

Service Interval Extension Request

This form is used to calculate minimum service levels only, and is not intended to dictate proper septic system maintenance. Minimum inspection/service reporting level is based upon four criteria specific to a given septic system:

- type of technology used in the septic system,
- capacity of the settling tank in the system,
- number of people contributing to the system, and
- presence or absence of garbage disposal contributing to the system.

1	For each person in your household, how many months of the year do they live in your household?	_____ months for Person #1 _____ months for Person #2 _____ months for Person #3 _____ months for Person #4 _____ months for Person #5 _____ months for Person #6 _____ months for Person #7 _____ months for Person #8 _____ months for Person #9 _____ months for Person #10
2	Add up the months for all persons listed in Question 1.	(a)
3	Calculate <i>Year Round Residency Number</i> as $(a) \div 12 = (b)$ and round up if a fractional value	(b)
4	Excluding dosing tanks, what is the total capacity of your septic system black water settling tank?	(c) gallons
5	Is a garbage disposal connected to your system's black water settling tank? Circle one.	(d) Yes No
6	Is this system an old-style conventional system or a new advanced technology treatment system?	(e)
7	Date of last qualifying service.	(f)

Property Owner Name: _____

Property Address: _____

Email Address: _____

Telephone Nos.: Home _____ Mobile _____

I hereby certify that the information presented here is accurate to the best of my knowledge.

Property Owner Signature: _____ Date: _____

Received for City by: _____ Date: _____

THIS SECTION BELOW FOR CITY USE ONLY

8	Using Table 1, determine the Years and Months that correspond to the intersection of items (b) and (c).	(g) ____y____m
9	Enter 0.5 for (h) if answer for (d) is Yes. Enter 1 for (h) if answered No for (d) and Conventional for (e). Enter 2 for (h) if answered No for (d) and Advanced for (e).	(h)
10	Calculate (g) x (h) = (i) to determine the recommended septic system pumping interval in years and months.	(i) ____y____m

Approved Inspection/Service Reporting Interval: _____ Years _____ Months

Next Required Inspection/Service Date: _____

Approved by City Clerk: YES NO

Signed (City Clerk): _____ Date: _____