

Please answer the following questions as accurately and honestly as possible. None of the answers will be used against you, they will be used to create a solution to your problem. The goal for this questionnaire is to determine why your system is not working to at its fullest potential. As a result of your answers, we will come up with a personalized list of suggestions to help optimize the performance of your treatment system.

Name Address City
State Zip Phone Number e-mail
Service Provider Serial Number Model Number

OCCUPANCY OF HOME

How many people live in your home? # of Persons

Of these how many of these go to work or school outside the home?

some, all, or #

How many infants live in your house? none or #

Do you have house guests regularly? yes no

If so, how many and what is the average length of their stay?

Do you have a home based business? yes no

Do you have employees or clients that visit regularly? how many and often

LAUNDRY PRACTICES

How many loads of laundry per week do you wash? # of loads

How many loads per day do you wash on your biggest laundry day? # of loads

What brand and type (powder or liquid) of detergent do you use? brand

powder Liquid

How often and how much bleach do you use?

Do you use borax/detergent enhancers/liquid fabric softeners? yes no

Do you ever exceed recommended detergent amounts for wash loads? yes no

Do you change your water level for each load or do you leave it on one setting? Change Leave

Do you wash diapers? yes no

BATHROOM CLEANING PRACTICES

Please describe how you clean your toilets?

How often do you clean your toilets? Daily Twice a week Weekly Less Often

What type of automatic cleaning products you use in the tank of the commode?

2000 Flushes Clorox Tidy Bowl Vanish Other None

HEALTH OF RESIDENTS

Is anyone in the household on medication for an infection? Yes No

If so how long have they been on this medication and what type of medication?

How Long? Type and Name

Is anyone in the home being treated for cancer/AIDS? Yes No

Is anyone on chemotherapy (oral or intravenous)? Yes No

Does anyone in the home have chronic diarrhea (either due to gastrointestinal surgery, intestinal/colon by-pass, or other gastrointestinal conditions)?

If so, Explain

Does anyone in the family suffer from bulimia? Yes No

WHAT YOU PUT DOWN THE SINK

Do you have a garbage disposal? Yes No

If so, how often do you use it? Several times a day Daily Only on occasion

Approximate number of cups per use?

Describe items placed down disposal

Do you pour mop water or other household cleaners down the drain? Yes No

If so, what cleaners, how often, and what quantity?

Do you ever exceed recommended strengths when creating cleaning solutions? Yes No

Do you use Liquid Plumber or other Drain Cleaners? Yes No

Have you ever used Septic Tank Additives, Enhancers or Yeasts?

QUESTIONS ABOUT YOUR HOME

Do you have a water softener? Yes No

If so, do you know where the back wash goes?

Do you have a garden tub/Jacuzzi in one of your bathrooms? Yes No

Daily Twice a week Weekly Bi-Weekly Monthly Less Often

Is it on the second floor? Yes No

Since your system was installed have any additional toilets, bathrooms, or homes been plumbed to it? Yes No

What was the approximate year of construction for your home?

Since then, have you replaced any fixtures? Yes No

Do you have a utility sink in your garage? Yes No

Do you ever clean paint brushes, mix pesticides/herbicides, or any caustic or acidic cleaners in the sink?

Yes No

Does anyone job or hobbies effect the way water is used in your home? (Examples are: pet grooming/boarding, hair salon, artist, laundry service, doctor/dentist office, photography?)

Do you have a drain in your garage? Yes No

Are your gutters or air condition hooked up to your household plumbing? Yes No

ABOUT YOUR SYSTEM

Do you experience frequent power interruptions/outages? Yes No

Has your system been without power for more than a three hour period? If so, when and for how long?

Yes No

Do you live in or near the 100 year flood plain? Yes No

Do you frequently have standing water in the yard? Yes No

If you have a chlorinator, where do you purchase your chlorine tablets?

What brand are they? Please be specific (this is important).

How often and how many do you add to your system?

Have you had your system pumped/cleaned? Yes No

If so, when

At whose recommendation?

Any other
comments?

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or

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