

# NAWT PRELIMINARY INFORMATION FORM

CLIENT: BUYER ☐ SELLER ☐ REALTOR ☐ OTHER ☐

**Site Location:**

Address: \_\_\_\_\_

City: \_\_\_\_\_

**Billing Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lock Box: \_\_\_\_\_

Single Family Dwelling ☐ Duplex ☐ Multi Family Dwelling ☐

Contacting Party: \_\_\_\_\_ Relationship to property: \_\_\_\_\_

Authorizing/Billing Party: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Directions to site: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Inspection Time: \_\_\_\_\_

Inspected before: Yes ☐ No ☐ Date: \_\_\_\_\_ Company: \_\_\_\_\_ Outcome: \_\_\_\_\_

Call for Locate: \_\_\_\_\_ Call for Locate Clear: \_\_\_\_\_

Date & Time

Date & Time

## General System Information

Assessor Records Attached: Yes ☐ No ☐ Local Permitting Agency: \_\_\_\_\_

OWTS Records Available: LPA ☐ Homeowner ☐ Not Available ☐ Permit Provided: Yes ☐ No ☐

Inspected Before: Yes ☐ No ☐ Date: \_\_\_\_\_ Company: \_\_\_\_\_ Outcome: \_\_\_\_\_

Recent weather event that would impact the system: \_\_\_\_\_ Date of Event: \_\_\_\_\_

More than one OWTS on the property: Yes ☐ No ☐ Location: \_\_\_\_\_ Purpose: \_\_\_\_\_

Age of Structure: \_\_\_\_\_ # & Age of System(s): \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

Current occupied: Yes ☐ No ☐ If vacant – approximate date of vacancy: \_\_\_\_\_

# of current Occupants: \_\_\_\_\_ # of prospective Occupants: \_\_\_\_\_

**If unoccupied for more than one (1) week an HLT is required**

Seasonal home: Yes ☐ No ☐ Typical seasonal occupancy: \_\_\_\_\_

Short term rental/Temporary rental: Yes ☐ No ☐ Typical seasonal occupancy: \_\_\_\_\_

Graywater discharge: Yes ☐ No ☐ Location/Source: \_\_\_\_\_ Reasons: \_\_\_\_\_

Calculated # of Gallons/Day: \_\_\_\_\_ Private well: Yes ☐ No ☐ Location: \_\_\_\_\_

**Repairs to the system**

Repairs to OWTS: Yes ☐ No ☐ Homeowner: Yes ☐ No ☐ Licensed Contractor: Yes ☐ No ☐  
 STA Mitigation, Rejuvenation, or Soil fracturing: Yes ☐ No ☐ Contractor: \_\_\_\_\_  
 Copies of ALL repair permits from LPA or HO attached: Yes ☐ No ☐  
 Details of repair: \_\_\_\_\_  
 \_\_\_\_\_

**Maintenance Information**

**Authorization to contact provider** Yes ☐ No ☐

Maintenance frequency: \_\_\_\_\_ Service Contract: Yes ☐ No ☐ Provider: \_\_\_\_\_  
 Last service: \_\_\_\_\_ Type service: \_\_\_\_\_ Gallons pumped: \_\_\_\_\_  
 System Location: \_\_\_\_\_  
 Components accessible: Yes ☐ No ☐ Depth: \_\_\_\_\_ Location: \_\_\_\_\_  
 Garbage disposal: Yes ☐ No ☐  
 Water Softener: Yes ☐ No ☐ Discharge to OWTS: Yes ☐ No ☐ Salt add: Yes ☐ No ☐

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_