This additional information is used to design your sewage disposal system. Please fill out as many of the blanks below as possible. Not all of the blanks may apply to your particular site. Return the completed form to our office with the completed site evaluation form. This information will be needed before any field visits can be made by our department. Should you have any questions about the form, please call your local branch of the health department.

1. Type/Description (ie…office, church, restaurant)

2. Estimated peak sewage flow in gallons per day (gpd)

3. Square footage of building __________________________

4. Number of employees __________________________
   Employees per shift __________________________
   Number of shifts __________________________
   Hours per shift __________________________

5. Business hours __________________________ Seasonal? _________

6. Seating capacity __________________________

7. Public Restrooms __________________________
   If yes, include number and type of fixtures in #11

8. Number of bedrooms __________________________

9. Number of service connections (number of buildings hooked to well)

10. Water available of public (drinking fountains, coffee, etc.)

11. Number of fixtures of each…
   Toilet (tank or flush valve) __________________________
   Sink __________________________
   Dish machine __________________________
   Water Softner __________________________
Floor drain
Furnace condensate
Urinal
Bathtub/shower
Drinking fountain
Wash machine
Ice machine
Ice cream machine
Ice cream dipperwell
High pressure washing equipment (auto, tractor)

Other


12. Projected number of customers per day