

Julie Kennedy, President
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Septic System Survey

Parcel Number or Property Street Address _____

Last Name _____

Email _____

Phone number _____

If you have a copy of your most recent pump or septic system test, please email it to: **losolivoscscsd@gmail.com** or send us a copy at: **PO Box 345, Los Olivos, CA 93441**

If you do not have a copy of the report, but know who did the work, please tell us who did the work. _____

*If you look at your house from the street, where is your septic tank located?

Left Rear	Rear	Right Rear
Left		Right
Left Front	Front	Right Front
----- Street -----		

Select one:

- Left Rear – Backyard
- Rear - Back yard
- Right Rear - Back yard
- Left - Side yard
- Right - Side yard
- Left Front - Front yard
- Front - Front yard
- Right Front - Front yard

- I don't know

Do you know how far (in feet) from the front/side/back of your house the tank is located (the part of your house closest to the tank)? (No need to be exact, an approximation is very helpful.) _____

Do you have risers to allow easier access to your tank?

- Yes
- No
- I don't know

If there is other information you would like to share regarding your septic system, please provide it below.

Do you have multiple parcels that are served by a single septic tank / system? *

- Yes
- No
- I don't know

Once you have completed the form, please email it to us at: losolivoscsd@gmail.com or send us a copy at: **PO Box 345, Los Olivos, CA 93441**