



SECTION VI: ONSITE WASTEWATER TREATMENT MANAGEMENT EGLE FAILED SYSTEM DATA COLLECTION – RESIDENTIAL

Failed per “failure” definition Non-Failure Date: _____

FOR LOCAL HEALTH DEPARTMENT COMPLETION ONLY

Address: _____ Township: _____ County: _____

Health Department Jurisdiction: _____

Dwelling Type: Single Family Two-Family

Dwelling Size: 2 Bedrooms 3 Bedrooms 4 Bedrooms >4 Bedrooms

Septic Tank Type:

Single Two Compartment More Than One Tank No Tank

Septic Tank Capacity – Gallons:

<1,000 1,000 – 1,500 >1,500 – 2,000 >2,000 – 3,000
 >3,000 Unknown

Advanced Treatment Unit: Yes No If yes, Treatment Unit Name: _____

System Design:

Gravity Bed Dosed Bed Pressure Dosed Bed None
 Gravity Trenches Dosed Trenches Pressure Dosed Trenches Unable to Determine
 Gravity Mound Dosed Mound Pressure Dosed Mound
 Chambers Drywells Other _____

System Age: 0 – 5 6 – 10 11 – 15 16 – 20 21 – 25
(years)

26 – 30 31 – 40 > 40 Unknown

Soil Texture:

Coarse Sand, Medium Sand Fine Sand, Loamy Sand Sandy Loam
 Loam, Sandy Clay Loam Clay Loam, Silt Loam Clay, Silt
 Organic Soil, Fill Soil

Seasonal High Water Table: 0 – 12 13 – 24 25 – 36 37 – 48 > 48
(inches below grade)

System Size: Bed _____ ft² Trenches _____ bottom area ft² Unable to Determine



SECTION VI: ONSITE WASTEWATER TREATMENT MANAGEMENT

Address: _____ Township: _____ County: _____

Health Department Name: _____

Probable Cause(s) of Failure:

- | | | |
|--|--|--|
| <input type="checkbox"/> Septic Tank Failure | <input type="checkbox"/> Infrequent Tank Pumping | <input type="checkbox"/> Pipe Filled with Solids |
| <input type="checkbox"/> Damaged/Collapsed Piping System | <input type="checkbox"/> Hydraulic Overload | <input type="checkbox"/> System Undersized |
| <input type="checkbox"/> Insufficient Isolation to Water Table | <input type="checkbox"/> Root Intrusion | <input type="checkbox"/> Installation Error |
| <input type="checkbox"/> Unsuitable Fill | <input type="checkbox"/> Dirty Stone | <input type="checkbox"/> Excess Cover |
| <input type="checkbox"/> Lack of Maintenance | <input type="checkbox"/> Soil Clogging | <input type="checkbox"/> Unable to Determine |
| <input type="checkbox"/> Other: _____ | | |

Form Completed by: _____
(Print Name)

Date Form Completed: _____

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations. Questions or concerns should be directed to the Nondiscrimination Compliance Coordinator at EGLE-NondiscriminationCC@Michigan.gov or 517-249-0906.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.