

# FAILURE ANALYSIS QUESTIONNAIRE

## PART A: TO BE COMPLETED BY APPLICANT

1. Describe the problem (i.e. sewage seeping to the ground surface, toilets backing up, etc.)

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2. How long has this problem existed? \_\_\_\_\_

3. How old is the system? \_\_\_\_\_ Years \_\_\_\_\_ Months

4. What is connected to the system? (3-bedroom home, 2-bedroom mobile home, etc.).

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5. Have there been any additions or alterations to your home (or establishment) since you occupied it? Yes or No

6. How many people occupy the dwelling(s) or how many employees routinely occupy the establishment at one time and for how long? \_\_\_\_\_

7. How many loads of laundry are done per week? \_\_\_\_\_ Loads. Is the majority all done in one day, two days or spread out evenly over the week? Is chlorine bleach used routinely?

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8. Is there a garbage disposal? Yes or No. \_\_\_\_\_ If yes, how often is it used and how is it used (i.e. put potato peelings down the disposal, etc.)?

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9. Is any type of grease or oil poured down the drain? Yes or No \_\_\_\_\_

If yes, what kind (vegetable, bacon, etc), and how much? \_\_\_\_\_

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10. Do you know if there are presently any leaks in the plumbing or have you ever had any leaks? Yes or No. \_\_\_\_\_ If yes, describe leak (i.e. "dripping facets") and how long has the leakage been going on? \_\_\_\_\_

11. Has any part of the septic tank system (including shoulders and slopes) been removed, more cover added over it, or been covered with something other than soil and grass (i.e. asphalt or concrete, trees/shrubs in the drain field, etc), and how long?

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12. Has any part of the system been driven over or parked on by any vehicle including a tractor? Yes or No \_\_\_\_\_. If Yes, what part?

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13. Is there any outside source of water influencing the septic system (i.e. roof drains, sprinklers systems, recently dug ponds, swimming pool waste water discharge, etc.)? Yes or No. \_\_\_\_\_ If yes, please describe:

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**PART B: TO BE COMPLETED BY SEPTIC CONTRACTOR AND INSPECTOR**

Is the septic tank in good condition? Yes / no.

If no, explain: \_\_\_\_\_

Is the dosing tank in good condition? Yes / no.

If no, explain: \_\_\_\_\_

Date the system was last pumped? \_\_\_\_\_

Excessive solids in tank? Yes / no / unknown

Excessive scum? Yes / no / unknown

Is outlet filter installed? Yes / no / unknown

Is dosing pump working? Yes / no / NA

***(Note: several soil borings as necessary should be conducted to determine the following preferably during drainfield repair)***

What is the condition of drainfield: working / ponding / surfacing / clogged lines / other:

\_\_\_\_\_

Is header pipe or distribution box level? Yes / no

Clogged with roots? Yes / no

Clogged with sand? Yes / no

Is biomat excessive? Yes / no

Is fill material above drainfield stained? Yes / no

Comments: \_\_\_\_\_

Observed water table greater or equal to 24 inches below bottom of drainfield? Y/N

Seasonally high water table (same): yes / no.

Is the bottom of drainfield deeper than 30 inches below grade? Yes / no.

If yes, how deep? \_\_\_\_\_ inches

Does the drainfield have greater than 18" of cover material? Yes/no.

If yes, how much? \_\_\_\_\_ inches

Cover material (texture slightly – mod ltd): yes / no.

For Mounds:

Shoulder (slightly ltd.): yes / no.

Slope (slightly – mod. ltd.) yes / no

Was "O" horizon removed? Yes / no

Was an excavation required? Yes / no.  
If an excavation was required, was a proper one conducted? Yes / no  
If an excavation was required, was slightly limited texture fill used below the drainfield? Yes/no

Is drainage directed away from the drainfield? Yes / no.  
Adequate unobstructed area? Yes / no

Has drainfield been obstructed in any way? (e.g. sidewalk, driveway, trees) yes/no.  
If yes explain: \_\_\_\_\_

System installation date \_\_\_\_\_  
GDP estimated sewage flow based on metered water \_\_\_\_\_ Table I \_\_\_\_\_

What type of waste? Domestic or Commercial

Site conditions: are any of the following conditions present?  
Drainage structures: pool / patio or deck / parking/ sloping property / other \_\_\_\_\_

What is the nature of the septic failure? Hydraulic overload / soils / maintenance / system damage /  
drainage or run off / roots / water table / other \_\_\_\_\_

What was the failure symptom? Sewage on ground / tank / distribution box or header pipe / drainfield  
/ plumbing backup/ other  
\_\_\_\_\_

### **PART C: TO BE COMPLETED BY OCHD INSPECTOR**

What brand and model of alternative drainfield product was used?  
\_\_\_\_\_

Was the drainfield of adequate size for the building structure?  
\_\_\_\_\_

Is this an Aerobic Treatment, Low Pressure, or Performance-Based system?  
\_\_\_\_\_

List the septic contractor who originally installed this system (also previous repairs)  
\_\_\_\_\_

Is this located in a subdivision? Yes/No

If yes, name of subdivision \_\_\_\_\_.

On previous/original site evaluation; what was the soil loading rate? \_\_\_\_\_  
What is current soil loading rate? \_\_\_\_\_

If this is a premature failure (failed within 2 years of original installation)? Yes or No

If yes, form DH 4015, Premature Failure Evaluation Attachment must be completed. Notify your supervisor and forward form DH 4015 to FDOH Onsite Bureau Office.