE NEEDS SURVEY

Date:   /  /  

Name:

Gerald + Valerie Coombe

Street Address:

1628 West Penn Pike  
New Ringgold PA 17960

Phone Number:

570-386-3929

☒ 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:

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 (Pounded)  
☐ Unknown

9. When was your well constructed?  
1994 (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)?

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	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: none

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:   1  /  1  /  

Name: Wesley F.H.

Street Address: 2066 West Penn Ave  
New Ringgold PA 19660

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.  
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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: AS USED - AND drain clients us.

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 new

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?            (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?  
9. (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)?

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: Culligan  
System  
Acetic

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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 1/1/

Name:

Ralph J. Gerber

Street Address:

2050 West Penn Pike  
New Ringgold, Pa 17960

Phone Number:

570-386-5390

☒ 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:

New 3/28/73 Pumped 3/22/97  
900 gal.

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 tank  
replaced

Size(s)

900 gal.

Building sewer lines

What type of lines?

(ie. Plastic  
clay, or iron?)

Pump(s)

How many pumps?

none

Size(s)

Drain Field(s)

How many?

1

Type

X  
(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

may 8, 2002 once before

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? 72 feet

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

84 feet

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

Check all that apply.

\_\_\_\_\_ Water softener

\_\_\_\_\_ Chlorinator

\_\_\_\_\_ Ultraviolet light treatment unit

\_\_\_\_\_ 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: 309 drainage area

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:

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ESP REGIONAL SEWAGE NEEDS SURVEY

(164)  
Date: 4/1/03

Name: Jesse Fritch

Street Address: 809 Clamtown Rd  
New Ringgold PA 17960

Phone Number: 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)  
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

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?  
\_\_\_\_\_ (year)

10. How deep is your well? shallow 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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

165

Date: \_\_\_/\_\_\_/\_\_\_

Name: Leroy & Lynn Kuhns

Street Address: 2281 W. Penn Pike  
Andreas PA 18211

Phone Number: (570) 386-2034 ☒ 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?  
\_\_\_\_\_ (year) *Approx. 25 years ago.*

10. How deep is your well? 135 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	<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 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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/12/10

Name: WARREN C. KUNKEL

Street Address: 2349 W. PENN DR. PA  
Box 56 18211

Phone Number 386-5795 ☒ 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?

☐ 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? 110 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)

- |   |  |
|---|--|
| <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        | <input type="checkbox"/> 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 type="checkbox"/> Elevated Sand Mound |
| <input checked="" 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: NOPE

16. Which municipality do you reside in?

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

ADDITIONAL COMMENTS:

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167

## ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 4/7/03

Name: Donato K. Ritscher

Street Address: 2360 West Penn Pike

Andreas Pa. 18211-9729

Phone Number: 386-4967 ☒ 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: Only once did we need it

PUMPED

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: WORKS WELL

### 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?  
1960 (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)?

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: 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  
☒ West Penn Township

ADDITIONAL COMMENTS:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/18/03

Name: CARL F. SCHARFFER JR.

Street Address: 1729 WEST PANN PIKE  
NEW RINGGOLD PP.  
17960

Phone Number: 520-386-2587 ☒ 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: \_\_\_\_\_

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 LESS THAN 5 ppm ppm as N

Bacteria (Coliform) 0 (MPN)

Other: HARDNESS 46 PPM

TDS - 75 ppm

PH - 7.4

8. How is your well constructed:

- ☐ Hand Dug  
☒ Drilled  
☐ Unknown

9. When was your well constructed?  
1986 (year)

10. How deep is your well? 145 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	<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: 3/25/03

Name: Carl and Mae Schaeffer

Street Address: 1785 West Penn Pike  
New Ringgold  
Pa - 17960

Phone Number: 570-386-5475 ☒ 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

New system installed to replace original  
 4. Did the repair require a permit?

5. What was repaired? Check all that apply:

New Septic Tank(s) ☒  
 How many tanks? \_\_\_\_\_ Size(s) 900 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? 1 Type \_\_\_\_\_ (ie. Standard in-ground etc) ☒  
 Sizes 24' X 24'

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?  
1965 (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)?

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 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)

<input checked="" type="checkbox"/> Septic Tank	<input 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: _____

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: 1/1

Name: Chester G Frantz

Street Address: 395 Dairy Rd  
Tamagova, Pa  
18252

Phone Number: 570-386-5434 ☒ 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.  
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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

**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?  
2007 1952 (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)?

115 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:**

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ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/14/03

Name: William Frantz

Street Address: 1987 West Penn Pike  
New Ringgold

Phone Number: 540-386-5310 ☒ 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?

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?  
1947 (year)

10. How deep is your well? 50 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)

- |                    |                     |
|--------------------|---------------------|
| <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          |
| Seepage Pit     | <u>Pipe to Stream</u> |
| 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  
X West Penn Township

ADDITIONAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/23/03

Name: JOE & GALE GARDICK

Street Address: 377 DAIRY ROAD  
TAMAQUA, PA 18252

Phone Number: 570-386-3760 ☒ 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) N/A Size(s) \_\_\_\_\_  
How many tanks? \_\_\_\_\_

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?  
1996 (year)

10. How deep is your well? 190 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: Neutralizer

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:

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## ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/21/03

Name:

KAREN & PHILIP SKRIVER

Street Address:

963 DAIRY ROAD  
TAMAUQA PA 18252

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.  
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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: NEW SYSTEM

#### 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?  
1998 (year)

10. How deep is your well? 106 feet

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

350 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	<u>Elevated Sand Mound</u>
Pipe to Ditch	Holding Tank
Seepage Pit	Pipe to Stream
Privy	Bore Hole
Pipe to Surface	Other: <u>شاه</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	<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:

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## ESP REGIONAL SEWAGE NEEDS SURVEY

Date: \_\_\_/\_\_\_/\_\_\_

Name: Alan & Kerry Gursky

Street Address: 1065 Clentown Rd  
Tamewake, PA 19252

Phone Number: 570-356-5179 ☒ 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?

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?

1948 (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)?

110 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: \_\_\_\_\_

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: 3/23/03

Name: Kathryn Frederick

Street Address: 109 Mush Duhl Rd  
New Ringgold PA  
17960

Phone Number: 386-2697 ☒ 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

Bacteria (Coliform)

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

?

ppm as N

(MPN)

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)?

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)

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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ESP REGIONAL SEWAGE NEEDS SURVEY

Date: \_\_\_/\_\_\_/\_\_\_

Name: Paul M. Greber

Street Address: 22 Mush Dahl Rd  
New Ringgold, Pa

Phone Number: 570-386-5467 ☒ 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? 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? Sand 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?  
1942 (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)?

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	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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/26/03

Name: Mark + Doreen Deola

Street Address: 818 Lizard Creek Rd.  
PO Box 70  
Andreas, PA 18211

Phone Number: 570-386-3731 ☒ 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:

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 don't know

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?  
*retire in 24 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)?

20 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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3 / 22 / 03

Name: Alan D. Gursky

Street Address: 193 Lizard Creek Road

Andrees, PA 19211

Phone Number: 570-386-2838 ☒ 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: one time after 10 years of service

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?  
UNKNOWN (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)?

120 feet

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

Check all that apply.

\_\_\_\_\_ Water softener

\_\_\_\_\_ Chlorinator

\_\_\_\_\_ Ultraviolet light treatment unit

X Other: IRON Filter/Aeroter

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?

\_\_\_\_\_ Tamagua Borough  
\_\_\_\_\_ Rush Township  
\_\_\_\_\_ Schuylkill Township  
\_\_\_\_\_ Walker Township  
X West Penn Township

ADDITIONAL COMMENTS:

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ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/25/03

Name: Beverly Lawlor

Street Address: PO Box 175  
848 Lizard Creek Rd.  
Andreas Pa 18211

Phone Number: 570-386-2507 ☒ 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.  
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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 \_\_\_\_\_  
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)  
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?  
1954 (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)?

50 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/29/03

Name: CAROL LAZOWICKI

Street Address: 202 LIZARD CREEK Rd.  
ANDREAS, PA.  
18211

Phone Number: 570-386-4185 ☒ 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 \_\_\_\_\_ ppm as N  
Bacteria (Coliform) \_\_\_\_\_ (MPN)  
Other: \_\_\_\_\_

8. How is your well constructed:

- ☐ Hand Dug  
☒ Drilled  
☐ Unknown

9. When was your well constructed?  
1960's (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)?

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	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)

I'm down in  
the LOWLANDS.

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



180

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 4/4/23

Name: JACK + FRANCES TRIANO

Street Address: 171 LIZARD CREEK RD

ANDREAS PA 18201

Phone Number: 570-386-2374 ☒ 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

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: SULPHUR

8. How is your well constructed:

- ☐ Hand Dug  
☒ Drilled  
☐ Unknown

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

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)

- |   |                     |
|---|---------------------|
| <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:

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182

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: \_\_\_/\_\_\_/\_\_\_

Name: ROSALIE SHIRD

Street Address: 213 ANDREAS RD  
ANDREAS, PA 18211

Phone Number: 570-386-3991 ☒ 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:

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?  
\_\_\_\_\_ (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)?

\_\_\_\_\_ ? 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 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:   1  /  1  /  

Name:

MABEL M. HILL

Street Address:

2990 SUMMER VALLEY ROAD  
NEW RINGBOLD  
PA 17960

Phone Number:

570 386 5091

☒

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? 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           

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?  
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)?

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)

- 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:

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184

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/19/03

Name: William A. Leiby

Street Address: 3513 Summer Valley Rd.  
New Ringgold, Penna.  
17960-9560

Phone Number: 570-386-5330 ☒ 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:  
☒ At least every 7 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?

☐ Yes ☒ No

5. What was repaired? Check all that apply:

Septic Tank(s)  
How many tanks? 1 Size(s) 550 ga  
Building sewer lines Plastic  
What type of lines? 5-40 (ie. Plastic, clay, or iron?)  
Pump(s)  
How many pumps? None Size(s) \_\_\_\_\_  
Drain Field(s) 1 Type French  
How many? 1 (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: 4 yrs ago

8. How is your well constructed:

- ☐ Hand Dug  
☒ Drilled  
☐ Unknown

9. When was your well constructed?  
Sept-1961 (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)?

60' 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 of the above

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 of the above

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

185  
Date: \_\_\_/\_\_\_/\_\_\_

Name: .....

Street Address: .....

LAMAR AND DORIS LEIBY  
3411 SUMMER VALLEY RD.  
NEW RINGGOLD, PA 17960

Phone Number: 570-386-2213 ☒ 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.  
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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**

**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

Bacteria (Coliform)

Other: Good

Y8131 21000 014 8AMU  
OR 131141 811112 1112  
03411 141 010001111 1111 (MPN)

8. How is your well constructed:

- ☐ Hand Dug  
☒ Drilled  
☐ Unknown

9. When was your well constructed?

1960 (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)?

30 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: 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: 3/14/63

Name: Norman A. Miller

Street Address: 2946 Summer Valley Rd.  
New Ringgold, Pa.

Phone Number: 386-4710 ☒ 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) 900 gal.
- 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)  
 Sizes
- Other: trench-stone

## 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?  
1965 (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)?

30 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:

Let handcraft of these things EPA-DEP are doing a very good job

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/17/03

187

Name: CLARK B. SCHENCK, JR.

Street Address: 3053 SUMMER VALLEY ROAD  
NEW RINGGOLD, PA 17960

Phone Number: 386-2647 ☒ 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? Flow (ie. Plastic, clay, or iron?)

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

Drain Field(s)  
How many? 0 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?  
2 (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)?

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:

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188

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/21/03

Name: Tetty L. Miller

Street Address: 628 GOLF Rd.  
TAMAGUA, PA 18252

Phone Number: 570-386-2676 ☒ 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

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?  
1922 (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)?

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: 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	<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:

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189

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: \_\_\_/\_\_\_/\_\_\_

Name: CHARLES + DORIS SCHRODING

Street Address: 729 COLE RD  
TAMAGUA PR 18252

Phone Number: 570-386-8834 ☒ 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 ONLY HERE YES  
☐ 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?  
1996 (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)?  
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)

<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	<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 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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/17/93

Name: Ruthless Shipton

Street Address: 754 Golf Rd

Phone Number: 570-386-4972 ☒ 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?  
\_\_\_\_\_ (year)

10. How deep is your well? 60 ft feet

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

75 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 X  
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:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/15/03

Name: Kelles Steigerwalt

Street Address: 417 Golf Rd  
Tamagua  
Pa. 18252

Phone Number 570 386-4316 ☒ 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? 2 Size(s) 500 x 1600
- 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                      (ie. Standard in-ground etc)  
 Sizes 2.5 ft.
- Other:

## 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?  
1952 (year)

10. How deep is your well? 90 ft. feet

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

1500 ft.

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:

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192

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/22/03

Name: PAUL Dombrosky

Street Address: 1439 Spring Rd

ANDREWS, PA

18211

Phone Number: 570-386-4945 ☒ 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

### 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 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? 165 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)

- |                    |                     |
|--------------------|---------------------|
| <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:

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ESP REGIONAL SEWAGE NEEDS SURVEY

193  
Date: 3/15/03

Name: John R. Gall

Street Address: 127 S. Hilltop Road  
New Ringgo H, Pa.  
17960

Phone Number: Don't call ☒ 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

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: negative

8. How is your well constructed:

- ☐ Hand Dug  
☒ Drilled  
☐ Unknown

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

10. How deep is your well? 410 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)

- |   |  |
|---|--|
| <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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194

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: \_\_\_/\_\_\_/\_\_\_

Name: ARBOR + FRANK HUEBEL

Street Address: 5 WILDLIFE TRAIL  
TAMMARA PA 18252

Phone Number: 570 386 2517 ☒ 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?  
1992 (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)

- ☒ 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:**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# ESP REGIONAL SEWAGE NEEDS SURVEY

Name: DAN McDONALD

Street Address: 5 OAK LT. 87 Red Oak  
TERACE  
MEADOW HOLLOW,  
PA 18240

Phone Number: ..... ☒ Owner ☐ Renter # of Resid

~~~~~  
This survey is being conducted to determine if there are any existing, or potential  
in the ESP Planning region area. The results of this survey are intended to be used  
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

Septic Tank(s)  
How many tanks? \_\_\_\_\_

Building sewer lines  
What type of lines? \_\_\_\_\_

Pump(s)  
How many pumps? \_\_\_\_\_

Drain Field(s)  
How many? \_\_\_\_\_

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

## YOUR DRINKING WATER

Answer this section ON  
well or other private water

6. Do you have your water

☒ Yes

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?

1962 (year)

10. How deep is your well? 9.5 feet

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

50 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:

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196

ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 4/4/05

Name: Kent & Jennifer Miller

Street Address: 995 Penn Dr.  
Tamaqua PA 18252

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
- X 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?

X Yes No

3. Has your system ever been repaired?  
Yes No None needed

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

X 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)?

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)

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:**

Our well and water satisfy our family's needs  
We have no problems with maintaining our own  
septic system.



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# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/26/03

Name: Bill + Deb M. Bony

Street Address: 1560 Penn Drive  
Andreas Pa

Phone Number: 570 386 9218 ☒ 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

Bacteria (Coliform)

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

ppm as N

(MPN)

8. How is your well constructed:

- ☐ Hand Dug  
☒ Drilled  
☐ Unknown

9. When was your well constructed?  
97 (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)?  
300 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: Filter

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: Septic works good

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:

198

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: \_\_\_/\_\_\_/\_\_\_

Name: Ruth F. Reinsmith

Street Address: 835 Penn Drive  
Tamagua, Pa  
18252

Phone Number: 570 386-4936 ☒ 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) X Type S  
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?  
\_\_\_\_\_ (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>	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:

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199

## ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/18/03

Name: Daryl Schock

Street Address: 175 Millhead Rd.  
Tamagwa, PA 18252

Phone Number: 386-3427 ☒ 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 well or other private water source

6. Do you have your water

☒ Yes

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? 140 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 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: 3/13/03

Name: Lee E. Shafer

Street Address: 7 Rose Lane  
New Ringgold, Pa.  
17960

Phone Number: 570-386-5961 ☒ 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.  
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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

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?  
1973 (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

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: Large stone  
drain field

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:**

There are usually only two residents  
in our household, because we have a college  
age child who is only here for about  
three months



201

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/25/03

Name: Margaret Tiley

Street Address: 777 Penn Dr  
Tamaqua, Pa 18252

Phone Number: 386-5249 ☐ 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: when flushing toilet is sluggish.

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

~~~~~  
If 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: \_\_\_\_\_

8. How is your well constructed:

- ☐ Hand Dug  
☒ Drilled  
☐ Unknown

9. When was your well constructed?  
1948 (year)

10. How deep is your well? 80 ft feet

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

about 72 ft ~~feet~~ 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> | 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:

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(202)

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/25/03

Name: Roy Miller

Street Address: 732 Penn Drive  
Tamaqua, PA 18252

Phone Number: 386-4698 ☒ 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) 7000 gal  
Building sewer lines  
What type of lines? (ie. Plastic, clay, or iron?)  
Pump(s)  
How many pumps? 1 Size(s) n/a  
Drain Field(s)  
How many? 1 Type STD (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 n/a \_\_\_\_\_ 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?  
1973 (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)?

150 +/- feet

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

Check all that apply.

19 \_\_\_\_\_ 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

203

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: \_\_\_/\_\_\_/\_\_\_

Name: Gloria ARNER

Street Address: 865 PENNDR  
TAMBOURA, PA 18252

Phone Number: 570-386-5588 ☒ 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 \_\_\_\_\_ 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? \_\_\_\_\_ 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)

|                    |                     |
|--------------------|---------------------|
| <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 |
| <u>Pipe to Ditch</u> | 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:

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204

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/31/03

Name: Bob BALCAVAGE

Street Address: 1976 W. P. PIKE

New Ringgold, Pa

Phone Number: 381.5955 ☐ 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 2 yrs State Perm
- ☐ 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?

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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

205

Date: 3/30/03

Name: .....

Street Address: .....



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:

### 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: DON'T Remember

8. How is your well constructed:

- ☐ Hand Dug  
☒ Drilled  
☐ Unknown

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

10. How deep is your well? 55 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: NONE

13. What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

|                                                 |                                                                                |
|-------------------------------------------------|--------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Septic Tank | Inground Bed                                                                   |
| <input type="checkbox"/> Community Sewer        | Cesspool                                                                       |
| <input type="checkbox"/> Inground Trench        | Storm Sewer                                                                    |
| <input type="checkbox"/> Old Well               | Elevated Sand Mound                                                            |
| <input type="checkbox"/> Pipe to Ditch          | <input checked="" type="checkbox"/> Holding Tank <u>2 TANK &amp; PUMP TANK</u> |
| <input type="checkbox"/> Seepage Pit            | Pipe to Stream                                                                 |
| <input type="checkbox"/> Privy                  | 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 | Inground Bed                                     |
| <input type="checkbox"/> Community Sewer        | Cesspool                                         |
| <input type="checkbox"/> Inground Trench        | Storm Sewer                                      |
| <input type="checkbox"/> Old Well               | Elevated Sand Mound                              |
| <input type="checkbox"/> Pipe to Ditch          | <input checked="" type="checkbox"/> Holding Tank |
| <input type="checkbox"/> Seepage Pit            | Pipe to Stream                                   |
| <input type="checkbox"/> Privy                  | 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:

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# ESP REGIONAL SEWAGE NEEDS SURVEY

206

Date: \_\_\_/\_\_\_/\_\_\_

Name: Marshall Walker

Street Address: 2040 West Penn Pike  
New Ringgold PA 18960  
Commercial Bldg

Phone Number: 570 386-3111 ☒ Owner ☐ Renter # of Residents None

~~~~~  
 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 NA

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 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?  
195? (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?

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  
X West Penn Township

**ADDITIONAL COMMENTS:**

No-one resides at this location.

# ESP REGIONAL SEWAGE NEEDS SURVEY

Date: 3/17/03

Name: Shirley Westman

Street Address: P.O. Box 296 - 921 West Penn Pke  
Tamques, PA 18252

Phone Number: 570-386-5903 ☒ 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?  
\_\_\_\_\_ (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> | 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 |
| 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:

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