

AMES ASSOCIATES

SITE ASSESSMENT STUDY QUESTIONNAIRE

-PLEASE COMPLETE-

Owner(s): _____

Mailing Address: _____ Home Phone: _____

_____ Work Phone: _____

Tax Lot #: _____ Lot Location: _____

Description of House (Color, Type): _____

Water Supply: Municipal _____ Community _____ Well _____ Lake _____ Other _____

Does The Property Currently Have Any Sewage Disposal System? _____

Do You Have A Garbage Disposal? _____ Age of Existing Septic System: _____

Type of System: Leachbed _____ Drywell _____ Other _____

Septic Tank Construction: Metal _____ Concrete _____ Other _____

Tank Size (gals): _____ Tank Pumped Last: _____ By Whom: _____

Residence Occupied Full-time (minimum 9 consecutive months per year): Yes _____ No _____

Structure Usable Year-round: Yes _____ No _____ Number of Bedrooms: _____

Is The System State Approved? Yes _____ (See Note #1) No _____ (See Note, #2)

Note #1----- *If Yes, provide copies of the approved plan and Construction and Operation Approvals.*

Note #2----- *If No, supply all available information on the type, capacity, age and location of the system. Include an 8-1/2" X 11" sketch of the property and the location of the system showing the lot, abutters' property lines and approximate locations of abutters' septic systems and wells if known. (You may use the other side of this form for your sketch.)*

In Your Opinion Is This Sewage Disposal System Functioning Properly? _____

*** PLEASE FORWARD A COPY OF YOUR DEED OR A SURVEY OF THE PROPERTY ***

Upon receipt of the Site Assessment Fee of _____, Ames Associates will complete the necessary paperwork and forward the assessment to you and your realtor.

I /We authorize Ames Associates and its agents to enter the above described property to perform all necessary tasks to complete a Site Assessment Study of the property.

Owner(s) Signature: _____ Date: _____