



Repair Estimate Application

Name _____ Date _____

Address _____ Phone _____

Job _____ Parcel # _____

Effluent: surfacing backing up

Status of current symptoms _____

As-built drawing: Yes No

How old is house/system: _____

Did we install: Yes No Under what name: _____

Type of system: Gravity Pump to Gravity Sandbed

Sandfilter Pressure Distribution Mound

If the system has a pump:

Is septic tank exposed? Yes No

Is pump tank exposed? Yes No