



Prevent • Promote • Protect

Environmental Health Division

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Operation and Maintenance Residential Survey

O&M Residential Survey is designed to provide the service provider with addition system usage information. This form will provide additional information to help assess any potential problems requiring mitigation of operational problems. The intent of the O&M program is to ensure the system remains in a conforming state.

PROPERTY INFORMATION			
Who is completing the form?	<input type="checkbox"/> Resident <input type="checkbox"/> Homeowner <input type="checkbox"/> Service Provider <input type="checkbox"/> Other:		
Date Form Completed:		Date of Inspection:	
Service Provider:			

PROPERTY INFORMATION			
Property Owner			
Property Address		ON#:	
City, State, Zip			
Structure Type:	<input type="checkbox"/> Main Residence <input type="checkbox"/> Secondary Living Structure <input type="checkbox"/> Auxiliary Structure		
Type of System Use	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal: <u>How many seasonal months used?</u>		
No of Residents:	<input type="checkbox"/> Adults: <input type="checkbox"/> Teenagers: <input type="checkbox"/> Children:		
No. of Bedrooms		No. of Bathrooms	
Water Supply	<input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Other:		
Highest daily water usage:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Steady throughout the day		

SYSTEM USE INFORMATION			
Is there an in-home business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" what type:	
Is there long-term prescription use in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there use of bath, skin, oil, or moisturizer products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" what type:	

Is there or has there been septic additives used?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "yes" what type:	
Water conserving fixtures in use?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is drain cleaner used?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No Type:
Is a garbage disposal used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No of uses per day:		No of uses per week:
Is dishwasher used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No of uses per day:		No of uses per week:
Is a whirlpool tub in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No of uses per day:		No of uses per week:
Water softener in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Backflushes to:		
Reverse Osmosis in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharges to:		
Air Conditioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Condensate drains to:		
Footing drain or sump pump connected to system?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
List any antibacterial products being used:					
List commonly used cleaning products:					
Continuous toilet cleaner used:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	No. of toilet paper rolls used per week:	
Consecutive Loads of Laundry:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Loads of laundry done:	
				Per day:	Per week:
Brand of laundry detergent used:			Powder or Liquid		<input type="checkbox"/> Powder
					<input type="checkbox"/> Liquid
Bleach used:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Powder/Liquid	<input type="checkbox"/> Powder	<input type="checkbox"/> Liquid
				Cup/load:	Loads/week:
Hot or Cold water used:					

Additional Comments:			
Site Address:		ON:	
Service Provider Signature:		Date:	