

**RAPHO TOWNSHIP SEWAGE NEEDS SURVEY  
2023**

Please complete this form to the best of your ability.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

1. How many people live in your house? \_\_\_\_\_

2. Do you live in your house year-round? YES  or NO

3. How large is your lot? \_\_\_\_\_

4. Do you have more than one on-lot sewage system on your property? YES  or NO

If yes, please explain: \_\_\_\_\_

5. What kind of water system do you have? WELL  SPRING  OTHER

Do you treat your water? YES  or NO

If yes, how? (water softener, etc.) \_\_\_\_\_

If you have a well: Is it HAND DUG  DRILLED  How deep? \_\_\_\_\_ feet

Is your well cased? YES  or NO

6. Approximately, how far is the well or spring from the on-lot sewer system? \_\_\_\_\_ feet

Is your well UP SLOPE  or DOWN SLOPE  from the drain field?

Have you ever had your water tested? YES  or NO

If yes, when? \_\_\_\_\_

If yes, what were the results? \_\_\_\_\_

7. What kind of on-lot sewage system do you have? (CHECK ALL THAT APPLY)

SEPTIC TANK                       INGROUND BED                       HOLDING TANK

CESSPOOL                       INGROUND TRENCH                       PRIVY

OLD WELL                       ELEVATED SAND MOUND

OTHER \_\_\_\_\_

8. Where does your laundry and/or sink water go? (CHECK 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 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 GROUND SURFACE |
| <input type="checkbox"/> OTHER _____  |                                              |                                                 |

9. How old is your on-lot sewage system? \_\_\_\_\_

If unsure of the age of your on-lot system, what is the estimated the age of your house? \_\_\_\_\_

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

(CHECK ALL THAT APPLY)

- |                                           |                                                           |
|-------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> GREEN LUSH GRASS | <input type="checkbox"/> WETNESS OR SPONGY AREAS          |
| <input type="checkbox"/> ODORS            | <input type="checkbox"/> WATER PONDING OR SURFACING       |
| <input type="checkbox"/> SLUGGISH DRAINS  | <input type="checkbox"/> WASTEWATER BACKING INTO THE HOME |
| <input type="checkbox"/> SYSTEM OVERFLOW  | <input type="checkbox"/> OTHER _____                      |

11. Are there any other sewage disposal deficiencies you are aware of? \_\_\_\_\_

12. COMMENTS

Contact:

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