



SEPTIC AND OIL STORAGE SURVEY
Twin & Walker Creeks Watershed Conservancy
 100 Walker Lake Road
 Shohola, PA 18458

Please provide us with the following information:

Phone: _____ Township: _____

Local Street Address: _____

Mailing Address (if different): _____

SEPTIC SYSTEM INFORMATION

Please identify the type of septic system that you have for your home by checking the appropriate line. Please provide the additional information requested regarding the age of system, etc.

<u>Tank</u>		<u>Drainfield</u>	
Cesspool	_____	Above Ground (turkey mound)	_____
Concrete	_____	In Ground (seepage bed)	_____
Composite	_____	Distance from lake or stream (ft)	_____
Metal	_____	Distance from well (ft)	_____
Aerobic	_____	Age of Field (years)	_____
Tank Age (years)	_____		
Last Pumped (year)	_____		

OIL STORAGE INFORMATION

Please identify the type of oil storage tank located on your property by checking the appropriate line. Please also provide the approximate age of the tank if known.

Does not apply _____

In Ground _____

Above Ground

Outdoors _____

Indoors _____

Tank Age: (circle one) 1-10 years
 11-20 years
 20 + years

The Twin/Walker Creeks Watershed Conservancy thanks you for your cooperation and assistance .
 PLEASE RETURN IN THE STAMPED, ADDRESSED ENVELOPE PROVIDED.