

**KISKIMINETAS TOWNSHIP
COMMUNITY NEEDS REPORT AND
SUPPORTING DOCUMENTATION**

JULY 2024

**PREPARED BY:
REBECCA RUPURT, SEO**

**REVIEWED BY
SENATE ENGINEERS AND SURVEYORS,
A DIVISION OF LSSE**

Kiskiminetas Township ACT 537 Community Needs Report

July 2024

Section 1 - Previous Wastewater Planning

1.1 Existing Act 537

The Kiskiminetas Township Original Act 537 was completed and approved in June 1980. A small portion of the township was gravity sewered along Old State Road at Jackson Road and Sugar Hollow Road approximately 2500 feet SW of the intersection with Eckman Road, and the general area of McKinsty Hill Road east to the Kiskiminetas River and Apollo Borough. This area services approximately 143 residential homes or 150 EDUs. A Map of the existing sanitary sewer system is provided in Appendix A.

1.2 Proposed Service Area

The proposed service area of this plan covers an unsewered area of the Township in the Orchard Hills Area along and surrounding Old State Road and State Route 56. Within the proposed service area, approximately 730 single family homes currently utilizing onlot septic systems will be provided with public sewer service. An additional 215 lots within the Pine Valley Estates Mobile Home Park, as well as, the Apollo Ridge Schools, where sewage is currently collected and treated in two separate small package plants, will have their sewage flows captured by the collection and conveyance system proposed in this plan.

Section 2: Plan Summary

2.1 General Scope

To determine the necessity of public sewage service for the residents of Kiskiminetas Township, an onlot system analysis was conducted over a period of three years. As part of this analysis, survey questionnaires were mailed to or completed by resident during onsite assessments by the Township SEO (see details below.) Total residents surveyed was 434 homes. This is approximately 60% of the total proposed public sewage service area. We also reached out to an additional 90 homes but received no response and were unable to perform an assessment.

2.2 Methods for Evaluating Onlot Septic Systems

The existing onlot site surveys and evaluations were conducted over the period of 2020 through 2023. The surveys and evaluations were conducted by Certified Sewage Enforcement Officers Berg, Shilling, and Shirey. These individuals were contracted by the Township to conduct surveys and record their observations.

The surveys were first distributed via US Mail in 2020. Those results were tabulated and recorded. From 2020 to 2024 the SEO's followed up the in the survey area by doing door to door surveys and observations. Surveys were backed up by aerial photography utilizing mapping software ON X Hunt. The surveys were tabulated and analyzed based upon the homeowner and SEO provided answers to the survey questions. Standard definitions and qualifications were used for determining the status of the private sewage systems.

Confirmed Malfunctions determinations were made by certified Sewage Enforcement Officers with experience in OLDS, BTG repairs, and seasonably wet absorption areas. Included are piped discharges from a single structure with direct evidence of sewage (soap suds, odors, solids, food residue etc.) reported system backups, or any malfunction with photographic evidence.

Suspected malfunctions determinations were made by observing systems that exhibited indirect malfunction characteristics such as abnormally lush green grass, piped discharges from one dwelling without direct evidence of sewage (no suds, solids, odors), absorption areas in known unsuitable soils, cesspools, and pit privies.

Potential malfunctions determinations were made by observing systems that appear functional but were constructed prior to permitting requirements, systems located in areas extremely unlikely to receive permitting by current standards, unsuitable soils as mapped or with severe limitations for OLDS and systems located on steep slopes greater than 25%.

No malfunction determinations were made when the system appears to be operating satisfactory with no evidence that it would fall under the previous three categories, a system constructed since the implementation of permitting requirements, and appears to have been constructed in accordance with the permitting requirements in effect at the time of construction. OLDS permitting under ACT 537 became effective on May 15, 1972.

Other Field Noted Conditions

There currently are 2 small flows sewage plants within the survey area. They are the Pine Valley Estates mobile home park and the Apollo Ridge School District buildings.

Other situations that were noted during field investigations were inventoried, mapped, and noted here within. The following when located and were tallied as malfunctions as they are not acceptable long-term onlot sanitary collection, conveyance, or treatment options.

- Wildcat Sewer are collection systems (community sewers) serving more than one EDU and discharging untreated or partially treated sewage to the surface of the ground, storm sewers, or other waters of the commonwealth. Kiski Township had several community sewers located on Florida Ave, Kings Road, Ohio Avenue, Elwood Road.
- Borehole Disposal is an individual or community system that discharges to a borehole, abandoned water well, drywell, ventilation shaft, or any other subterranean structure. There were no systems that were observed to discharge into any of these categories.
- Holding tanks are used primarily exclusively for Kiski Township Businesses and as an OLDS repair.

Several businesses located within the survey area are currently utilizing hold tanks as the lots they are situated on cannot sustain onlot treatment systems (too small for an absorption field). The Kiski Township Fire Department Hall, Churches, Bar/ Restaurants, and a winery use holding tanks.

Public complaints were also investigated for suspected malfunctions. There were five complaints received, investigated, and added to the “Community Needs” results.

Sanitation Related Illnesses: there were no sanitation related illnesses reported during the surveys, but residents that utilize wells for drinking water did communicate that they have their wells regularly tested, and several have added bleach when required.

2.3 Act 537 Area of Interest - Types of onlot systems:

The most common onlot system is the septic tank with in-situ leach fields and elevated sand mounds. The next popular system is the elevated sand mound, followed by holding tanks, seepage pits, community sewers, cesspools, pipes to surface or ditches, and in-ground trenches and beds.

Number/ type of system:

- 370 septic tanks found in majority of systems if known – 66%
- 41 elevated sand mounds with septic tanks– 7.3%

The following systems are presumed to have a septic tank in addition to the listed descriptors, but the owners were unaware of the location or existence of such tank, not noted in the survey answers:

- 11 holding tanks – 1.9%
- 8 pipes to ditch or surface – 1.4%
- 6 seepage pits – 1%
- 5 inground beds or trenches - 0.8%
- 4 community sewers - 0.7%
- 3 cesspools - 0.5%
- 112 unknown systems – 20%

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01/23/2025

2.4 Results:

A total of 525 residents were sent surveys of the 720 homes in survey area. Of those 525 residents, 434 responded to surveys. See tabulation spreadsheet in Appendix B for detailed breakdown of observed condition, Appendix C for aerial map photos, Appendix D contains “Summary Map” detailing locations of each category detailed below, and Appendix E contains copies of the completed survey questionnaires. Of the 434 onlot systems evaluated, the is a summary of the investigations:

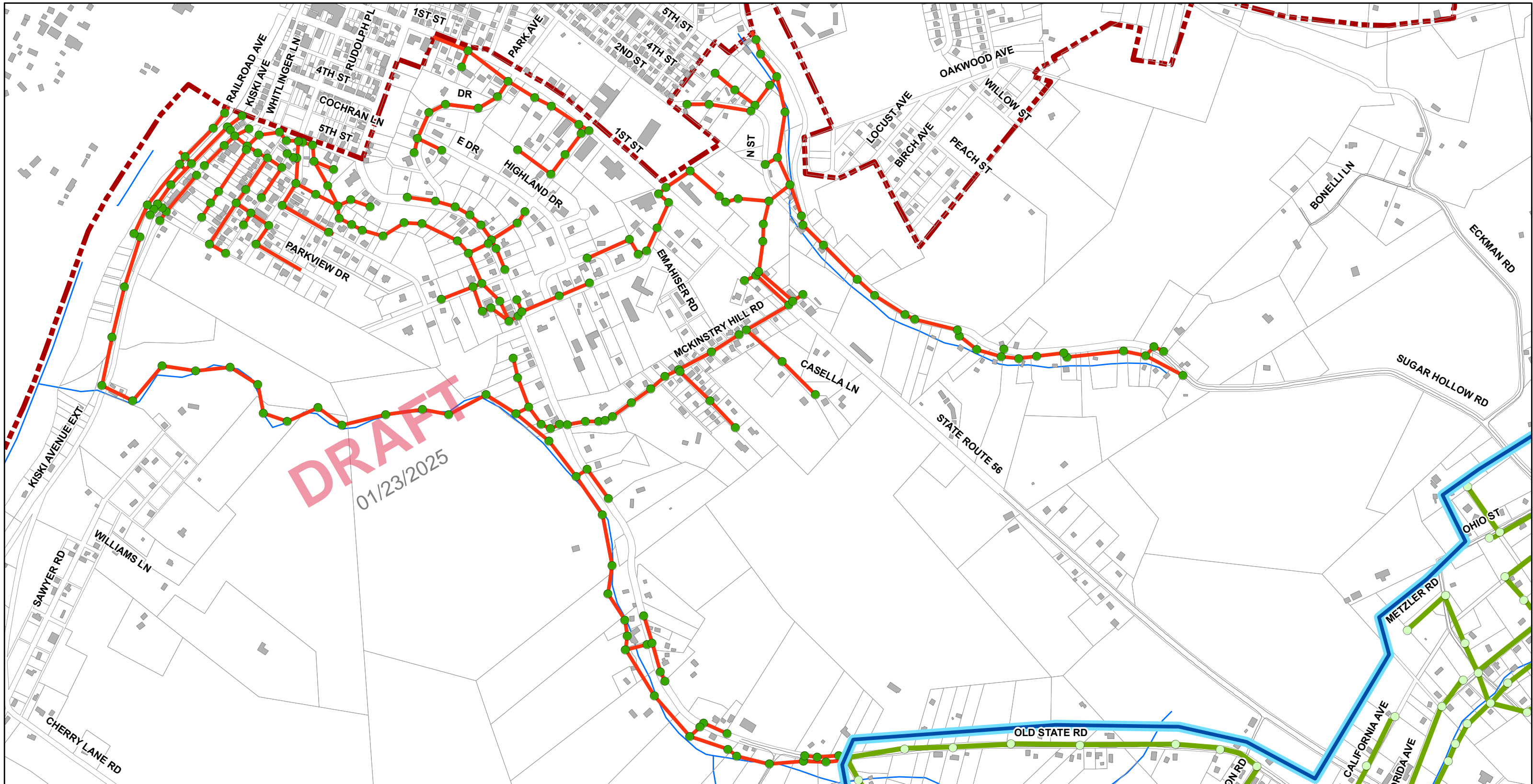
- Confirmed malfunction of onlot systems: 191 homes 44.0%.
- Suspected malfunction of onlot systems: 33 homes 7.6%.
- Potential malfunction of onlot systems: 149 homes 34.3%.
- No malfunction of onlot systems: 61 homes 14.1%.
- Unable to assess: 90 homes 17.2% of total surveys sent.

Prepared by Rebecca Rupert, SEO #04134

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APPENDIX A
EXISTING SANITARY SEWER SYSTEM




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Legend

- PS Pump Stations
- WTP Existing Treatment Plant
- Sanitary Manhole
- Existing Sanitary Sewer
- Stream
- Paved Road
- Unpaved Road
- Building Footprint
- Tax Parcel
- Municipal Boundary

**KISKIMINETAS TOWNSHIP ACT 537
PLAN STUDY**

EXISTING SANITARY SEWERS



SENATE #
654-007

MAP DATE: 11/3/20
SANITARY LAYERS CURRENT
TO: 10/25/17

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AND SURVEYORS, A
DIVISION OF LSSE

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APPENDIX B
RESULT TABULATION SPREADSHEET

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12/23/2025

COMMUNITY NEEDS REPORT - TABULATION OF RESULTS

Inventory ID	Name	Address	Confirmed Malfunction	Suspected Malfunction	Potential Malfunction	No Malfunction	Unable to assess/ not checked	ONLOT TREATMENT SYSTEM DETAILS	GREY WATER TREATMENT DETAILS	MALFUNCTION INDICATORS
1	Joel Zimmerman	10 Florida Ave 15613	1					SEPTIC TANK, SEEPAGE PIT, COMMUNITY SEWER	SEEPAGE PIT, , COMMUNITY SEWER	WATER PONDING OR SURFACING, GREEN LUSH GRASS, WET SPONGY AREAS, , , ,
2	Antoinette Cockroft	1008 Old State Rd 15613	1					HOLDING TANK, SEPTIC TANK, PIPE TO STREAM	HOLDING TANK, PIPE TO STREAM,	ODORS, GREEN LUSH GRASS, WET SPONGY AREAS, WATER PONDING OR SURFACING
3	Renee Barr	307 Kings Rd 15613	1					SEPTIC TANK, COMMUNITY SEWER, PIPE TO SURFACE	PIPE TO SURFACE, COMMUNITY SEWER,	#REF!
4	Mike Mason	101 Birch St 15686	1					SEPTIC TANK, ,	UNKNOWN, ,	WATER PONDING OR SURFACING, ODORS, WET SPONGY AREAS, , , ,
5	Apollo Free Methodist Church	1027 Ste Rte 56 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO SURFACE, ,	SYSTEM OVERFLOWS, WATER PONDING OR SURFACING, , , , ,
6	Apollo Free Methodist Parsonage	1027 Ste Rte 56 15613	1					SEPTIC TANK, STORM SEWER, PIPE TO SURFACE	SEPTIC TANK, STORM SEWER, PIPE TO SURFACE	WATER PONDING OR SURFACING, , , , ,
7	Michael Kaskan	104 Maple Dr 15686	1					SEPTIC TANK, ,	SEPTIC TANK, ,	SLOW DRAINS, , , , ,
8	Joe Reddy	1047 Old State Rd 15613	1					SEPTIC TANK, INGROUND TRENCH,	SEPTIC TANK, ,	WATER PONDING OR SURFACING, SYSTEM OVERFLOWS, WET SPONGY AREAS, , , ,
9	Sam Saxion	105 Elwood Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	SEPTIC TANK, PIPE TO DITCH,	NONE, , , , ,
10	Jack Altman	1061 Old State Rd 15613	1					SEPTIC TANK, PIPE TO DITCH, INGROUND TRENCH	SEPTIC TANK, PIPE TO DITCH, INGROUND TRENCH	NONE, , , , ,
11	Chaz Groholski	108 Birch St 15686	1					SEPTIC TANK, PIPE TO SURFACE,	SEPTIC TANK, PIPE TO SURFACE,	, ODORS, , , , ,
12	Timothy Polka	108 Metzler Rd 15613	1					SEPTIC TANK, PIPE TO SURFACE, INGROUND TRENCH	SEPTIC TANK, PIPE TO SURFACE, INGROUND TRENCH	GREEN LUSH GRASS, SYSTEM OVERFLOWS, WATER PONDING OR SURFACING, , , ,
13	Jim Chikar	1082 Old State Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
14	Marvin Church	109 Elwood Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
15	Clair Blystone	1109 Ste Rte 56 15613	1					PIPE TO SURFACE, ,	PIPE TO SURFACE, ,	NONE, , , , ,
16	Don Polliard	1127 Old State Rd 15613	1					COMMUNITY SEWER, ,	COMMUNITY SEWER, ,	NONE, , , , ,
17	Helen Altman	1128 Florida Ave 15613	1					SEPTIC TANK, PIPE TO DITCH,		
18	Cora Lee Cole	1131 Old State Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	WATER PONDING OR SURFACING, , , , ,
19	Lola Clepper	1138 Cole Rd 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
20	Mark Kerr	1144 Cole Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
21	Virida Deriso	1149 Cole Rd 15613	1					SEPTIC TANK, ,	SEPTIC TANK, ,	NONE, , , , ,
22	William Frick	116 Elwood Rd 15613	1					CESSPOOL, OLD WELL,	CESSPOOL, ,	WATER PONDING OR SURFACING, , , , ,
23	Don Black	119 Shaffer RD 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
24	Michael Reilly	120 Shaffer Rd 15613	1					SEPTIC TANK, PIPE TO SURFACE,	PIPE TO DITCH, ,	WATER PONDING OR SURFACING, , , , ,
25	Jason Girt	1216 Old State Rd 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
26	Nick Baustert	1217 Sugar Hollow Rd	1					INGROUND TRENCH, PIPE TO SURFACE,	PIPE TO SURFACE, ,	WATER PONDING OR SURFACING, , , , ,
27	Jonathan Coulter	123 Oak ST 15686	1					SEPTIC TANK, SEEPAGE PIT,	, ,	GREEN LUSH GRASS, WET SPONGY AREAS, , , ,
28	Michael Kavulic	1259 Edmon RD 15613	1					UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
29	Ed Fisher	126 Florida Ave 15613	1					SEPTIC TANK, PIPE TO SURFACE,	UNKNOWN, ,	SYSTEM OVERFLOWS, , , , ,
30	Larry Marks	128 Elwood Rd 15613	1					SEPTIC TANK, INGROUND TRENCH,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
31	Tenant Bowser, Crystal	128 Florida Ave 15613	1					SEPTIC TANK, PIPE TO DITCH,	UNKNOWN, ,	WASTEWATER BACKUP INTO HOME, , , , ,
32	Bruce Murin	129 Elwood Rd 15613	1					INGROUND BED, ,	UNKNOWN, ,	NONE, , , , ,
33	Ricky Shirley	129 Wright Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	WATER PONDING OR SURFACING, , , , ,
34	Brian McCollim	1299 Old State Rd 15613	1					SEPTIC TANK, SEEPAGE PIT,	UNKNOWN, ,	WET SPONGY AREAS, WATER PONDING OR SURFACING, , , , ,
35	Ardel Milko	130 Elwood Rd 15613	1					SEEPAGE PIT, SEPTIC TANK,	UNKNOWN, ,	GREEN LUSH GRASS, WATER PONDING OR SURFACING, , , , ,
36	Joyce Whiten	130 Florida Ave 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	WASTEWATER BACKUP INTO HOME, , , , ,
37	Larry Marks	131 Elwood Rd 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
38	Michael Ost	1315 GI Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	GREEN LUSH GRASS, ODORS, WET SPONGY AREAS, , , ,
39	Joanne Newingham	132 Birch St 15686	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
40	Leland Geer	1326 Old State Rd 15613	1					SEPTIC TANK, INGROUND TRENCH,	UNKNOWN, ,	NONE, , , , ,
41	Arthur Harley	1331 GI Rd 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	GREEN LUSH GRASS, WATER PONDING OR SURFACING, ODORS, , , ,
42	six enterprises llc	134 Florida Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	WATER PONDING OR SURFACING, , , , ,
43	Bridget Fulton	1353 GI Rd 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
44	Bradley Meyer	1369 Ste Rte 56 15613	1					SEPTIC TANK, PIPE TO SURFACE,	PIPE TO SURFACE, ,	NONE, , , , ,
45	Daniel Schirato	137 Florida Ave 15613	1					SEPTIC TANK, PIPE TO SURFACE,	PIPE TO SURFACE, ,	WATER PONDING OR SURFACING, , , , ,
46	Charles Varner	140 Elwood Rd 15613	1					SEPTIC TANK, ELEVATED SAND MOUND,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
47	Eva Kerr	1416 Ste Rte 56 15613	1					SEPTIC TANK, INGROUND TRENCH,	UNKNOWN, ,	NONE, , , , ,
48	Ken Jackson	142 Wright Rd 15613	1					SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
49	Richard Townsend	145 Birch St 15686	1					SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	GREEN LUSH GRASS, , , , ,
50	Cathy Davis	147 Florida Ave 15613	1					HOLDING TANK, PIPE TO STREAM,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
51	Al Lukehart	149 Florida Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
52	New Beginnings Church	1559 Ste Rte 56 15613	1					SEPTIC TANK, PIPE TO SURFACE,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
53	Joycelyn Caldwell	156 Birch ST 15686	1					SEPTIC TANK, INGROUND TRENCH, PIPE TO SURFACE	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
54	Lois Stobert	157 Florida Ave 15613	1					SEEPAGE PIT, PIPE TO STREAM,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
55	Kevn Morrow	161 Florida Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
56	Thomas Brunner	1621 Ste Rte 56 15613	1					SEPTIC TANK, PIPE TO SURFACE,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
57	Janee Batistig	165 Kings Rd 15613	1					SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
58	Dollar General	1661 Ste Rte 56 15686	1					HOLDING TANK, ,	UNKNOWN, ,	NONE, , , , ,
59	Boiling Springs Church	1668 Ste Rte 56 15686	1					PIPE TO DITCH, ,	PIPE TO DITCH, ,	NONE, , , , ,
60	Joanne Martin	167 Florida Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
61	Joe Tammarriello	170 Florida Ave 15613	1					SEPTIC TANK, PIPE TO SURFACE,	PIPE TO SURFACE, ,	NONE, , , , ,
62	John Hoffman	171 Ohio ST 15613	1					SEPTIC TANK, PIPE TO SURFACE,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
63	Joe Cieslinski	1745 Ste Rte 56 15686	1					SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	GREEN LUSH GRASS, WET SPONGY AREAS, , , ,
64	William Shellhammer	175 Florida Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,

COMMUNITY NEEDS REPORT - TABULATION OF RESULTS

Inventory ID	Name	Address	Confirmed Malfunction	Suspected Malfunction	Potential Malfunction	No Malfunction	Unable to assess/ not checked	ONLOT TREATMENT SYSTEM DETAILS	GREY WATER TREATMENT DETAILS	MALFUNCTION INDICATORS
65	David Klingensmith	1761 Ste Rte 56 15686	1					SEPTIC TANK, PIPE TO SURFACE,	PIPE TO SURFACE, ,	GREEN LUSH GRASS, ODORS, SYSTEM OVERFLOWS, , WATER PONDING OR SURFACING
66	Tiffany Clark	177 Ohio ST 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
67	David Nacey	178 Ohio ST 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	WATER PONDING OR SURFACING, SLOW DRAINS, , , , ,
68	Greg Krug	1800 Ste Rte 56 15686	1					SEPTIC TANK, ,	UNKNOWN, ,	GREEN LUSH GRASS, ODORS, , , , ,
69	Jeff Tutelo	1804 Ste Rte 56 15686	1					SEPTIC TANK, SEEPAGE PIT,	UNKNOWN, ,	NONE, , , , ,
70	Brenda Riley	181 Kings Rd 15613	1					SEPTIC TANK, INGROUND BED,	INGROUND BED, ,	WATER PONDING OR SURFACING, , , , ,
71	Richard Klingensmith	181 Ohio ST 15613	1					SEPTIC TANK, INGROUND BED,	INGROUND BED, ,	WATER PONDING OR SURFACING, , , , ,
72	Casie Vargson	185 Kings Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO SURFACE, ,	WATER PONDING OR SURFACING, , , , ,
73	Steven Roberts	187 Florida Ave 15613	1					PIPE TO DITCH, SEEPAGE PIT,	UNKNOWN, ,	WET SPONGY AREAS, , , , ,
74	Janet Walker	191 Florida Ave 15613	1					SEPTIC TANK, PRIVY,	UNKNOWN, ,	NONE, , , , ,
75	Pat Radickow	191 Ohio ST 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	WATER PONDING OR SURFACING, , , , ,
76	Les Rupert	192 Florida Ave 15613	1					SEPTIC TANK, PIPE TO DITCH,	UNKNOWN, ,	NONE, , , , ,
77	Patricia Held	27 Florida Ave 15613	1					SEPTIC TANK, PIPE TO DITCH,	UNKNOWN, ,	NONE, , , , ,
78	Cathy Soback	283 Kings Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	WATER PONDING OR SURFACING, , , , ,
79	William North	3004 Sportsmans Rd 15613	1					SEPTIC TANK, INGROUND TRENCH, PIPE TO DITCH	PIPE TO DITCH, ,	WATER PONDING OR SURFACING, , , , ,
80	Richard Brooke	3013 Sportsmans Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
81	Mary Shirley	3030 Sportsmans Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	WATER PONDING OR SURFACING, , , , ,
82	Robert Shirley	3034 Sportsmans Rd 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
83	Mary Shirley	3036 Sportsmans Rd 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
84	John Jefferson	3065 Sportsmans Rd 15613	1					PIPE TO DITCH, ,	UNKNOWN, ,	WET SPONGY AREAS, GREEN LUSH GRASS, , , , ,
85	Robert Rae	3088 Sportsmans Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	UNKNOWN, ,	NONE, , , , ,
86	Thomas Held	31 Florida Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
87	Tracy Taylor	311 Kings Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	UNKNOWN, ,	NONE, , , , ,
88	Jeremy Dunmire	329 Kings Rd 15613	1					PIPE TO DITCH, ,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
89	Amanda Zanol	3306 Balsiger Rd 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	GREEN LUSH GRASS, , ODORS, , , , ,
90	Kristin Dibernardo	3351 Pennsylvania Ave 15613	1					SEPTIC TANK, INGROUND BED,	PIPE TO DITCH, ,	NONE, , , , ,
91	Karen Faber	3356 Pennsylvania Ave 15613	1					SEPTIC TANK, PIPE TO DITCH,	UNKNOWN, ,	NONE, , , , ,
92	John Johnston	3365 Pennsylvania Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
93	Kistaco	3404 Balsiger Rd 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	SYSTEM OVERFLOWS, , , , ,
94	Thomas Portka	341 Kings Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	SYSTEM OVERFLOWS, , , , ,
95	William Miller	3416 Balsiger Rd 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
96	Arthur Stear	3430 Balsiger Rd 15613	1					SEPTIC TANK, PIPE TO SURFACE,	PIPE TO SURFACE, ,	NONE, , , , ,
97	Joel Emminger	3440 Balsiger Rd 15613	1					SEPTIC TANK, PIPE TO SURFACE,	PIPE TO SURFACE, ,	NONE, , , , ,
98	Kathleen Crecotta	3444 Balsiger Rd 15613	1					SEPTIC TANK, HOLDING TANK,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
99	Michael Myers	346 Kings Rd 15613	1					ELEVATED SAND MOUND, HOLDING TANK, SEPTIC TANK	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
100	Hileman	3491 Ste Rte 56	1					HOLDING TANK, COMMUNITY SEWER,	PIPE TO SURFACE, ,	WATER PONDING OR SURFACING, , , , ,
101	Spring Church Lutheran Church	3623 Lutherna Church Rd 15686	1					SEPTIC TANK, PIPE TO DITCH,	UNKNOWN, ,	NONE, , , , ,
102	Chuck Delariva	373 Kings Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	UNKNOWN, ,	WET SPONGY AREAS, , , , ,
103	Orchard Hills Christian Academy	385 Kings Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	WATER PONDING OR SURFACING, , , , ,
104	Sandy Cornell	385 Kings Rd 15613 (trailer)	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	WATER PONDING OR SURFACING, , , , ,
105	James Patterson	407 Kings Rd 15613	1					SEPTIC TANK, INGROUND TRENCH, PIPE TO DITCH	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
106	Kristen Kaphart	415 Kings Rd 15613	1					SEEPAGE PIT, PIPE TO DITCH,	UNKNOWN, ,	WET SPONGY AREAS, , , , ,
107	Timothy Daugherty	416 Kings Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
108	James Betsch	422 Kings Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
109	David Shoupe	423 Kings Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	WATER PONDING OR SURFACING, , , , ,
110	Elsie Bertino	430 Kings Rd 15613	1					SEPTIC TANK, PIPE TO STREAM, INGROUND BED	PIPE TO STREAM, ,	WATER PONDING OR SURFACING, , , , ,
111	Tony Bertino	432 Kings Rd 15613	1					SEPTIC TANK, PIPE TO STREAM, INGROUND BED	PIPE TO STREAM, ,	WATER PONDING OR SURFACING, , , , ,
112	BERTINO TONY	436 Kings Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	UNKNOWN, ,	NONE, , , , ,
113	Casey Campbell	44 Florida Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
114	Christopher Betta	440 Kings Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	WATER PONDING OR SURFACING, , , , ,
115	Robert Knepsheid	472 Kings Rd 15613	1					SEPTIC TANK, PIPE TO SURFACE, HOLDING TANK	PIPE TO SURFACE, ,	NONE, , , , ,
116	Misty Cramer	479 Kings Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
117	Joseph Starcher	480 Kings Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	WATER PONDING OR SURFACING, , , , ,
118	Jeffrey Baylor	489 Kings Rd 15613	1					CESSPOOL, ,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
119	Dorothy Heller	492 Kings Rd 15613	1					CESSPOOL, PIPE TO STREAM,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
120	Daniel Steele	52 Florida Ave 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	WATER PONDING OR SURFACING, , , , ,
121	Michael Mollick	56 Florida Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	WATER PONDING OR SURFACING, , , , ,
122	Janette Smith/ Larry Marks	60 Florida Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,		
123	Pat Bono	64 Florida Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	WATER PONDING OR SURFACING, , , , ,
124	Anthony Falco	8 Florida Ave 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
125	Terry Verner	974 California Ave 15613	1					SEPTIC TANK, INGROUND TRENCH,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
126	Jason Ross	976 California Ave 15613	1					ELEVATED SAND MOUND, ,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
127	George Galo	999 Old State Rd 15613	1					HOLDING TANK, ,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,

COMMUNITY NEEDS REPORT - TABULATION OF RESULTS

Inventory ID	Name	Address	Confirmed Malfunction	Suspected Malfunction	Potential Malfunction	No Malfunction	Unable to assess/ not checked	ONLOT TREATMENT SYSTEM DETAILS	GREY WATER TREATMENT DETAILS	MALFUNCTION INDICATORS
128	Apollo Supply	Ste Rte 56 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
129	Zach Feulmer	1377 Ste Rte 56 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
130	Eleanor Householder	1736 Ste Rte 56 15686	1					SEPTIC TANK, ,	UNKNOWN, ,	ODORS, SLOW DRAINS, GREEN LUSH GRASS, , , ,
131	Clifford Durand	1743 Ste Rte 56 15686	1					SEPTIC TANK, PIPE TO SURFACE,	PIPE TO SURFACE, ,	NONE, , , , ,
132	Eric Klingensmith	199 Kings Rd 15613	1					HOLDING TANK, ,	PIPE TO SURFACE, ,	WATER PONDING OR SURFACING, , , , ,
133	Clyde Johnston	3375 Pennsylvania Ave 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	WET SPONGY AREAS, WASTEWATER BACKUP INTO HOME, , , , ,
134	Joseph Baylor	3350 Pennsylvania Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,	#REF!	#REF!
135	Carlyle Knepsheid	106 Spring Dr 15613	1					SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	GREEN LUSH GRASS, WET SPONGY AREAS, ODORS, , , ,
136	Robert Long	1130 Old State Rd 15613	1					SEPTIC TANK, HOLDING TANK,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
137	Patricia Pavetti	1157 Cole Rd 15613	1					SEEPAGE PIT, PIPE TO SURFACE,	PIPE TO DITCH, ,	NONE, , , , ,
138	Larry Marks	120 Elwood Rd 15613	1					SEPTIC TANK, PIPE TO SURFACE,	PIPE TO SURFACE, ,	WATER PONDING OR SURFACING, , , , ,
139	Justin Retter	128 Shaffer Rd 15613	1					SEPTIC TANK, PIPE TO SURFACE,	UNKNOWN, ,	NONE, , , , ,
140	Ricky Libengood	132 Wright Rd 15613	1					SEPTIC TANK, PIPE TO SURFACE,	PIPE TO SURFACE, ,	GREEN LUSH GRASS, , , , ,
141	Joanne McDermott	1328 Gl Rd 15613	1					SEPTIC TANK, PIPE TO SURFACE,	PIPE TO SURFACE, ,	ODORS, , , , ,
142	Brian Talmadge	1340 Gl Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	WATER PONDING OR SURFACING, , , , ,
143	Joseph Rabickow	183 Florida Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
144	Brian Fulton	184 Florida Ave 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
145	Constance Miller	3326 Balsiger Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
146	Ron Waters	462 Kings Rd 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
147	Dawn Cook	55 Florida Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
148	Robert Barry Davis	1003 Old State Rd 15613	1					SEPTIC TANK, PIPE TO SURFACE,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
149	James Chikar	1035 Old State Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
150	Terry Czitterberg	1036 Old State Rd 15613	1					SEPTIC TANK, INGROUND BED, PIPE TO STREAM	PIPE TO STREAM, ,	NONE, , , , ,
151	Brad McGranor	1052 Old State Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
152	Arthur Silvis	1108 Old State Rd 15613	1					SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
153	Nelson Fairman	1114 Old State Rd 15613	1					COMMUNITY SEWER, ,	UNKNOWN, ,	ODORS, , , , ,
154	Michelle Casella	1124 Cole Rd 15613	1					SEPTIC TANK, PIPE TO SURFACE,	PIPE TO SURFACE, ,	NONE, , , , ,
155	Beth Huffner	119 Florida Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
156	Tom Sellack	1191 Ste Rte 56 15613	1					SEPTIC TANK, PIPE TO SURFACE,	PIPE TO SURFACE, ,	NONE, , , , ,
157	Paul Guerrini	1205 Old State Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
158	Ron Held	1210 Old State Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
159	Dennis Defilippo LLC	1223 Old State Rd 15613	1					HOLDING TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
160	Logan Harding	1256 Old State Rd 15613	1					SEPTIC TANK, PIPE TO DITCH, SEEPAGE PIT	PIPE TO DITCH, ,	NONE, , , , ,
161	James Sposito	1298 Old State Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
162	Carl Martin	1310 Gl Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
163	Debra White	132 Elwood Rd 15613	1					PIPE TO SURFACE, ,	UNKNOWN, ,	NONE, , , , ,
164	Saxion Heating	1367 Ste Rte 56 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
165	Kenneth Opalka	1583 Ste Rte 56 15613	1					SEPTIC TANK, PIPE TO SURFACE,	PIPE TO SURFACE, ,	NONE, , , , ,
166	Boiling Springs Church/ Parsonage	1752 Ste Rte 56 15686	1					SEPTIC TANK, PIPE TO SURFACE,	PIPE TO SURFACE, ,	NONE, , , , ,
167	Kathy Libengood	179 Florida Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
168	Raeann Hollis	179 Ohio St 15613	1					SEPTIC TANK, COMMUNITY SEWER, PIPE TO DITCH	PIPE TO DITCH, ,	NONE, , , , ,
169	Wayne Lorent	188 Florida Ave 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
170	Wendy Walker	195 Kings Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
171	Robert Klingensmith	197 Kings Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
172	Theodore Kaskan	26 Clark Ave 15686	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
173	Merle Jackson	3037 Sportsmans Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
174	Daniel Faiola	3051 Sportsmans Rd 15613	1					ELEVATED SAND MOUND, SEPTIC TANK, COMMUNITY SEWER	UNKNOWN, ,	ODORS, WATER PONDING OR SURFACING, , , , ,
175	Audrey Boe	323 Kings Rd 15613	1					SEPTIC TANK, PIPE TO SURFACE,	PIPE TO SURFACE, ,	NONE, , , , ,
176	Shannon Wofford	3671 Lutheran Church Rd 15613	1					PIPE TO SURFACE, UNKNOWN,	UNKNOWN, ,	NONE, , , , ,
177	Angela Wysocki	3675 Lutheran Church Rd 15613	1					PIPE TO SURFACE, UNKNOWN,	UNKNOWN, ,	NONE, , , , ,
178	SHAW GINGER L	39 Florida Ave 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	ODORS, , , , ,
179	Brian Beighley	444 Kings Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
180	Larry Eckman	452 Kings Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
181	Matthew Bertino	458 Kings Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
182	Ron Dull	484 Kings Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
183	James Echison	504 Kings Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
184	Vern Shumaker/ Edgewood Winery	1637 Ste Rte 56 15686	1					HOLDING TANK, ,	UNKNOWN, ,	NONE, , , , ,
185	Dan Jaworskyj	3052 Sportsmans Rd 15613	1					HOLDING TANK, ,	UNKNOWN, ,	NONE, , , , ,
186	Ronald Dull	490 Kings Rd 15613	1					SEPTIC TANK, PIPE TO STREAM, COMMUNITY SEWER	PIPE TO STREAM, ,	NONE, , , , ,
187	George Sosnick	1451 Ste Rte 56 15613	1					SEPTIC TANK, PIPE TO DITCH,	UNKNOWN, ,	GREEN LUSH GRASS, WATER PONDING OR SURFACING, , , , ,
188	Joe Reilly	1803 Ste Rte 56 15613	1					SEPTIC TANK, INGROUND BED, SEEPAGE PIT	UNKNOWN, ,	WET SPONGY AREAS, , , , ,
189	Neal Tressler	3084 Sportmans Rd 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	WATER PONDING OR SURFACING, , , , ,
190	Jay Morrow	3190 Sportsmans Rd 15613	1					SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
191	HILTY DAVID L	43 Florida Ave 15613	1					SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,

COMMUNITY NEEDS REPORT - TABULATION OF RESULTS

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192	Donald Reigh	604 Patterson Rd 15613		1				SEPTIC TANK, ,	UNKNOWN, ,	
193	Larwrence Metts	1132 Cole Rd 15613		1				COMMUNITY SEWER, ,	UNKNOWN, ,	NONE, , , , ,
194	Richard Boarts	1150 Cole Rd 15613		1				SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
195	John Frost	1172 Cole Rd 15613		1				SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
196	Ian Magness	1187 Cole Rd 15613		1				SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
197	Amos Starcher	147 Wright Rd 15613		1				ELEVATED SAND MOUND, ,	UNKNOWN, ,	NONE, , , , ,
198	Don Coy	156 Ohio ST 15613		1				SEEPAGE PIT, ,	UNKNOWN, ,	NONE, , , , ,
199	William Ament	163 Ohio ST 15613		1				INGROUND BED, PIPE TO SURFACE,	PIPE TO SURFACE, ,	NONE, , , , ,
200	Janee Batistig	173 Kings Rd 15613		1				INGROUND BED, ,	UNKNOWN, ,	NONE, , , , ,
201	Josh Abernathy	186 Wright Rd 15613		1				SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
202	Phyllis Sinnamond	190 Kings Rd 15613		1				SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
203	Phyllis Sinnamond	194 Kings Rd 15613		1				SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
204	Joseph Rimel	23 Florida Ave 15613		1				SEPTIC TANK, ,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
205	Thomas Held	3612 Lutheran Church Rd 15613		1				SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
206	Tiffany Dupont	3620 Lutheran Church Rd 15613		1				SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
207	Clair Blystone	3624 Lutheran Church Rd 15613		1				SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
208	Joe Ralph	3628 Lutheran Church Rd 15613		1				SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
209	Eric Baustert	411 Kings Rd 15613		1				ELEVATED SAND MOUND, ,	UNKNOWN, ,	WET SPONGY AREAS, GREEN LUSH GRASS, , , , ,
210	Donald Duchene	496 Kings Rd 15613		1				ELEVATED SAND MOUND, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
211	Tessie Amaranto	1039 Ste Rte 56 15613		1				SEPTIC TANK, HOLDING TANK, INGROUND BED	UNKNOWN, ,	SLOW DRAINS, , , , ,
212	Mark Shearer	1143 Old State Rd 15613		1				SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
213	Kiski Twp Water Auth. Bld	1303 Ste Rte 56 15613		1				SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
214	Richard Blystone	1303 GI Rd 15613		1				SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH, ,	WATER PONDING OR SURFACING, , , , ,
215	Richard Wilson	1335 GI Rd 15613		1				SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	GREEN LUSH GRASS, WATER PONDING OR SURFACING, , , , ,
216	Eric Geiger	150 Ohio ST 15613		1				SEPTIC TANK, HOLDING TANK, INGROUND BED	UNKNOWN, ,	NONE, , , , ,
217	Spring Church Carwash and Coffee	1714 Ste Rte 56 15613		1				UNKNOWN, ,	UNKNOWN, ,	WATER PONDING OR SURFACING, WET SPONGY AREAS, GREEN LUSH GRASS, , , ,
218	The Rock Church	1715 Ste Rte 56 15613		1				ELEVATED SAND MOUND, HOLDING TANK,	UNKNOWN, ,	NONE, , , , ,
219	Brittany Hilliard	303 Kings Rd 15613		1				SEPTIC TANK, SEEPAGE PIT, COMMUNITY SEWER	UNKNOWN, ,	NONE, , , , ,
220	John White	3124 Sportsmans Rd 15613		1				SEPTIC TANK, COMMUNITY SEWER,	UNKNOWN, ,	NONE, , , , ,
221	Doug Harkleroad	3130 Sportsmans Rd 15613		1				SEPTIC TANK, COMMUNITY SEWER,	UNKNOWN, ,	NONE, , , , ,
222	John Buchanan	3364 Pennsylvania Ave 15613		1				SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
223	Andrew Kochanowski	51 Clark Ave 15686		1				SEPTIC TANK, PIPE TO DITCH, INGROUND TRENCH	PIPE TO DITCH, ,	WATER PONDING OR SURFACING, , , , ,
224	Pete Skovrup	3083 Sportsmans Rd 15613		1				SEPTIC TANK, PIPE TO DITCH, INGROUND BED	PIPE TO DITCH, ,	NONE, , , , ,
225	Orchard Hills Bar and Grill	1011 Ste Rte 56 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
226	Michael Boarts	1011 Old State Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
227	Alexander Rattigan	1015 Old State Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
228	Larry Marks	102 Elwood Rd 15613			1			SEPTIC TANK, COMMUNITY SEWER,	UNKNOWN, ,	NONE, , , , ,
229	Kiski Township Fire Hall	1037 Ste Rte 56 15613			1			HOLDING TANK, ,	UNKNOWN, ,	NONE, , , , ,
230	Mary Wilson	106 Oak St 15686			1			ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
231	Thomas Learn	1060 Old State Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
232	Randy Allera	107 Birch St 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
233	Al Garrison	107 Spring ST 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
234	Brenda Boartz	1070 Old State Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
235	Lori Artman	1088 Old State Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
236	Donald Stevens	109 Oak ST 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
237	Peace Contracting	1090 Ste Rte 56 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
238	William Brown	110 Birch ST 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
239	Meredith Patterson	1100 Old State Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
240	Leland Kunkle	1104 Old State Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
241	Richard Levandoski	1119 Ste Rte 56 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
242	Scott Hollabaugh	112 Oak St 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
243	Nick Baustert	112 Shaffer Rd 15613			1			SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
244	Phillip Felz	1120 Ste Rte 56 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	WET SPONGY AREAS, , , , ,
245	William McLaughlin	1128 Old State Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
246	Richard Miller	113 Elwood Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
247	William Shank	1134 Old State Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
248	Richard Levandoski	1135 Ste Rte 56 15613			1			SEPTIC TANK, HOLDING TANK, ELEVATED SAND MOUND	PIPE TO SURFACE, ,	WATER PONDING OR SURFACING, , , , ,
249	John Salvio	114 Birch St 15686			1			COMMUNITY SEWER, ,	UNKNOWN, ,	NONE, , , , ,
250	Barbara Obriot	114 Oak St 15686			1			SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
251	Greg Krug	114 Shaffer Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
252	Schultzs supply	1146 Ste Rte 56 15613			1			SEEPAGE PIT, ,	UNKNOWN, ,	NONE, , , , ,
253	David McAllister	1147 Old State Rd 15613			1			SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
254	Joshua Prunty	115 Birch St 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
255	Aaron Moore	1150 Old State Rd 15613			1			ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,

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256	matthew townsend	1162 Ste Rte 56 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
257	Paul Legarsky	117 Elwood Rd 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
258	Raven Troup	1177 Ste Rte 56 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
259	William Snow	1179 Ste Rte 56 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
260	Greg Myers	118 Maple Dr 15686			1			SEPTIC TANK, INGROUND BED,	UNKNOWN ,	NONE , , , , ,
261	Bryan Syster	120 Wright Rd 15613			1			SEPTIC TANK, INGROUND TRENCH,	UNKNOWN ,	GREEN LUSH GRASS , , , , ,
262	Josh Long	1201 Ste Rte 56 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
263	Roxanna Riffer	1205 Ste Rte 56 15613			1			SEPTIC TANK, ELEVATED SAND MOUND, INGROUND BED	UNKNOWN ,	NONE , , , , ,
264	Thomas Medice	1213 Ste Rte 56 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
265	Cole Morrow	1221 Ste Rte 56 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
266	Stephen Giordano	1230 Old State Rd 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
267	RMJ Enterprises	1231 Old State Rd 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
268	Brian Shellhammer	1239 Old State Rd 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
269	Ronald Minesky	124 Oak ST 15686			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
270	Wendell Madison	1241 Old State Rd 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
271	Russell Kness	1244 Old State Rd 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
272	David Calderone	1245 Old State Rd 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
273	Zane Steele	1248 Old State Rd 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
274	Patsy Opfer	125 Elwood Rd 15613			1			SEPTIC TANK, INGROUND BED,	UNKNOWN ,	WATER PONDING OR SURFACING , , , , ,
275	Adam Dunmire	1265 Old State Rd 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
276	Maura Puccio	127 Oak ST 15686			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
277	Jackie Buterbaugh	1270 Old State Rd 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
278	Christian Disciscio	128 Birch St 15686			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
279	Edward Aitkus	128 Maple Dr 15686			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
280	Paul McDermott	128 Oak ST 15686			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
281	Michelle Bercel	129 Shaffer Rd 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
282	Robert Baum	113 Evergreen Rd 15686			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
283	Janie Fryer	1304 Old State Rd 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
284	Shawn Arduino	131 Oak St 15686			1			SEPTIC TANK, COMMUNITY SEWER,	UNKNOWN ,	NONE , , , , ,
285	Bruce Gertz	1318 Gl Rd 15613			1			SEPTIC TANK, INGROUND BED, PIPE TO SURFACE	PIPE TO SURFACE ,	NONE , , , , ,
286	Jerimay Bowser	1329 Ste Rte 56 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
287	Leeann Pedatella	134 Birch St 15686			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
288	Richard Fricke	134 Maple Dr 15686			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
289	Russell Fountain	1340 Ste Rte 56 15613			1			ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN ,	NONE , , , , ,
290	Susan Kovach	1344 Ste Rte 56 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
291	Brandon Shirley	135 Wright Rd 15613			1			SEPTIC TANK, INGROUND BED,	UNKNOWN ,	NONE , , , , ,
292	Robert Tandoric	1352 Ste Rte 56 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
293	ben adamski	1356 Ste Rte 56 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
294	Cool Water Saloon	1359 Ste Rte 56 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
295	Ricky Libengood	136 Wright rd 15613			1			ELEVATED SAND MOUND ,	UNKNOWN ,	NONE , , , , ,
296	Janette Smith/ Larry Marks	1362 Ste Rte 56 15613			1			INGROUND TRENCH, COMMUNITY SEWER,	UNKNOWN ,	NONE , , , , ,
297	David Schrecengost	1373 Ste Rte 56 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
298	6 d enterprises	138 Florida Ave 15613			1			SEPTIC TANK, PIPE TO DITCH,	PIPE TO DITCH ,	NONE , , , , ,
299	James McFadden	139 Birch St 15686			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
300	Gerald Pears	139 Maple Dr 15686			1			SEPTIC TANK, INGROUND BED,	UNKNOWN ,	NONE , , , , ,
301	Bryan Christopher	1396 Ste Rte 56 15613			1			SEPTIC TANK, COMMUNITY SEWER,	UNKNOWN ,	NONE , , , , ,
302	Larry Marks	141 Maple Dr 15686			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
303	Victor Ross	1417 Ste Rte 56 15613			1			SEPTIC TANK ,	UNKNOWN ,	GREEN LUSH GRASS, WET SPONGY AREAS , , , ,
304	Roy Dietz	1429 Ste Rte 56 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
305	Scott Wilson	1445 Ste Rte 56 15613			1			SEPTIC TANK ,	UNKNOWN ,	GREEN LUSH GRASS , , , , ,
306	Gregory W Kunkle	1447 Ste Rte 56 15613			1			SEPTIC TANK, INGROUND TRENCH,	UNKNOWN ,	NONE , , , , ,
307	darcy Keltz	1455 Ste Rte 56 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
308	Glenn Murray	146 Florida Ave 15613			1			SEPTIC TANK ,	UNKNOWN ,	GREEN LUSH GRASS , , , , ,
309	Ken Coulter	154 Ohio ST 15613			1			SEPTIC TANK, INGROUND BED,	UNKNOWN ,	NONE , , , , ,
310	Robert Mangan	155 Kings Rd 15613			1			ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN ,	NONE , , , , ,
311	Leland Wiester	155 Ohio ST 15613			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
312	Dennis Brown	1639 Ste Rte 56 15686			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
313	Rob Hilterman	1653 Ste Rte 56 15686			1			SEPTIC TANK, INGROUND BED,	UNKNOWN ,	NONE , , , , ,
314	Tom Bisaha	1667 Ste Rte 56 15686			1			SEPTIC TANK, COMMUNITY SEWER,	UNKNOWN ,	NONE , , , , ,
315	Robin Hall	1669 Ste Rte 56 15686			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
316	Brian Krantz	1671 Ste Rte 56 15686			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,
317	Ryan Held	1687 Ste Rte 56 15686			1			SEPTIC TANK, COMMUNITY SEWER,	UNKNOWN ,	NONE , , , , ,
318	Richard Scalzott	1691 Ste Rte 56 15686			1			SEPTIC TANK, INGROUND BED,	UNKNOWN ,	NONE , , , , ,
319	Dave Klingensmith	1724 Ste Rte 56 15686			1			SEPTIC TANK ,	UNKNOWN ,	NONE , , , , ,

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Inventory ID	Name	Address	Confirmed Malfunction	Suspected Malfunction	Potential Malfunction	No Malfunction	Unable to assess/ not checked	ONLOT TREATMENT SYSTEM DETAILS	GREY WATER TREATMENT DETAILS	MALFUNCTION INDICATORS
320	Nicholas Crail	1726 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
321	Christine Jonczak	1727 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
322	Terrance Heckman	1732 Ste Rte 56 15686			1			SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
323	Wayne Richards	1740 Ste Rte 56 15686			1			UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
324	Fred Briant	1758 Ste Rte 56 15686			1			SEPTIC TANK, COMMUNITY SEWER,	UNKNOWN, ,	NONE, , , , ,
325	USPS/ Dale Frederick Garage	1759 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
326	Amie Barrett	1764 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
327	Crissman Properties/ Olson	1769 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
328	Don McClure	1768 Ste Rte 56 15686			1			SEPTIC TANK, COMMUNITY SEWER,	UNKNOWN, ,	NONE, , , , ,
329	Nikki Quik Six	1773 Ste Rte 56 15686			1			UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
330	Crissman Properties/	1774 Ste Rte 56 15686			1			UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
331	Matthew Casella	1779 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
332	Linda Casella	1780 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
333	Natalie Jawrowskyi	1783 Ste Rte 56 15686			1			SEPTIC TANK, INGROUND TRENCH,	UNKNOWN, ,	NONE, , , , ,
334	John Kolessar	1787 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
335	Dan Obriot	1791 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
336	Juan Gregerson	1793 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
337	Amber Buchholz	1796 Ste Rte 56 15686			1			SEPTIC TANK, COMMUNITY SEWER,	UNKNOWN, ,	NONE, , , , ,
338	Donald Rosensteel	1799 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
339	Jeff Gray	180 Ohio St 15613			1			SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
340	Christopher Stewart	1806 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
341	Tammy Sheaffer	1810 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
342	Larry Lindsay	1817 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
343	Michael Mahaffey	1844 Ste Rte 56 15686			1			SEPTIC TANK, COMMUNITY SEWER, INGROUND BED	UNKNOWN, ,	NONE, , , , ,
344	Gary Barber	1846 Ste Rte 56 15686			1			SEPTIC TANK, COMMUNITY SEWER,	UNKNOWN, ,	NONE, , , , ,
345	Tom Burkett	185 Ohio ST 15613			1			SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
346	Richard Clark	1852 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
347	Sherry Hodak	1856 Ste Rte 56 15686			1			SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
348	Ruth Ann Rowley	1861 Ste Rte 56 15686			1			SEPTIC TANK, COMMUNITY SEWER,	UNKNOWN, ,	NONE, , , , ,
349	Nicole Silvis	1863 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
350	John Sickon	1867 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
351	Wayne Madison	191 Evergreen Rd 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
352	Justin Reedy	30 Clark Ave 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
353	Stephen Milanak	3005 Sportsmans Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
354	Arnold Long	3194 Sportsmans Rd 15613			1			SEPTIC TANK, INGROUND TRENCH,	UNKNOWN, ,	NONE, , , , ,
355	John Snyder	363 Kings Rd 15613			1			SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
356	Mary Shedlock	3651 Lutheran Church Rd 15613			1			ELEVATED SAND MOUND, COMMUNITY SEWER, INGROUND TRENCH	UNKNOWN, ,	NONE, , , , ,
357	Robert Baker	3663 Lutheran Church Rd 15613			1			SEPTIC TANK, INGROUND TRENCH,	UNKNOWN, ,	NONE, , , , ,
358	Leland Blystone	3667 Lutheran Church Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
359	James Hovanik	43 Clark Ave 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
360	Ray Kuntz	437 Kings Rd 15613			1			SEPTIC TANK, HOLDING TANK,	UNKNOWN, ,	NONE, , , , ,
361	Larry Gamble	448 Kings Rd 15613			1			SEPTIC TANK, INGROUND TRENCH, UNKNOWN	UNKNOWN, ,	NONE, , , , ,
362	Ronald Dull	488 Kings Rd 15613			1			SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
363	Louis Cowan	514 Kings Rd 15613			1			SEPTIC TANK, PIPE TO STREAM,	PIPE TO STREAM, ,	NONE, , , , ,
364	Scott Jack	613 Patterson Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
365	Thomas Pacek	618 Patterson Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
366	Brady Berdetto	626 Patterson Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
367	Kathryn Clark	627 Patterson Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
368	Lyle Rusz	704 Jackson Rd 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
369	Jackie Krohe	741 Jackson RD 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
370	Richard Kunkle	825 Radio Station Rd 15613			1			ELEVATED SAND MOUND, HOLDING TANK, COMMUNITY SEWER	UNKNOWN, ,	NONE, , , , ,
371	Casey Campbell	Florida and Old State Rd			1			HOLDING TANK, ,	UNKNOWN, ,	NONE, , , , ,
372	Charles walker	306 Kings Rd 15613			1			SEPTIC TANK, COMMUNITY SEWER,	UNKNOWN, ,	NONE, , , , ,
373	Shane Stefaniak	1552 Ste Rte 56 15613			1			HOLDING TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
374	Tim Crawford	1048 Old State Rd 15613			1			SEPTIC TANK, INGROUND TRENCH,	UNKNOWN, ,	NONE, , , , ,
375	Todd Riggle	121 Elwood Rd 15613			1			SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	WATER PONDING OR SURFACING, , , , ,
376	Mario Guido	1268 Old State Rd 15613			1			SEPTIC TANK, INGROUND TRENCH,	UNKNOWN, ,	NONE, , , , ,
377	Walter Smail	1824 Ste Rte 56 15686			1			SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
378	Jess Rearic	1836 Ste Rte 56 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
379	Joseph Yearm	10 Laurel Way 15686			1			ELEVATED SAND MOUND, ,	UNKNOWN, UNKNOWN,	NONE, , , , ,
380	Layden Williams	100 Oak ST 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
381	Bernice Bittinger	104 Spring ST 15613			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
382	Darryl Jacobs	105 Maple Dr 15686			1			SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
383	Stanley Peppler	1056 Old State Rd 15613			1			SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,

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384	Richard Hepler	108 Spring ST Apollo PA 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
385	Larry Ehenger	1098 Ste Rte 56 15613				1		ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
386	Larry Orvosh	11 Florida Ave 15613				1		ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
387	Bonnie Peace	1105 Cole Rd 15613				1		ELEVATED SAND MOUND, ,	UNKNOWN, ,	NONE, , , , ,
388	Dale Blystone	112 Wright Rd 15613				1		PUBLIC SEWER, ,	UNKNOWN, ,	NONE, , , , ,
389	Donald Smith	1127 Ste Rte 56 15613				1		ELEVATED SAND MOUND, SEEPAGE PIT,	UNKNOWN, ,	NONE, , , , ,
390	Marie Bender	1129 Edmon Rd Apollo PA 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
391	Richard Boarts	1154 Cole Rd 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
392	Larry Lawrence	117 Metzler Rd 15613				1		ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
393	Swank	1244 Ridge Rd 15613				1		UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
394	Michael Stivason	125 Shaffer Rd 15613				1		ELEVATED SAND MOUND, ,	UNKNOWN, ,	NONE, , , , ,
395	John Johnston	1273 Old State Rd 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
396	Georgia Shellhamer	1274 Old State Rd 15613				1		SEPTIC TANK, INGROUND TRENCH,	UNKNOWN, ,	NONE, , , , ,
397	Donald Millard	1280 Ridge Rd 15613				1		ELEVATED SAND MOUND, ,	UNKNOWN, ,	NONE, , , , ,
398	Kay Ukish	1281 Ridge Rd 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
399	Richard Lackey	129 Maple Dr 15686				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
400	David Nelson	1321 GI Rd 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
401	James Ferguson	1324 GI Rd 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
402	Jason Oakes	1326 GI Rd 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
403	David Smail	133 Birch St 15686				1		ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
404	Theresa Patterson	1345 GI Rd 15613				1		ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
405	Terry Reed	1349 Ste Rte 56 15613				1		SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
406	Donna Libengood	135 Birch ST 15686				1		ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
407	Rick Leightley	141 Elwood Rd 15613				1		SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
408	Kim Tarasi	145 Elwood Rd 15613				1		SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
409	Greg Kunkle	154 Birch ST 15686				1		ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
410	Jay Altmire	157 Birch St 15686				1		SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
411	Janee Batistig	161 Kings Rd 15613				1		ELEVATED SAND MOUND, PIPE TO DITCH,	PIPE TO DITCH, ,	NONE, , , , ,
412	Jessica Blair	1643 Ste Rte 56 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
413	Ernest Anderson	1645 Ste Rte 56 15686				1		ELEVATED SAND MOUND, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
414	Ryan Yetka	166 Wright Rd 15613				1		SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
415	Judith Rumbaugh	1678 Ste Rte 56 15686				1		SEPTIC TANK, SEEPAGE PIT,	UNKNOWN, ,	NONE, , , , ,
416	Lori Crusan	176 Florida Ave 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
417	Ann Dunmire/ Dacon	1785 Ste Rte 56 15686				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
418	Linda Smith	188 Ohio ST 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	WET SPONGY AREAS, , , , ,
419	Richard Beard	273 Kings Rd 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
420	Chad Reese	286 Kings Rd 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
421	Dan Jaworskyj	3042 Sportsmans Rd 15613				1		ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
422	Richard Benninger	3072 Sportsmans Rd 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
423	Marshall Olson	3076 Sportsmans Rd 15613				1		ELEVATED SAND MOUND, ,	UNKNOWN, ,	NONE, , , , ,
424	Sharon Kepple	3170 Sportsmans Rd 15613				1		ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
425	Rl Shellhammer	347 Kings Rd 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
426	Tim Blystone	3669 Lutheran Church Rd 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
427	David Feeney	3715 Lutheran Church Rd 15613				1		ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
428	Rearick	3760 Lutheran Church Rd 15613				1		ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
429	John Sacik	3889 Lutheran Church Rd 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
430	Bill Brayshaw	466 Kings Rd 15613				1		ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
431	William Schriver	503 Kings Rd 15613				1		ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
432	Cindy Girdano	619 Patterson Rd 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
433	Jeffrey Worst	628 Patterson Rd 15613				1		SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
434	George Galo	915 Talmadge 15613				1		ELEVATED SAND MOUND, ,	UNKNOWN, ,	NONE, , , , ,
435	Larry Marks	100 Elwood Rd 15613				1		SEPTIC TANK, COMMUNITY SEWER,	UNKNOWN, ,	NONE, , , , ,
436	Dan Jaworskyj	3009 Sportsmans Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
437	James Cravener	1008 Sugar Hollow Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
438	Doug Sproat	1010 Ste Rte 56 15613					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
439	Janice Sensor	1014 Old State Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
440	Val Watterson	1026 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
441	Tina Girdano	1027 Old State Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
442	Gail Swethelm	103 Spring St 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
443	Nicole Mundy	1043 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
444	William Rosensteel	1044 Old State Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
445	Mark Rosensteel	105 Spring ST 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
446	Steven Peace	1084 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
447	Beverly Casella	110 Spring St 15686					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,

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448	Clark Headrick	1106 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
449	Frank Arnoldy	111 Spring ST 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
450	Troy Fricke	1128 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
451	Coremax Investments	1156 Cole Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
452	Dorothy Hilty	1161 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
453	Randall Kunkle	1170 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
454	Jacob Caporali	1173 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
455	Robert Altmire	1180 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
456	Mark Shaffer	1186 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
457	William Andrews	119 Maple Dr 15686					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
458	Chris Beard	1190 Ste Rte 56 15613					1	SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
459	Thomas Legersky	1227 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
460	Jason Hayes	1236 Old State Rd 15613					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
461	Harry Short	124 Elwood Rd 15613					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
462	Daniel Shank	1249 Old State Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
463	Richard Cochran	126 Elwood Rd 15613					1	ELEVATED SAND MOUND, SEEPAGE PIT,	UNKNOWN, ,	NONE, , , , ,
464	Dean Curcio	1260 Old State Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
465	Brandon King	1261 Old State Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
466	Dale Scott	1305 Old State Rd 15613					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
467	Maria Sutherland	1310 Old State Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
468	Janet Weatherly	1313 Old State Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
469	Megan Pelican	1321 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
470	Ginnie Frank	1333 Sugar Hollow Rd Apollo PA 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
471	Lance Foster	1336 Ste Rte 56 15613					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
472	Harold Altmire	1348 Ste Rte 56 15613					1	ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
473	Monica Austin	1352 GI Rd 15613					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
474	Phil Daugherty	1372 Ste Rte 56 15613					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
475	Tina Linsenberger	1380 Ste Rte 56 15613					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
476	Addie Birch	1391 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
477	Lance Osan	1397 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
478	Stanley Anthony	1403 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
479	Frank Gwynn	1409 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
480	Kenneth Bowman	1410 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
481	Elke Taini	142 Maple Dr 15686					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
482	Robert Deemer	1425 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
483	Jason Schirato	143 Maple Dr 15686					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
484	Ed Troup	1439 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
485	P Salvio	15 Florida Ave 15613					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
486	Matthew Ross	1503 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
487	Apollo Elks	151 Elks Lodge Rd 15613					1	SEPTIC TANK, HOLDING TANK, INGROUND BED	UNKNOWN, ,	NONE, , , , ,
488	Bria Kanas	1543 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
489	Donnie Miner	1546 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	WET SPONGY AREAS, , , , ,
490	Kathleen Corridon	1603 Ste Rte 56 15613					1	ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
491	Susan Worst	1675 Ste Rte 56 15686					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
492	Richard Reilly	1711 Ste Rte 56 15686					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
493	Dan Fetterman	1731 Ste Rte 56 15686					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
494	Keith Beck	1766 Ste Rte 56 15686					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
495	Chad Myers	1790 Ste Rte 56 15686					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
496	Muriel Stewart	1802 Ste Rte 56 15686					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
497	Dale Hernley	1832 Ste Rte 56 15686					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
498	Ross Baldwin	1862 Ste Rte 56 15686					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
499	Jarrold Miller	1873 Ste Rte 56 15686					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
500	Rex Auto Salvage	1875 Ste Rte 56 15686					1	SEPTIC TANK, UNKNOWN,	UNKNOWN, ,	NONE, , , , ,
501	GRADY CAROLE L	21 Florida Ave 15613					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
502	Theodore Skwirut	3113 Sportsmans Rd 15686					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
503	John Anthony	3129 Sportsmans Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
504	Paul King	3136 Sportsmans Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
505	Diane Kepple	3144 Sportsmans Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
506	Anthony Giannotti	3188 Sportsmans Rd 15613					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
507	Virginia Trozzi	3368 Pennsylvania Ave 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
508	Donald Hollenbaugh	3584 Ste Rte 156 15618					1	SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
509	Leslie Myers	3607 Ste Rte 156 15618					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
510	Leonard Miller	3634 Lutheran Church Rd 15613					1	SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
511	Jac Morgan	3643 Lutheran Church Rd 15613					1	SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,

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01/23/2025

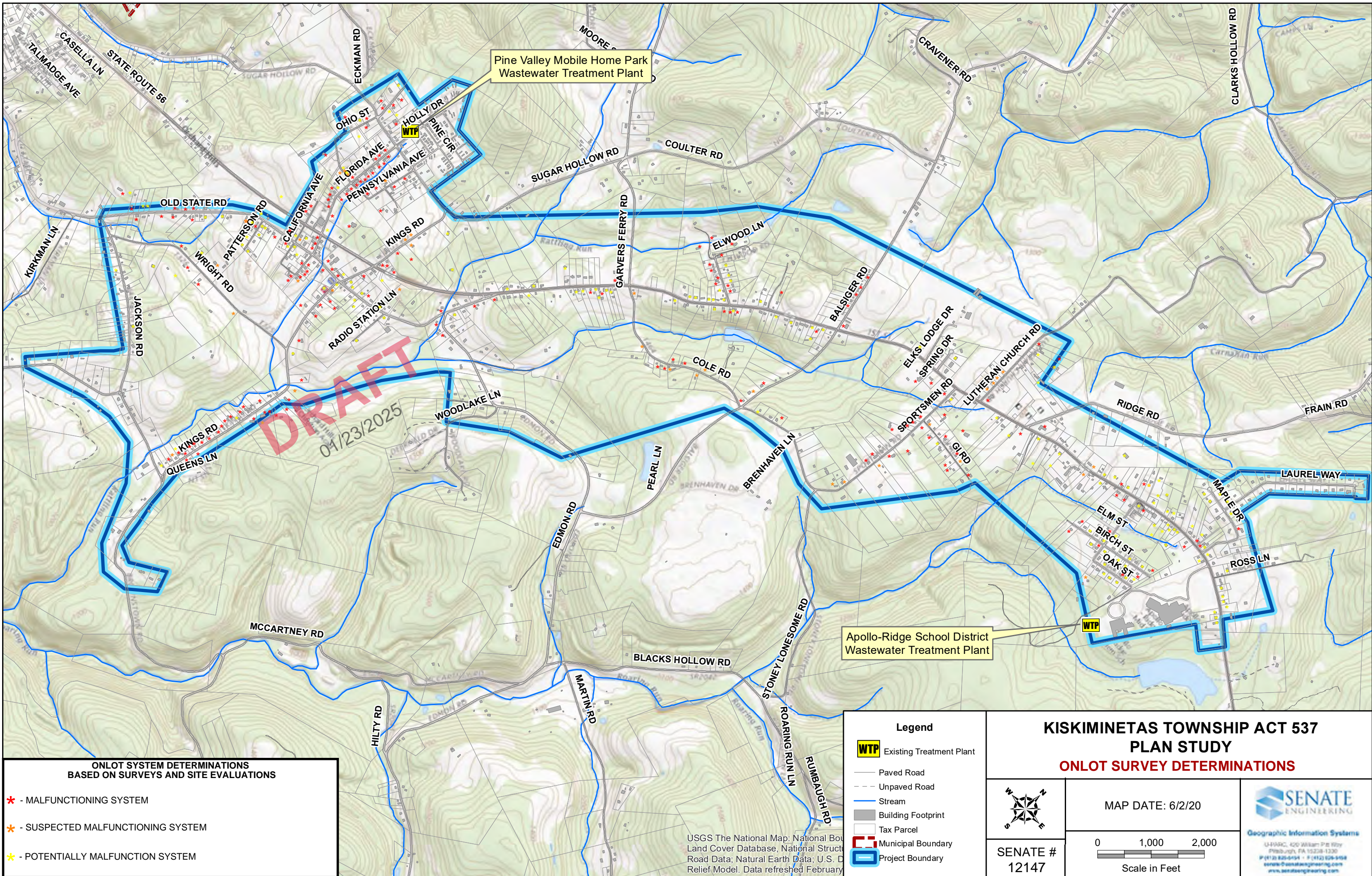
COMMUNITY NEEDS REPORT - TABULATION OF RESULTS

Inventory ID	Name	Address	Confirmed Malfunction	Suspected Malfunction	Potential Malfunction	No Malfunction	Unable to assess/ not checked	ONLOT TREATMENT SYSTEM DETAILS	GREY WATER TREATMENT DETAILS	MALFUNCTION INDICATORS
512	Emily Berg	3649 Balsiger Rd 15690					1	, ,	, ,	NONE, , , , ,
513	Jerad Miller	3744 Balsiger Rd 15690					1	ELEVATED SAND MOUND, SEPTIC TANK,	UNKNOWN, ,	NONE, , , , ,
514	Erica Shumaker	3827 Lutheran Church Rd Apollo PA 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
515	William Miller III	403 Kings Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
516	Wagners Enterprise	487 1/2 Evergreen Rd 15686					1	SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
517	Steven Bickel	508 Kings Rd 15613					1	SEPTIC TANK, ,	UNKNOWN, ,	NONE, , , , ,
518	Timothy Daugherty	614 Patterson Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
519	Greg Curry (AG auto)	786 Ste Rte 56 15613					1	SEPTIC TANK, INGROUND BED,	UNKNOWN, ,	NONE, , , , ,
520	Donna Walker	824 Radio Station Rd 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
521	Angela Yarnell	856 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
522	Mario Rashiatore	864 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
523	Justin Brown	872 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
524	John Watts	879 Ste Rte 56 15613					1	UNKNOWN, ,	UNKNOWN, ,	NONE, , , , ,
525	Edward Long	970 California Ave 15613					1	UNKNOWN, ,	UNKNOWN, ,	WET SPONGY AREAS, , , , ,
TOTALS			191	33	149	61	90			434
PERCENTAGE			44.0%	7.6%	34.3%	14.1%	17.2%			
Percentage Bases on Residences Actual Assessed										

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APPENDIX C
SURVEY SUMMARY MAPPING

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Pine Valley Mobile Home Park
Wastewater Treatment Plant

Apollo-Ridge School District
Wastewater Treatment Plant

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**ONLOT SYSTEM DETERMINATIONS
BASED ON SURVEYS AND SITE EVALUATIONS**

- * - MALFUNCTIONING SYSTEM
- * - SUSPECTED MALFUNCTIONING SYSTEM
- * - POTENTIALLY MALFUNCTION SYSTEM

Legend

- Existing Treatment Plant
- Paved Road
- Unpaved Road
- Stream
- Building Footprint
- Tax Parcel
- Municipal Boundary
- Project Boundary

**KISKIMINETAS TOWNSHIP ACT 537
PLAN STUDY**

ONLOT SURVEY DETERMINATIONS

**SENATE #
12147**

MAP DATE: 6/2/20

0 1,000 2,000
Scale in Feet

**SENATE
ENGINEERING**
Geographic Information Systems
13400 N. 42nd Street
P.O. Box 1230
Pittsburgh, PA 15228-1230
(412) 838-8454 • (412) 838-8458
senate@senateengineering.com
www.senateengineering.com

USGS The National Map: National Boundaries, National Land Cover Database, National Structure, National Road Data; Natural Earth Data; U.S. Digital Elevation Model. Data refreshed February 2020.

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APPENDIX D

AERIAL MAPPING-PHOTOS

**(INDIVIDUAL PROPERTY MAPS
REMOVED TO DECREASE FILE SIZE)**

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APPENDIX E
6/23/2025
SURVEY FORMS

ONLOT SEPTIC SYSTEM COMPLAINTS

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01/23/2025



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

FIELD NARRATIVE FORM

NAME <i>Kartzos</i>	DATE <i>4/24/13</i>	COUNTY <i>Armstrong</i>	PROGRAM
SITE ADDRESS/LOCATION <i>108 Spring Ave Apollo</i>		MUNICIPALITY (TWP. BORO)	
ACTIVITY <input type="checkbox"/> PLANNING <input checked="" type="checkbox"/> COMPLAINT	<input type="checkbox"/> CONSULTATION <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> PROGRAM EVALUATION	<input type="checkbox"/> ENFORCEMENT <input type="checkbox"/> INSPECTION <input type="checkbox"/> OTHER, _____	FOLLOW UP ACTIVITY <input type="checkbox"/> NONE <input type="checkbox"/> LETTER <input type="checkbox"/> OTHER, _____
NARRATIVE: (include as appropriate: direction to site; indicate all individuals present; list points discussed; describe conditions observed; diagram site; note sampling activities.)			
<p><i>Sean Ross, Spurgeon Shelling (+) myself walked along the back of Mr Kartzos property (+) smelled sewage. Sewage d/c was seen below fallen logs at end of property closest to golf course. Pictures taken show this malfunction.</i></p>			
SIGNATURE OF WQP PERSONNEL		SIGNATURE OF RECIPIENT	

DRAFT

01/25/2025

[Signature]

03259

COMPLAINT FORM

(DATE RECEIVED: 9/18/13 agency use)

TOWNSHIP/BOROUGH: Kiskiminetas ug

NAME OF PERSON MAKING COMPLAINT: Rich Brooke

PHONE NUMBER: 724-478-4692 / 724-689-7326

NAME OF PERSON COMPLAINT IS AGAINST: ? Brandon Faulkner

SITE ADDRESS: 3013 Sportsmen Rd (724) 875-2983

COMPLAINT DETAILS: Sewage is leaking from neighboring property onto a small piece of my property. Have spoken with people living in trailer numerous times about the other

DIRECTIONS TO SITE: RT. 566 Spring Church to Sportsmen Rd Turn on Sportsmen - site on left side past Trailer on left

RESULTS OF INVESTIGATION: cesspool created by this malfunction; esp. bad after rain

10/7/13: Spoke w/ Brandon, gave him Denny's #; going to walk property; point out system; says his yard should be wet before neighbors yard so it won't be his system; told him dig test would tell whose it is; will talk to Denny.

Signature: [Handwritten Signature]

9-13-13 date

~~COMPLAINT FORM~~

- TOWNSHIP/BOROUGH: Kiski Twp.
- NAME OF PERSON MAKING COMPLAINT: Daniel Dunmire Sr
- PHONE NUMBER: 724-954-9671
- NAME OF PERSON COMPLAINT IS AGAINST: Tracie Stibsy
- SITE ADDRESS: 24 Florida Ave

● COMPLAINT DETAILS: Septic flowing through back yard. Smells really bad

● DIRECTIONS TO SITE: Follow Rt. 56 out of Apollo to Florida Ave. Turn right go to stop sign go straight around turn to first house on right.

● Anna Dunmire SIGNATURE ● 9/13/14 DATE FILED

DATE RECEIVED: 10-23-14

RESULTS OF INVESTIGATION Arrived at site. Talked to property owner. Pipe to leach field was plugged. He dug it up and unplugged it. Spot was dried up where pipe was leaking.

Spurgeon L. Guttery

Mail to: I.C.S.E.A.
602 Kottler Drive
Indiana, PA 15701
(724) 549-6640

Filing Fee: \$200 ("IC-2A")
Must accompany form.
A refund of \$100 will be made
where a violation is noted.

Call
Address

~~INDIANA COUNTY SEWAGE ENFORCEMENT AGENCY~~
SEWAGE COMPLAINT FORM

Name: Walter Ross (724 859 5986)

~~Mailing Address:~~ Directions Balsinger Rd. across by Kestee Farms

Home Phone: 1058 phone straight across onto South Balsinger

Business Phone: Edmond Rd (L) 400' see straw in yard / house behind sign
(if you are not home weekdays between 8:00 AM and 4:00 PM)

Township: _____

Nature of Complaint (please give a full description of the problem):

illegal installation
in Armstrong County
Two new stand pipes, looks like new tank, right at edge
of bank and looks like it runs to stream, no
possible leach bed.

Name(s) of individual(s) against whom you are lodging the complaint:

Name: _____
Address: 1058 Edmond Rd
Home Phone: Apollo Pa 15613

Is the person or persons against whom the complaint is lodged the owner of the property?

Please check one: Yes _____ No _____

If no, please provide the name of the party who owns the property.

Name: Howard Hanna (Michelle Miller)
Address: 724-448-6194
Home Phone: _____

* Use the other side to give a full description of how to get to the property. A sketched map would be helpful.

As part of the investigation, it may be necessary to dye test your sewage system, as well as other related property in the neighborhood.

Submitted by: _____ Date: _____

12/1/14 house sold
no complaint
filed

HH# 478
1003
(5 back 5 minutes)
on (R)

109 ELWOOD RD

SEWAGE ENFORCEMENT AGENCY
OF ARMSTRONG COUNTY
217 MARKET STREET SUITE 38
KITANNING PA 16201
724 548-7743

September 3, 2014

DEAR SIR/MADAM:

WE ARE WRITING THIS LETTER TO REQUEST THAT WE BE PERMITTED TO CONDUCT AN INVESTIGATION ON YOUR PROPERTY AND POSSIBLY DYE TEST YOUR SEPTIC SYSTEM. WE ARE ATTEMPTING TO FIND OUT IF THERE IS A MALFUNCTION OF A SEPTIC SYSTEM OR IF IT IS JUST GENERAL DRAINAGE THAT IS AFFECTING YOUR NEIGHBORS YARD THAT IS LOCATED BELOW YOU AND ACROSS ELWOOD ROAD. THERE IS A SIGNIFICANT AMOUNT OF WATER THAT RUNS THROUGH HER YARD WHEN HEAVY RAINS COME AND WE ARE NOT SURE WHICH AGENCY TO TELL HER TO CONTACT REGARDING A SOLUTION TO THIS PROBLEM

WE HAVE ATTEMPTED TO SCHEDULE A TIME WITH YOUR NEIGHBOR BUT THE TIME WAS NOT CONVENIENT FOR HIM. SINCE THE WEATHER IS ABOUT TO CHANGE SOON, WE ARE TRYING TO SCHEDULE A TIME FOR ALL THE IMMEDIATE NEIGHBORS TO HAVE THIS VISUAL INSPECTION DURING ONE TRIP. WE WILL ALSO ASK A TOWNSHIP OFFICIAL TO BE THERE SO WE CAN DISCUSS A POSSIBLE PLAN TO CORRECT THIS PROBLEM. WE WOULD LIKE TO DO THIS ON THURSDAY SEPTEMBER 11, 2014 ABOUT 3 PM. IF POSSIBLE, COULD YOU PLEASE HAVE SOMEONE ON YOUR PROPERTY TO ASSIST US AND WE CAN GET THIS TAKEN CARE OF AS SOON AS POSSIBLE.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER. WE APPRECIATE IT.

SINCERELY,


MINDY SHAY, SEO

ADMINISTRATOR

NOTICE OF VIOLATION

CERTIFIED MAIL: YES DATE: 7-29-14

**NAME & ADDRESS OF VIOLATOR: HOWARD & DOROTHY STEIM -OWNERS
109 ELWOOD ROAD
APOLLO PA 15613**

RE: NOTICE OF VIOLATION FOR ILLEGAL SEWAGE DISCHARGE

DEAR HOWARD & DOROTHY STEIM:

This is to advise you that based on an inspection conducted by my office at the above-referenced property, it has been determined that you are in violation of the Pennsylvania Sewage Facilities Act (Act of January 24, 1966, P.L. 1535, as amended, 35 P.S. 750.1 et seq.), and the rules and regulations promulgated thereunder (Title 25 Pennsylvania Code Chapter 72).

The conditions observed which constitute the violation are as follows:
ILLEGAL SEWAGE DISCHARGE ONTO NEIGHBORS PROPERTY.


This condition violates Section 73.11 of the Pennsylvania Sewage Facilities Act (35 P.S. 750.13) and the regulations at 25 Pa. Code 73.11. c. ...a sewage system may not discharge untreated or partially treated sewage to the surface of the ground or into the Waters of this Commonwealth...

Violations of the SFA or the regulations adopted thereunder are summary offenses punishable by fines of not less than \$500 nor more than \$5,000, plus costs, or to imprisonment for up to 90 days, or both. In addition, you may be subject to assessment of civil penalties of up to \$2,500 for each violation for each week the violation continues unabated.

You are requested to take the following corrective action by the dates indicated to avoid legal action being filed against you in this matter.

Please contact our office within ten (10) days of receipt of this notice.

If you would like to discuss this matter or require additional information, please feel free to contact me at 724 548-7743.

Sincerely yours, 
Mindy Shay, Administrator, SEO

COMPLAINT FORM

TOWNSHIP/BOROUGH: Kiski Twp

NAME OF PERSON MAKING COMPLAINT: Nancy Bobich

PHONE NUMBER: 724 433-7349

NAME OF PERSON COMPLAINT IS AGAINST: Jolene McKnight

SITE ADDRESS: 1053 ~~00~~ ~~###~~ Edmon Rd
Apollo, PA 15613

COMPLAINT DETAILS: raw sewage draining
from their property onto
road there are 2 pipes extending
from ~~the~~ their property bank

DIRECTIONS TO SITE: Edmon road is a
couple miles from Apollo off
of Rte. 56

~~Signature~~

SIGNATURE

Nancy Bobich 8/9/17

DATE RECEIVED: 8/16/17

DATE FILED

RESULTS OF INVESTIGATION



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

FIELD NARRATIVE FORM

NAME Donald "Hank" McKnight	DATE 9/7/17	COUNTY ARMSTRONG	PROGRAM
SITE ADDRESS/LOCATION 1041 Edman RD APPOLLO PA 15613		MUNICIPALITY (TWP. BORO) Kiski TWP	
ACTIVITY <input type="checkbox"/> PLANNING <input type="checkbox"/> COMPLAINT	<input type="checkbox"/> CONSULTATION <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> PROGRAM EVALUATION	<input type="checkbox"/> ENFORCEMENT <input checked="" type="checkbox"/> INSPECTION <input type="checkbox"/> OTHER, _____	FOLLOW UP ACTIVITY <input type="checkbox"/> NONE <input type="checkbox"/> LETTER <input type="checkbox"/> OTHER, _____
NARRATIVE: (Include as appropriate: direction to site; indicate all individuals present; list points discussed; describe conditions observed; diagram site; note sampling activities.) On 8/17/17 an investigation of a complaint of sewage being discharged from above said property into a ditch along the road. It was determined from initial investigation that it was gray water discharge. Property owner was notified of violation on 9/7/17. A reinspection was done after owner plumbed the gray water pipes into ^{23/12/15} septic system. It was properly plumbed in and there is no longer a discharge into the ditch. My opinion at this time is that the property owner has fixed the violation.			
SIGNATURE OF WQP PERSONNEL <i>Terry Shrey</i>		SIGNATURE OF RECIPIENT	

CONFIRMED MALFUNCTIONING ONLOT SEPTIC SYSTEMS

DRAFT
01/23/2025

Kiskiminetas Township Wastewater Survey

Survey # _____

Date _____

Rental
60 Florida Ave
Apollo, PA

Weather _____

Interviewed: Patrick Bono

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____ to Creek

Remarks
System Appears Functional
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: _____ Single Family: (Y)/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 3

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date _____

Steve Roberts
Capeno's Properties
187 Florida Ave
Apollo, PA

Weather _____

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____ to creek

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? _____ Frequency? 3 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date _____

Joel Zimmerman
10 Florida Ave.
Apollo, PA

Weather _____

Interviewed: Mr.

TYPE OF SYSTEM:

Under driveway
Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction Area septic ground surface discharge
Visible

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 5

When was ST last pumped? 2010 Frequency? 11 yrs

Remarks: Wants Public Sewage

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? No

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 7/31/21

Robert Felgar
3444 Balsiger Ave
Apollo, PA 15613

Weather 78° Sunny

Interviewed: Mr. ~~Felgar~~ Emminger

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: field drain terra cota - daylight

Remarks

System Appears Functional
Suspected Malfunction
Confirmed Malfunction ground discharge

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date _____

William McLaughlin
Helen Altman
1128 Florida Ave
Old St. Rd.

Weather _____

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional _____
Suspected Malfunction _____
Confirmed Malfunction _____

Remarks

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 3 yrs Frequency? 3 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Survey # *

Kiskiminetas Township Wastewater Survey

Date 9/21/21

SPRING CHURCH EVANGELICAL
3623 LUTHERAN CHURCH RD
SPRING CHURCH, PA 15686

Weather _____

Interviewed: Larry Ondrizek

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: 3-10 ft. deep cement walk
Under drive way

System Appears Functional
Suspected Malfunction
Confirmed Malfunction pipe to road culvert

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: dinner 200 people max - 40 avg; & handance
no dishwasher
old gas well

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? Yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # X

Date 9/21/21

APOLLO FREE METHODIST CHURCH
1027 STATE ROUTE 56
APOLLO, PA 15613

Weather _____

Interviewed: Pastor Erica

old church + new church + kitchen + gym
TYPE OF SYSTEM:

- Septic Tank
- Privy/Holding Tank
- Inground
- ESM
- Discharge Pipe

Other: _____ **GPD**

- System Appears Functional _____
- Suspected Malfunction _____
- Confirmed Malfunction to wild cat / storm sewer

 Type of Dwelling: Permanent Seasonal Residential Commercial
 175 max attendance @ Christmas
 Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: Ernest 85% / Gilpin-Buchanan-Brinterton @ 5%

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? Yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 9/21/21

Apollo Free Methodist - House
1027 St. Rt. 56
Apollo, PA 15613

Weather _____

Interviewed: Pastor Erica

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: to Storm water / Wild Cat

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

DRAFT
01/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? ? Frequency? ?

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski Co.: Armstrong Study Area: Spring church Date: 1-9-20
General weather conditions: Below 40°

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: _____ STREET: 1369 Route 56 E CITY: Springchurch
ZIP: 15613 PHONE #: _____ OWNER OR RENTER? _____ NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER? _____

If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y / N

How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____

Do you treat your water? Y / N How? CLUV DISINFECTION, SOFTENER, ION, OTHER _____

Was the water ever tested? Y / N When? _____

Any contamination? Y / N What? (TC, FC, N, etc.) _____

How large is your lot? _____ No. of dwelling units? _____

One or more sewage systems? _____ COMMERCIAL/RESIDENTIAL? _____

What kind of sewage system do you have? _____

(CIRCLE ALL THAT APPLY)

SEPTIC TANK

CESSPOOL

OLD WELL

HOLDING TANK

PRIVY

OTHER _____

INGROUND BED

INGROUND TRENCH

ELEVATED SAND MOUND

SEEPAGE PIT

BORE HOLE

COMMUNITY SEWER

STORM SEWER

PIPE TO DITCH

PIPE TO STEAM

PIPE TO SURFACE

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

SEPTIC TANK

CESSPOOL

OLD WELL

HOLDING TANK

PRIVY

OTHER _____

INGROUND BED

INGROUND TRENCH

ELEVATED SAND MOUND

SEEPAGE PIT

BORE HOLE

COMMUNITY SEWER

STORM SEWER

PIPE TO DITCH

PIPE TO STEAM

PIPE TO SURFACE

How old is your system? _____ Was it permitted? Y / N When? _____

Have you every noticed any of the following near your septic system? _____

GREEN LUSH GRASS

WATER PONDING OR SURVACING

SLUGGISH DRAINS

OTHER _____

WETNESS OR SPONGY AREAS

SYSTEM OVERFLOW

WASTEWATER BACKING INTO THE HOME

ODORS

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y / N What part? _____

Has the system ever been repaired? Y / N When? _____ By permit? Y / N What part? _____

TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kisk. Co.: Armstrong Study Area: Springchurch Date: 1-9-20
General weather conditions: Below 40°

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: _____ STREET: 1377 Route 56E CITY: Springchurch
ZIP: 15613 PHONE #: _____ OWNER OR RENTER? _____ NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER? _____

If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y / N

How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____

Do you treat your water? Y / N How? CLUV DISINFECTION, SOFTENER, ION, OTHER

Was the water ever tested? Y / N When? _____

Any contamination? Y / N What? (TC, FC, N, etc.) _____

How large is your lot? _____ No. of dwelling units? _____

One or more sewage systems? _____ COMMERCIAL/RESIDENTIAL? _____

What kind of sewage system do you have? _____

(CIRCLE ALL THAT APPLY)

SEPTIC TANK

CESSPOOL

OLD WELL

HOLDING TANK

PRIVY

OTHER _____

INGROUND BED

INGROUND TRENCH

ELEVATED SAND MOUND

SEEPAGE PIT

BORE HOLE

COMMUNITY SEWER

STORM SEWER

PIPE TO DITCH

PIPE TO STEAM

PIPE TO SURFACE

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

SEPTIC TANK

CESSPOOL

OLD WELL

HOLDING TANK

PRIVY

OTHER _____

INGROUND BED

INGROUND TRENCH

ELEVATED SAND MOUND

SEEPAGE PIT

BORE HOLE

COMMUNITY SEWER

STORM SEWER

PIPE TO DITCH

PIPE TO STEAM

PIPE TO SURFACE

How old is your system? _____ Was it permitted? Y / N When? _____

Have you every noticed any of the following near your septic system? _____

GREEN LUSH GRASS

WATER PONDING OR SURVACING

SLUGGISH DRAINS

OTHER _____

WETNESS OR SPONGY AREAS

SYSTEM OVERFLOW

WASTEWATER BACKING INTO THE HOME

ODORS

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y / N What part? _____

Has the system ever been repaired? Y / N When? _____ By permit? Y / N What part? _____

TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski Co.: Armstrong Study Area: Spring church Date: 1-9-20
General weather conditions: _____

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: _____ STREET: 1555 Route 56 E CITY: Spring church
ZIP: 15686 PHONE #: _____ OWNER OR RENTER? _____ NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER? _____
If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y / N
How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____
Do you treat your water? Y / N How? CL/UV DISINFECTION, SOFTENER, ION, OTHER _____
Was the water ever tested? Y / N When? _____
Any contamination? Y / N What? (TC, FC, N, etc.) _____

How large is your lot? _____ No. of dwelling units? _____
One or more sewage systems? _____ COMMERCIAL/RESIDENTIAL? _____

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER _____

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER _____

How old is your system? _____ Was it permitted? Y / N When? _____
Have you every noticed any of the following near your septic system?
GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS
WATER PONDING OR SURVACING SYSTEM OVERFLOW
SLUGGISH DRAINS WASTEWATER BACKING INTO THE HOME
OTHER _____

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y / N What part? _____

Has the system ever been repaired? Y / N When? _____ By permit? Y / N What part? _____

TANK: REPAIRED / REPLACED _____ LINE: REPAIRED / REPLACED _____ DRAIN FIELD: REPAIRED / REPLACED _____
COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N _____



Kiskiminetas Township Wastewater Survey

Survey # _____

Date 9/21/21

BOILING SPRINGS PRESBYTERIAN
1668 STATE ROUTE 56
SPRING CHURCH, PA 15686

Weather _____

Interviewed: Danna Rupert

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: front yard - installed 1982-1983

System Appears Functional	<input type="checkbox"/>	Remarks
Suspected Malfunction	<input type="checkbox"/>	<u>Rayne 45%, Gilpin 40%, Wharton 5%, Cavode 5%, Ernest 5%</u>
Confirmed Malfunction	<input checked="" type="checkbox"/>	<u>Wild Cat - Storm Water</u>

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? Never Frequency? Never in 37-38 yrs!
Remarks: Picnic Pavilion w/ water faucet; wetland down gradient of picnic shelter

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kisk. Co.: Armstrong Study Area: Spring church Date: 1-9-20
General weather conditions: Below 40°

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: _____ STREET: 1621 Route 56 E CITY: Spring church
ZIP: 15686 PHONE #: _____ OWNER OR RENTER? _____ NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER? _____
If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y / N _____
How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____
Do you treat your water? Y / N How? CL/UV DISINFECTION, SOFTENER, ION, OTHER _____
Was the water ever tested? Y / N When? _____
Any contamination? Y / N What? (TC, FC, N, etc.) _____

How large is your lot? _____ No. of dwelling units? _____
One or more sewage systems? _____ COMMERCIAL/RESIDENTIAL? _____

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER *Confirmed 01/23/2025*

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER

How old is your system? _____ Was it permitted? Y / N When? _____
Have you every noticed any of the following near your septic system? _____
GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS
WATER PONDING OR SURVACING SYSTEM OVERFLOW
SLUGGISH DRAINS WASTEWATER BACKING INTO THE HOME
OTHER

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y / N What part? _____

Has the system ever been repaired? Y / N When? _____ By permit? Y / N What part? _____

TANK: REPAIRED / REPLACED _____ LINE: REPAIRED / REPLACED _____ DRAIN FIELD: REPAIRED / REPLACED _____
COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N _____

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 10/30/21

ELEANOR L HOUSEHOLDER
1736 STATE RTE 56
SPRING CHURCH, PA 15686

Weather _____

Interviewed: _____

Mailed in Survey

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

	Remarks
System Appears Functional <input type="checkbox"/>	_____
Suspected Malfunction <input type="checkbox"/>	_____
<u>Confirmed Malfunction</u> <input checked="" type="checkbox"/>	<u>odor sluggish drains</u>

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: 400 Single Family: (Y) N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? 2013 Frequency? 5 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? not marked

Are all plumbing fixtures directed to ST? unknown

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: mail

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 10/30/21

CLIFFORD J & CHRISTINE DURAND
1743 STATE ROUTE 56
SPRING CHURCH, PA 15686

Weather _____

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

	<input type="checkbox"/>	Remarks
System Appears Functional	<input type="checkbox"/>	_____
Suspected Malfunction	<input type="checkbox"/>	_____
Confirmed Malfunction	<input checked="" type="checkbox"/>	<u>pipe to surface</u>

*****01/25/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: Shilling sr

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski Co.: Armstrong Study Area: Springchurch Date: 1-9-20
General weather conditions: Below 40°

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: _____ STREET: 1743 Route 56 E CITY: Springchurch
ZIP: 15686 PHONE #: _____ OWNER OR RENTER? _____ NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER? _____
If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y / N
How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____
Do you treat your water? Y / N How? CLUV DISINFECTION, SOFTENER, ION, OTHER _____
Was the water ever tested? Y / N When? _____
Any contamination? Y / N What? (TC, FC, N, etc.) _____

How large is your lot? _____ No. of dwelling units? _____
One or more sewage systems? _____ COMMERCIAL/RESIDENTIAL? _____

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER Confirmed

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER _____

How old is your system? _____ Was it permitted? Y / N When? _____
Have you every noticed any of the following near your septic system?
GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS
WATER PONDING OR SURVACING SYSTEM OVERFLOW
SLUGGISH DRAINS WASTEWATER BACKING INTO THE HOME
OTHER _____

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y / N What part? _____

Has the system ever been repaired? Y / N When? _____ By permit? Y / N What part? _____
TANK: REPAIRED / REPLACED _____ LINE: REPAIRED / REPLACED _____ DRAIN FIELD: REPAIRED / REPLACED _____

COMMENTS: _____
DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N _____

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kisk Co.: Armstrong Study Area: Springchurch Date: 1-9-20
General weather conditions: Bellow 40°

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: _____ STREET: 1761856 CITY: Springchurch

ZIP: 15686 PHONE #: _____ OWNER OR RENTER? _____ NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER? _____

If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y / N

How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____

Do you treat your water? Y / N How? CLUV DISINFECTION, SOFTENER, ION, OTHER _____

Was the water ever tested? Y / N When? _____

Any contamination? Y / N What? (TC, FC, N, etc.) _____

How large is your lot? _____ No. of dwelling units? _____

One or more sewage systems? _____ COMMERCIAL/RESIDENTIAL? _____

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)

<u>SEPTIC TANK</u>	INGROUND BED	COMMUNITY SEWER
CESSPOOL	INGROUND TRENCH	STORM SEWER
OLD WELL	ELEVATED SAND MOUND	PIPE TO DITCH
HOLDING TANK	<u>SEEPAGE PIT</u>	PIPE TO STEAM
PRIVY	BORE HOLE	PIPE TO SURFACE
OTHER _____		

Confirmed 01/23/2025

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

<u>SEPTIC TANK</u>	INGROUND BED	COMMUNITY SEWER
CESSPOOL	INGROUND TRENCH	STORM SEWER
OLD WELL	ELEVATED SAND MOUND	PIPE TO DITCH
HOLDING TANK	<u>SEEPAGE PIT</u>	PIPE TO STEAM
PRIVY	BORE HOLE	PIPE TO SURFACE
OTHER _____		

How old is your system? _____ Was it permitted? Y / N When? _____

Have you every noticed any of the following near your septic system?

<u>GREEN LUSH GRASS</u>	<u>WETNESS OR SPONGY AREAS</u>	<u>ODORS</u>
WATER PONDING OR SURVACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	
OTHER _____		

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y / N What part? _____

Has the system ever been repaired? Y / N When? _____ By permit? Y / N What part? _____

TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____ DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiskadee Co.: Armstrong Study Area: Spring church Date: 1-9-20
General weather conditions: Bellow 40°

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: Jeff Tutelo STREET: 1804 Rt 56 CITY: Spring church
ZIP: 15686 PHONE #: _____ OWNER OR RENTER? _____ NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER? _____

If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y / N

How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____

Do you treat your water? Y / N How? CL/UV DISINFECTION, SOFTENER, ION, OTHER _____

Was the water ever tested? Y / N When? _____

Any contamination? Y / N What? (TC, FC, N, etc.) _____

How large is your lot? _____ No. of dwelling units? _____

One or more sewage systems? _____ COMMERCIAL/RESIDENTIAL? _____

What kind of sewage system do you have? _____

(CIRCLE ALL THAT APPLY)

- SEPTIC TANK
- CESSPOOL
- OLD WELL
- HOLDING TANK
- PRIVY
- OTHER _____

- INGROUND BED
- INGROUND TRENCH
- ELEVATED SAND MOUND
- SEEPAGE PIT
- BORE HOLE

- COMMUNITY SEWER
- STORM SEWER
- PIPE TO DITCH
- PIPE TO STREAM
- PIPE TO SURFACE

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

- SEPTIC TANK
- CESSPOOL
- OLD WELL
- HOLDING TANK
- PRIVY
- OTHER _____

- INGROUND BED
- INGROUND TRENCH
- ELEVATED SAND MOUND
- SEEPAGE PIT
- BORE HOLE

- COMMUNITY SEWER
- STORM SEWER
- PIPE TO DITCH
- PIPE TO STREAM
- PIPE TO SURFACE

How old is your system? _____ Was it permitted? Y / N When? _____

Have you every noticed any of the following near your septic system? _____

- GREEN LUSH GRASS
- WATER PONDING OR SURVACING
- SLUGGISH DRAINS
- OTHER _____
- WETNESS OR SPONGY AREAS
- SYSTEM OVERFLOW
- WASTEWATER BACKING INTO THE HOME
- ODORS

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y / N What part? _____

Has the system ever been repaired? Y / N When? 2016 By permit? Y / N What part? _____

TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 10/15/21

ROBERT BARRY & EMILY L DAVIS
1003 OLD STATE RD
APOLLO, PA 15613

Weather _____

Provided in writing by
Interviewed: George Galley dt
999 Old State Rd

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction discharge by driveway

*****01/23/2005*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

DOOR-TO-DOOR
NEEDS SURVEY

Munic: Wiski Twp Co: Monroe Study Area: Old State Rd Date: 1/9/20
General weather conditions: Clear Dry Cold

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: James Chikar STREET: 1032 Old State Rd CITY: Arden
ZIP: 15613 PHONE #: 724-478-2954 OWNER OR RENTER? OWNER NUMBER OF RESIDENTS: 2

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER?
If you have a well: Is it DUG or DRILLED? HOW DEEP? NA ft. Cased? Y/N
How far is the well or spring from the drain field? NA ft. Is well UP/DOWNHILL?
Do you treat your water? Y/N How? CLAY DISINFECTION, SOFTENER, ION, OTHER
Was the water ever tested? Y/N When?
Any contamination? Y/N What? (TC, FC, N, etc.)

How large is your lot? 1/2 Acre No. of dwelling units? 1
One or more sewage systems? 1 COMMERCIAL/RESIDENTIAL?

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)

(SEPTIC TANK)	INGROUND BED	COMMUNITY SEWER
CESSPOOL	(INGROUND TRENCH)	STORM SEWER
OLD WELL	ELEVATED SAND MOUND	PIPE TO DITCH
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM
PRIVY	BORE HOLE	PIPE TO SURFACE
OTHER		

Confirmed

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER
CESSPOOL	INGROUND TRENCH	STORM SEWER
OLD WELL	ELEVATED SAND MOUND	(PIPE TO DITCH)
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM
PRIVY	BORE HOLE	PIPE TO SURFACE
OTHER		

How old is your system? 40 + yrs Was it permitted? Y/N When? NA/never
Have you every noticed any of the following near your septic system? NO

GREEN LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURVACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	
OTHER		

If you noticed any of the above, are they seasonal or year-round?

Have you ever had your system pumped out? Y/N How often? Last time? 2 yrs ago

If it was pumped, was it inspected for cracks or broken baffles? Y/N What part?

Has the system ever been repaired? Y/N When? By permit? Y/N What part? NA
TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y/N

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski Twp Co.: ARMSTRONG Study Area: OLD STATE RD Date: 1/9/20
General weather conditions: CLEAR DRY COLD

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: JACK ALTMAN STREET: 1061 OLD ST RD CITY: APOLLO
ZIP: 15613 PHONE #: 724-478-1030 OWNER OR RENTER? OWNER NUMBER OF RESIDENTS: 2

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER?

If you have a well: Is it DUG or DRILLED? HOW DEEP? NA ft. Cased? Y/N

How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____

Do you treat your water? Y/N How? CL/UV DISINFECTION, SOFTENER, ION, OTHER

Was the water ever tested? Y/N When? _____

Any contamination? Y/N What? (TC, FC, N, etc.) _____

How large is your lot? 3/4 Acre No. of dwelling units? 1

One or more sewage systems? 1 COMMERCIAL/RESIDENTIAL?

What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

SEPTIC TANK

INGROUND BED

COMMUNITY SEWER

CESSPOOL

INGROUND TRENCH

STORM SEWER

OLD WELL

ELEVATED SAND MOUND

PIPE TO DITCH

HOLDING TANK

SEEPAGE PIT

PIPE TO STEAM

PRIVY

BORE HOLE

PIPE TO SURFACE

OTHER _____

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

SEPTIC TANK

INGROUND BED

COMMUNITY SEWER

CESSPOOL

INGROUND TRENCH

STORM SEWER

OLD WELL

ELEVATED SAND MOUND

PIPE TO DITCH

HOLDING TANK

SEEPAGE PIT

PIPE TO STEAM

PRIVY

BORE HOLE

PIPE TO SURFACE

OTHER _____

How old is your system? 47 yrs Was it permitted? Y/N When? UNKNOWN

Have you every noticed any of the following near your septic system?

GREEN LUSH GRASS

WETNESS OR SPONGY AREAS

ODORS

WATER PONDING OR SURVACING

SYSTEM OVERFLOW

SLUGGISH DRAINS

WASTEWATER BACKING INTO THE HOME

OTHER _____

If you noticed any of the above, are they seasonal or year-round? SEASONAL

Have you ever had your system pumped out? Y/N How often? 4 times Last time? 10 yrs

If it was pumped, was it inspected for cracks or broken baffles? Y (N) What part? _____

Has the system ever been repaired? Y (N) When? _____ By permit? Y/N What part? NA

TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? (Y) N

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 7/31/21

deceased
KENNETH A PAVETTI Patricia
1157 COLE RD
APOLLO, PA 15613

Weather 72°

Interviewed: Muppet
Allen - Sah

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe into woods

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction pipe down into woods per Allen

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y/N

hand dug

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? 2 yrs Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? unknown

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 7/31/21

WILBUR-L-THOMAS deceased
1149 COLE RD
APOLLO, PA 15613

Weather 72° Sunny

Interviewed: Verda DeRiso

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

	<u>Remarks</u>
System Appears Functional <input type="checkbox"/>	_____
Suspected Malfunction <input type="checkbox"/>	_____
Confirmed Malfunction <input checked="" type="checkbox"/>	<u>"overflow" pipe into woods</u>

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? Oct '20 Frequency? _____

Remarks: Would like public sewage

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes

Are all plumbing fixtures directed to ST? No

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CP

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 7/31/21

MARK KERR
1144 COLE RD
APOLLO, PA 15613

Weather 72° Sunny

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction 2 pipes to ditch -- Not down spouts

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 7/31/21

Deceased
DONALD & LOLA CLEPPER
1138 COLE RD
APOLLO, PA 15613

Weather 72° Sunny

Interviewed: Mrs. Clepper

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: 500 gal

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction gray water discharge

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family N

^{(2) old} Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? 2 yrs Frequency? 2 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? No

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 7/31/21

Weather 78° Sunny 12:3

Joel Emminger
3440 Balsiger
Apollo, PA

Interviewed: Joel

Sink in garage w/ apt above

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe daylight into woods

Other: 300 gal.

1946

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction pipe

DRAFT
01/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y / N

Water Supply: Well Public Spring Cistern Other

How many people using water daily in structure? 3

When was ST last pumped? June '21 Frequency? 3 wks / 20 yrs.

Remarks: Doesn't want Public - Adament
Very Kind to me

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

passed w/ Arthur away

Date 7/31/21

~~KENNETH L HOLLIS JR~~ *Stear*
~~3424~~ BALSIGER RD *3430*
APOLLO, PA 15613

Weather 80° Sunday

Interviewed: Mrs.
Timmy the Cat

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction pipe behind house

*****001/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 6/2 Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? No

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

ANTHONY J & BARBARA FALCO JR
8 FLORIDA AVE
APOLLO, PA 15613

Weather 80° cloudy

Interviewed: Mr. & Mrs. Falco

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: Septic connected w/ neighbors

System Appears Functional Remarks
Suspected Malfunction

Confirmed Malfunction breaching in Zimmerman's yard
*****Zimmerman stated toilet paper has been seen coming out
of cleanout (4") pipes - OT/ops cap off.

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: (Y) N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 2 wks Frequency? 12 yrs

Remarks: Gray water backs up occasionally

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? Yes

Are all plumbing fixtures directed to ST? NO

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Wants Public Sewage

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/31/21

CHARLES & NANCY VARNER
140 ELWOOD LN
APOLLO, PA 15613

Weather 88° Sunny

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe 37 yrs

Other: _____

	<u>Remarks</u>
System Appears Functional <input type="checkbox"/>	_____
Suspected Malfunction <input type="checkbox"/>	_____
Confirmed Malfunction <input checked="" type="checkbox"/>	<u>down slope side breach</u>

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? _____ Frequency? 10-15 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

Debra + Jack White -
132 Elwood Rd
Apollo, PA

owners

Weather 92° Sunny

Interviewed: Cats Ardel Milko
"CAT TRAILER"
Single wide trailer w/
covered porch

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank ¹⁹⁷¹ Inground ESM Discharge Pipe

Other: _____

Remarks
System Appears Functional
Suspected Malfunction
Confirmed Malfunction discharge pipe

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? Cats

When was ST last pumped? never Frequency? never

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? NO - Laundry

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

^{owner}
Marks - Rental
129 Elwood Rd
Apollo, PA

Weather 88° Sunny

Interviewed: _____
Vacant

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: insufficient sq footage for abs. area

	Remarks
System Appears Functional <input type="checkbox"/>	_____
Suspected Malfunction <input type="checkbox"/>	_____
Confirmed Malfunction <input checked="" type="checkbox"/>	<u>See photos of Septic Tanks in disrepair</u>

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: Howard Hanna Real Est.

Permission Granted to Inspect System: Yes No Not Home N/A

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: _____

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

Larry Marks - owner
128 Elwood Rd
Apollo, PA

Weather 88° Sunny

Interviewed: Renter - young lady

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

	<input type="checkbox"/>	Remarks
System Appears Functional	<input type="checkbox"/>	_____
Suspected Malfunction	<input type="checkbox"/>	_____
Confirmed Malfunction	<input checked="" type="checkbox"/>	<u>See Remarks</u>

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 4 Estimated GPD: _____ Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 3

When was ST last pumped? _____ Frequency? _____

Remarks: Photo's behind dwelling of ditch tip rapped up gradient houses discharge to it

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? ?

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

Weather 84° Sunny

ms/mrs Church
109 Elwood Rd
Apollo, PA 15613

Interviewed: Sam Saxon
neighbor

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: wild cat

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: (Y)/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 6

When was ST last pumped? ? Frequency? ?

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

Samual Saxion
105 Elwood Rd
Apollo PA 15613

Weather 84° Sunny

Interviewed: Sam Saxion

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: Wild Cat

Remarks

System Appears Functional

Suspected Malfunction

Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: /N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 4

When was ST last pumped? 3 mos Frequency? 1 yr

Remarks: 500 gal - under driveway
Would like to have public Sewage

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? No - Kitchen/Laundry
discharge pipe visible @ ditch

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: EB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

Weather 94°

PATRICK & REBECCA R BONO
64 FLORIDA AVE
APOLLO, PA 15613

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____ to creek

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction discharge pipe to creek

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 13 mos Frequency? 1986

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

~~SARAH JOLLEY~~ mollick, Michael

Weather 94° cloudy

56 FLORIDA AVE

APOLLO, PA 15613

Interviewed: Mrs Mollick

TYPE OF SYSTEM:

Septic Tank	Privy/Holding Tank	Inground	ESM	Discharge Pipe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>

Other: insufficient area for leach field

	<u>Remarks</u>
System Appears Functional	<input type="checkbox"/>
Suspected Malfunction	<input type="checkbox"/>
Confirmed Malfunction	<input checked="" type="checkbox"/> <u>Gray Water Discharge</u>

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? ~ 1 yr. Frequency? bought house yr ago

Remarks: ST to right of house -- no area for an abs area; suspect ST discharges to road as well.

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? No ^{Visible} "Gray Water" discharge @ driveway & Street

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

DAWN M-McCOOL Cook
55 FLORIDA AVE
APOLLO, PA 15613

Weather 94°

Interviewed: Mrs Cook

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe to creek

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2-3 Estimated GPD: 400 Single Family / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 7 yrs Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

DANIEL B & JENNIFER STEELE JR
52 FLORIDA AVE
APOLLO, PA 15613

Weather 94°

Interviewed: Mrs. Steele

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional	<input type="checkbox"/>	Remarks
Suspected Malfunction	<input type="checkbox"/>	_____
Confirmed Malfunction	<input checked="" type="checkbox"/>	<u>gray water discharge to ditch in front of house</u>

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 4

When was ST last pumped? 1 yr Frequency? 14 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? NO

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Survey #

Kiskiminetas Township Wastewater Survey

Date 6/7/21

CASEY P CAMPBELL
44 FLORIDA AVE
APOLLO, PA 15613
Hair N' At Salon

Weather 94°

Interviewed: Mrs. Provided
Info

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: tied into Wild Cat

System Appears Functional
Suspected Malfunction
Confirmed Malfunction wild cat storm water

DRAFT
01/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial Added

Number of Bedrooms: 2 Estimated GPD: 400 + Single Family: Y/N

Water Supply: Well Public Spring Cistern Other

How many people using water daily in structure? 4

When was ST last pumped? often Frequency?

Remarks: ST in driveway

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired?

Are all plumbing fixtures directed to ST?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

THOMAS L & KATHRYN M HELD
31 FLORIDA AVE
APOLLO, PA 15613

Weather 94°

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction gray water _____

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 10yrs Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes

Are all plumbing fixtures directed to ST? No

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/9/21

EDWARD III & TONI JEAN FISHER III
126 FLORIDA AVE
APOLLO, PA 15613

Weather 74° Rain

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction Ditch discharge front of house

*****01/23/2023*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski Co.: Armstrong Study Area: Florida Ave Date: 1-9-20
General weather conditions: Below 40°

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: _____ STREET: 1128 Fla Ave CITY: Apollo

ZIP: 15613 PHONE #: _____ OWNER OR RENTER? _____ NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC OTHER? _____

If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y / N

How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____

Do you treat your water? Y / N How? CLUV DISINFECTION, SOFTENER, ION, OTHER

Was the water ever tested? Y / N When? _____

Any contamination? Y / N What? (TC, FC, N, etc.) _____

How large is your lot? _____ No. of dwelling units? _____

One or more sewage systems? _____ COMMERCIAL/RESIDENTIAL? _____

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER
CESSPOOL	INGROUND TRENCH	<u>STORM SEWER</u>
OLD WELL	ELEVATED SAND MOUND	PIPE TO DITCH
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM
PRIVY	BORE HOLE	PIPE TO SURFACE
OTHER _____		

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER
CESSPOOL	INGROUND TRENCH	<u>STORM SEWER</u>
OLD WELL	ELEVATED SAND MOUND	PIPE TO DITCH
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM
PRIVY	BORE HOLE	PIPE TO SURFACE
OTHER _____		

Confirmed

How old is your system? _____ Was it permitted? Y / N When? _____

Have you every noticed any of the following near your septic system?

GREEN LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURVACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	
OTHER _____		

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y / N What part? _____

Has the system ever been repaired? Y / N When? _____ By permit? Y / N What part? _____

TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED
COMMENTS: 1128 has septic tank from neighbors right beside their house with sewage seeping into their basement

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N _____

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/8/21

JOYCE A WHITEN ?
130 FLORIDA AVE
APOLLO, PA 15613

Weather _____

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction Ditch discharge

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/8/21

134

~~CRYSTAL A BOWSER~~
130 FLORIDA AVE
APOLLO, PA 15613

Weather _____

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

left of house
Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____

DRAFT
01/23/2025

Line from ST to ditch & maybe under road

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetus Township Wastewater Survey

Survey # _____

Date 6/8/21

191 Florida Ave
Apollo, PA

Weather _____

Interviewed: Neighbor

TYPE OF SYSTEM: white single wide mobile Home

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe to Creek

Other: _____

System Appears Functional **Remarks** _____
Suspected Malfunction _____
Confirmed Malfunction _____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/8/21 12:20 PM

DANIEL P SR SCHIRATO
137 FLORIDA AVE
APOLLO, PA 15613

Weather cloudy 84°

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe
left of house

Other: lid to grade. Lid is cracked

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

DRAFT
01/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? _____ Frequency? _____

Remarks: Stream behind house

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB



Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/8/21

Passed Away
Dec 2018
KENNETH & CATHERINE A DAVIS
147 FLORIDA AVE
APOLLO, PA 15613

Weather Cloudy 84°

Interviewed: Mrs Davis

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

 Installed 2018

3 days x 400 GPD
undersized
Min 1200 gal

Other: 1000 tank daylighted to backyard

Remarks

System Appears Functional

Suspected Malfunction

Confirmed Malfunction direct discharge pipe/over flow pipe

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: (Y)/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? 2 Frequency? _____

Remarks: Would like public sewage

Typ permitted holding tank

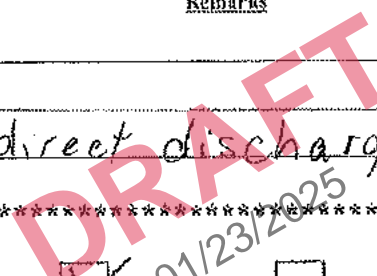
Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality/State R.O.W.? Yes No

Survey Conducted By: CR



Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/8/21

Weather Cloudy 85°

ALBERT C & MARJORIE LUKEHART
149 FLORIDA AVE
APOLLO, PA 15613

Interviewed: _____
small white black house

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe to creek
Front Left house
Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction discharge pipe to creek

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No
driveway

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date _____

WAYNE R & LOIS JEAN STOBERT
157 FLORIDA AVE
APOLLO, PA 15613

Weather _____

Interviewed: Mrs. Stobert

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functionl Remarks
Suspected Malfunction
Confirmed Malfunction pipe to creek

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 4

When was ST last pumped? 1 yrs Frequency? 6-7 years

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? NO

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date _____

JOANNE MARTIN
167 FLORIDA AVE
APOLLO, PA 15613

Weather _____

Interviewed: _____

daughter

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: to left of house - brick

Remarks

System Appears Functional _____

Suspected Malfunction _____

Confirmed Malfunction pipe to creek

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: _____

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/8/21

JOSEPH A III TAMMARIELLO III
170 FLORIDA AVE
APOLLO, PA 15613

Weather 88° cloudy

Interviewed: MC + Mrs.

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe to storm Sewer

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 1 yr Frequency? 5 yrs

Remarks: Wants public sewage

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? No - to ditch

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/8/21

WILLIAM H SHELLHAMMER
175 FLORIDA AVE
APOLLO, PA 15613

Weather 84° Cloudy

Interviewed: Mr.

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

	<input type="checkbox"/>	Remarks
System Appears Functional	<input type="checkbox"/>	_____
Suspected Malfunction	<input type="checkbox"/>	_____
Confirmed Malfunction	<input checked="" type="checkbox"/>	<u>broken lid</u>

1931 House & System

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 3

When was ST last pumped? 6 mos Frequency? 1 yr.

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/8/21

JOSEPH T RABICKOW JR
183 FLORIDA AVE
APOLLO, PA 15613

Weather Cloudy 94°

Interviewed: Mrs.

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

	<u>Remarks</u>
System Appears Functional <input type="checkbox"/>	_____
Suspected Malfunction <input type="checkbox"/>	_____
Confirmed Malfunction <input checked="" type="checkbox"/>	<u>pipe to creek</u>

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 3 yrs Frequency? _____

Remarks: Wants Public Sewer

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? No

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/8/21

BRIAN E FULTON
184 FLORIDA DR
APOLLO, PA 15613

Weather 94°

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction ditch discharge;
Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: (Y)/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: insufficient

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/18/21

Weather Cloudy 94°

WAYNE R & CAROL J LORENT
188 FLORIDA AVE
APOLLO, PA 15613

Interviewed: Mr. & Mrs.

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: terra cotta (2)

System Appears Functional _____
Suspected Malfunction _____
Confirmed Malfunction _____

Remarks

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 1 yr Frequency? yearly

Remarks: Wants public sewage

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? riser

Are all plumbing fixtures directed to ST? No

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: UP

Kiskiminetas Township Wastewater Survey

Date 6/8/21

Weather cloudy 94°

Survey # _____

~~DENISE ANN RUPERT~~ Leslie Rupert
192 FLORIDA AVE
APOLLO, PA 15613

Interviewed: _____
Denise

girl friend

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

	<u>Remarks</u>
System Appears Functional <input type="checkbox"/>	_____
Suspected Malfunction <input type="checkbox"/>	_____
Confirmed Malfunction <input checked="" type="checkbox"/>	<u>to ditch</u>

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: _____ Single Family: (Y)/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/28/21

ARTHUR J HARLEY
1331 GI RD
APOLLO, PA 15613

Weather 92°

Interviewed: _____
Tyson P. B. B. B.

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: 75 yrs

System Appears Functional Remarks: Photos
Suspected Malfunction
Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 7 Estimated GPD: _____ Single Family Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 9

When was ST last pumped? 6-8 mos Frequency? 1-2 years

Remarks: Wants public sewage

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: _____

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/28/21

Bridget Fulton
1353 GI Rd
Apollo PA

Weather 95°

Interviewed: COGS

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: Old Out house

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

***** DRAFT 8/23/2025 *****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: _____ Single Family: (Y) N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 2 yrs Frequency? _____

Remarks: No Trespassing Sign on house -- didn't knock

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: _____

Kiskiminetas Township Wastewater Survey

Survey #

Jane Batistia - owner Rental

Date 6/23/21

JOHN E TRUSTEE BATISTIG
165 William
173 KINGS RD Roberts
APOLLO, PA 15613

Weather Sunny 69°

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: 10

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction breaching around surface

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 3 4

When was ST last pumped? 1 yr Frequency? _____

Remarks: 2020 Summer

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes 2020

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Brenda
&
Joe

Survey #

Riley

Date 6/23/21

ROBERT K ET AL HILTY (Riley's)
181 KINGS RD
APOLLO, PA 15613

Weather Sunny 70°

Interviewed: Briana Dickens
daughter

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: 60 yrs old

System Appears Functional Remarks _____
Suspected Malfunction age
Confirmed Malfunction gray water to woods of a pit
Kitchen Laundry

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: _____ Single Family: (Y)N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 6

When was ST last pumped? 4 years Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? NO

Are all plumbing fixtures directed to ST? No - into woods

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/23/21

CASIE & TODD VARGSON
185 KINGS RD
APOLLO, PA 15613

Weather Sunny 70°

Interviewed: Casie

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

	<u>Remarks</u>
System Appears Functional <input type="checkbox"/>	_____
Suspected Malfunction <input type="checkbox"/>	_____
Confirmed Malfunction <input checked="" type="checkbox"/>	<u>ST to wood ditch</u>

*****both room*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 4 bought 5 yrs ago

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? No washer below driveway

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Date 6/23/21

Survey # _____

ERIC L KLINGENSMITH Towing &
199 KINGS RD Auto Shop
APOLLO, PA 15613

Weather Sunny 73°

Interviewed: Alan Klingensmith
Business

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: toilet & sink in garage / business trailer

Remarks

System Appears Functional

Suspected Malfunction

Confirmed Malfunction Discharge to ditch along Kings Rd

Mouth of pipe visible - seep suds

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? 28 yrs

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/23/21

CATHY J & WILLIAM SOBACK
283 KINGS RD
APOLLO, PA 15613

Weather 73° Sunny

Interviewed: Bill

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe to Storm Sewer

Other: _____
Remarks: _____

System Appears Functional
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 1 Estimated GPD: 400 Single Family N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 1 yr Frequency? 2016 Freeze

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Date 6/23/21

Survey #

Chris & Bethany Hilliard

Weather Sunny 77°

PATRICK & PATRICIA A-POSNEY

303 KINGS RD

APOLLO, PA 15613

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank
 Privy/Holding Tank
 Inground
 ESM
 Discharge Pipe

Other: in front

System Appears Functional Remarks
 Suspected Malfunction
 Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 4 Estimated GPD: 500 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 5

When was ST last pumped? 6 mos Frequency? _____

Remarks: Wants public Sewage

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? ?

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey #

Date 6/23/21

Tracey Taylor
ARTHUR E & BETTY I SHAWLEY
311 KINGS RD
APOLLO, PA 15613

Weather Sunny 78°

Interviewed: Neighbor Renee Barr

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

DRAFT 6/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? _____ Frequency? _____

Remarks: Dec 2020 brought
Wants public Sewage

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? ?

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/23/21

JEREMY M DUNMIRE
329 KINGS RD
APOLLO, PA 15613

Weather Sunny 78°

Interviewed: Cindy
Guard Rooster + Chickens

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: (2) tanks owned since 2003

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction to ditch front house -- she showed me

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 2 Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? NO

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/23/21

MICHAEL & NICOLE MYERS
346 KINGS RD
APOLLO, PA 15613

Weather 78° Sunny

Interviewed: Nicole
Heather the dog

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction breaching down slope side

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 4

When was ST last pumped? 2-3 yrs Frequency? 5 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

* Blocked driveway w/ his vehicle preventing my egress.

Kiskiminetas Township Wastewater Survey

Survey #

Date 6/23/21

Used to be 373A & 373B

Weather Sunny 80°

~~ORCHARD HILLS~~ Charles
~~373~~
~~385 KINGS RD~~ DeLaRiva
APOLLO, PA 15613
Map # 228.04-01-02

Charles
Interviewed: 2 trl pads
(1) Single wide Mobile Home

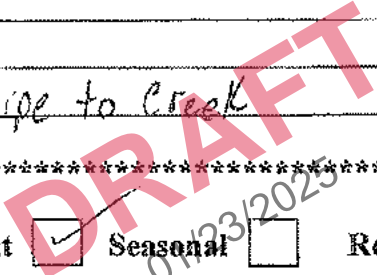
1.669 Acres

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe to creek

Other: (2) tanks - one to each trailer pad

System Appears Functional
Suspected Malfunction
Confirmed Malfunction pipe to creek



Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? 1 yr Frequency? bought 2020

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 9/21/21

ORCHARD HILLS - Christian Academy School
385 KINGS RD
APOLLO, PA 15613
771-478-3455

Weather _____

Interviewed: Laura Kline, Pastor

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: Creek Material

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction to Creek via Storm water

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? 2X Year

Remarks: 69 Students + 10 Staff; built 1979
Kitchen (no dishwasher); 80 people max @
any event/

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: EB

Kiskiminetas Township Wastewater Survey

Survey # Sandy Cornell-Renter

Date 6/23/21

Weather Sunny 81°

ORCHARD HILLS church
Single wide wnt mobile home
385 KINGS RD
APOLLO, PA 15613

Interviewed: _____
Confirmed on site w/ Pastor Laura

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe
to creek

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction cleanest down gradient trailer between driveway & creek

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No
driveway

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21

JAMES G & BONNELL B PATTERSON
407 KINGS RD
APOLLO, PA 15613

Weather 79° Sunny

Interviewed: James

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: override on leach field over ride pipe from ST to creek

Remarks

System Appears Functional
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? ~ 6 mos Frequency? 10 yrs

Remarks: Wants public sewage. bought 1980

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? Yes

Are all plumbing fixtures directed to ST? No

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey #

Date 6/24/21

Kristen Kachart

Weather

DANIEL W. BAHNEY PETERSON
415
423 KINGS RD Apartment
APOLLO, PA 15613

Interviewed: Kristen

Bentley the Blue Heeler

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: possible override leach field or Direct Dischg See Photo

Remarks drizzling

System Appears Functional
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: (Y) N

Water Supply: Well Public Spring Cistern Other

How many people using water daily in structure? 2

When was ST last pumped? Frequency?

Remarks:

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? ?

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No
for pipe

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21 11:09 AM

TIMOTHY J DAUGHERTY
416 KINGS RD
APOLLO, PA 15613

Weather Sunny 79°

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction pipe to creek
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski TWP Co.: ARMSTRONG Study Area: KINGS RD Date: 1/9/20
General weather conditions: COOL DRY CLEAR

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: JAMES BETSCH STREET: 422 KINGS RD CITY: APOLLO
ZIP: 15613 PHONE #: _____ OWNER OR RENTER? NUMBER OF RESIDENTS: 1

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER?
If you have a well: Is it DUG or DRILLED? HOW DEEP? UNKNOWN ft. Cased? Y/N
How far is the well or spring from the drain field? 60 ft. Is well UP/DOWNHILL?
Do you treat your water? Y/N How? CLUV DISINFECTION, SOFTENER, ION, OTHER NOT USED
Was the water ever tested? Y/N When? _____
Any contamination? Y/N What? (TC, FC, N, etc.) NA

How large is your lot? 1 1/2 acres No. of dwelling units? 1
One or more sewage systems? 1 COMMERCIAL? RESIDENTIAL?

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER Confirmed

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER _____

How old is your system? 60 yrs Was it permitted? Y/N When? unknown
Have you every noticed any of the following near your septic system?
GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS
WATER PONDING OR SURVACING SYSTEM OVERFLOW
SLUGGISH DRAINS WASTEWATER BACKING INTO THE HOME
OTHER _____

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y How often? 2 TIMES Last time? 6 YRS AGO

If it was pumped, was it inspected for cracks or broken baffles? Y N What part? _____

Has the system ever been repaired? Y N When? _____ By permit? Y/N What part? _____
TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____
DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y/N

Kiskiminetas Township Wastewater Survey

Survey #

Date 6/24/21

David & Debbie

Weather Sunny 79°

DANIEL W; BAHNEY-PETERSON- Shoupe

423 KINGS RD

Interviewed: provided by Kristen Kephart

APOLLO, PA 15613

doggy

TYPE OF SYSTEM:

Septic Tank

Privy/Holding Tank

Inground

ESM

Discharge Pipe

May be leach field override

Other:

actively drizzling terra cotta to ditch

Remarks

System Appears Functional

Suspected Malfunction

Confirmed Malfunction

photo

DRAFT
01/23/2023

Type of Dwelling: Permanent

Seasonal

Residential

Commercial

Number of Bedrooms: 4

Estimated GPD: 500

Single Family: (Y)/N

Water Supply:

Well

Public

Spring

Cistern

Other

How many people using water daily in structure? 4

When was ST last pumped? _____

Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes

No

Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes

No

pipe

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey #

owned by Tony & Brenola Bertino

Date 6/24/21

Weather 80' Sunny

Elsie Bertino
430 Kings Rd
Apollo, PA 15613

Interviewed: Elsie

white sided renovated garage

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: 30' u/s to creek

Remarks

System Appears Functional
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: _____ Single Family: (Y) N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: Wants public Sewage

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes

Are all plumbing fixtures directed to ST? No

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21

owner

TONY & BRENDA BERTINO
432 KINGS RD
APOLLO, PA 15613

Nathan & Jeanette Bertino

Weather 80° Sunny

Interviewed: Elsie Bertino @ #430

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____ to Creek

System Appears Functional	<input type="checkbox"/>	Remarks
Suspected Malfunction	<input type="checkbox"/>	_____
Confirmed Malfunction	<input checked="" type="checkbox"/>	_____

DRAFT

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family:

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 1 Mo Frequency? ?

ST between #430 & #432

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? NO

Was the survey conducted from the Local Municipality/State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21 12:04 PM

TONY & BRENDA Y BERTINO - Residence
436 KINGS RD
APOLLO, PA 15613

Weather _____

Interviewed: Elsie Bertino - Mother
430

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____ to creek

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: (Y)N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21

CHRISTOPHER R BETTA
440 KINGS RD
APOLLO, PA 15613

Weather 81° Sunny

Interviewed: Christopher

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction gray water not to ST - creek

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 4 Estimated GPD: 500 Single Family: N

abandoned Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 4

When was ST last pumped? 2017 Frequency? 4 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes

Are all plumbing fixtures directed to ST? NO

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21 12:27 PM

BRIAN J & CARISSA A BEIGHLEY
444 KINGS RD
APOLLO, PA 15613

Weather 81° Sunny

Interviewed: Brian

dog

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe to Creek

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 4

When was ST last pumped? in 3 wks Frequency? 4-5 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? No

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21

MATTHEW J BERTINO Kristine
458 KINGS RD
APOLLO, PA 15613

Weather 81° Sunny

Interviewed: Kilo the Bull Mastiff
Kristine

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe to creek

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction discharge to creek

Type of Dwelling: Permanent Seasonal Residential Commercial
Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y / N
Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 4

When was ST last pumped? 2003 Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes

Are all plumbing fixtures directed to ST? No

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Date 6/24/21

Survey # _____

Weather 81° Sunny

RONALD J & JOAN L WATTERS
462 KINGS RD
APOLLO, PA 15613
28 yrs

Interviewed: Ron & Joan
Misty Mattese

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: 250 gallon Tank - Terra Pota

Remarks

System Appears Functional
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 1 wk Frequency? 1 yr

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? No - Kitchen Sink

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Date 6/24/21

Survey # _____

Lillian McDade Richard Whiting
480 Kings Rd
Apollo, PA

Weather 85° Sunny

Interviewed: Karen Starcher - daughter lives @ 476 for gas & electric next door + DWAS garage

TYPE OF SYSTEM:

Apartment above garage

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: Connected to ST @ 480 Kings Rd

Remarks

System Appears Functional
Suspected Malfunction
Confirmed Malfunction pipe to creek

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 1 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 3 yrs Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? ?

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21 1:58PM

JOSEPH L & KAREN R STARCHER
480 KINGS RD
APOLLO, PA 15613

Weather 81° Sunny

Interviewed: Amy - daughter
Karen - Mother
Jack the Russell in the Dashund

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____
Remarks: 7 years bought house.

System Appears Functional
Suspected Malfunction
Confirmed Malfunction pipe to Creek

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 4
Recent - Fresh Sand placed over top of tank
When was ST last pumped? 3 yrs Frequency? _____

Remarks: ST

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes - bac.kup 2019 - cotn build Replaced terrace sewer

Are all plumbing fixtures directed to ST? Kitchen Sink NO

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21

RANSOM R & DOROTHY L HELLER
492 KINGS RD
APOLLO, PA 15613

Weather 85° Sunny

Interviewed: Mr. Heller

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

250 gal.

Other: Made out of block

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

DRAFT
01/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 2 yrs Frequency? _____

Remarks: Wants public sewerage

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes - top of tank

Are all plumbing fixtures directed to ST? NO

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 9/25/21

Weather 69° cloudy

3732 Lutheran Church Rd
Apollo, PA 15613

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: See Photo

System Appears Functional **Remarks** _____
Suspected Malfunction _____
Confirmed Malfunction discharge to Woods

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/9/21

~~CORRINE LOUDEN~~ John Hoffman
171 OHIO ST
APOLLO, PA 15613

16 yrs

Weather Cloudy 79°

Interviewed: John

TYPE OF SYSTEM:

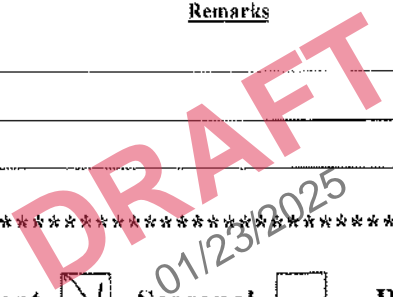
Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

 under garage & goes down

Other: ST left of house; ST right of garage over hill

Remarks

System Appears Functional
Suspected Malfunction
Confirmed Malfunction



Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 3

When was ST last pumped? 2 yrs Frequency? 2-3 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/9/21

HELEN L SHANER — Tiffany Clark
177 OHIO ST William
APOLLO, PA 15613

Weather 77° Cloudy

Interviewed: Tiffany

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction breaching to ground surface during wet weather

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 3

When was ST last pumped? ? Frequency? _____

Remarks: bottom corner front yard - breach

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? NO

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/9/21

DAVID C & ALLISON D NACEY
178 OHIO ST
APOLLO, PA 15613

Weather 78° cloudy

Interviewed: Allison

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction Gray water not going to ST per Allison

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 5 ^{above} Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 5

When was ST last pumped? 5-6 yrs Frequency? 5-6

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes - clogged pipes in basement

Are all plumbing fixtures directed to ST? No

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey #

Richard Klippen Smith

Date 6/9/21

JOHN-W-&-MARGARET-M-HANCOCK

Weather Cloudy
77°

181 OHIO ST

APOLLO, PA 15613

Interviewed: Richard

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction ground surface discharge
behind trl to right of garage & stump
*****01/25/21*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? 15 Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Patrick Rabcikow

Date 6/8/21

SUSAN E. (FRUSTEE) BURKEFF
191 OHIO ST
APOLLO, PA 15613

Weather 94°

Interviewed: Patrick

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe to ditch *Gray Water*

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction *ground surface Malf*

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: *2* Estimated GPD: *400* Single Family N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? *3*

When was ST last pumped? *3 yrs* Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? *No*

Are all plumbing fixtures directed to ST? *No*

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: *CB*

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/9/21

JOSEPH E. & KATHY L BAYLOR
3350 PENNSYLVIANA AVE
APOLLO, PA 15613

Weather Cloudy 81°

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction Viewed from neighbors 6/8/21

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No
neighbors

Survey Conducted By: CB at driveway

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/9/21

Weather Cloudy 81°

JOHN P & KRISTIN R DIBERNARDO
3351 PENNSYLVANIA AVE
APOLLO, PA 15613

Interviewed: Kristin

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

*- gray water
not going to ST
as per Kristin*

Other: _____

System Appears Functional _____
Suspected Malfunction _____
Confirmed Malfunction _____

Remarks

DRAFT
01/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 4

When was ST last pumped? _____ Frequency? 21 years

Remarks: Gray water not to ST

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? No

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/9/21

SANDRA S HOLLIS
3354 PENNSYLVANIA AVE
APOLLO, PA 15613

Weather Cloudy Rain 81°

Interviewed: Mr. & Mrs.

TYPE OF SYSTEM:

Septic Tank 250 gal Privy/Holding Tank Inground ESM Discharge Pipe

Other: (2) tanks bathroom only

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction pipe to creek

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y N

Water Supply: Well abandoned Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? _____ Frequency? 20 yrs

Remarks: Spring in basement
Wants Public Sewage

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes - 1992

Are all plumbing fixtures directed to ST? No

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

MICHAEL J & JOANN D REILLY

120 SHAFFER RD

APOLLO, PA 15613

Weather 92° Sunny

Interviewed: Mr. Reilly said he's sick & wife isn't home. dog

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: Info. provided by Nick Baustert discharges into Paper Street - 31 ft. Row down gradient from back of House

System Appears Functional

Suspected Malfunction

Confirmed Malfunction

Surface Discharge - See Photos

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 4 Estimated GPD: 500 Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 4

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? ?

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality/State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/31/21

300.9 Sportsmans Rd
Apollo, PA

Weather 78°

Interviewed: Neighbor

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: ground surface discharge per 3013 Sportsmans Rd.

	<u>Remarks</u>
System Appears Functional <input type="checkbox"/>	_____
Suspected Malfunction <input type="checkbox"/>	_____
Confirmed Malfunction <input checked="" type="checkbox"/>	_____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: 400 Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: Single wide mobile home - dilapidated

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Survey # _____

Rental

Date 8/31/21

Mary Ann Shirley - owner
3030 Sportsmens Rd
Apollo, PA 15613

Weather 78°

Interviewed: Mrs. Shirley

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____ over bill per Mary Ann

System Appears Functional
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: (Y) N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

driveway

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/31/21

ROBERT O & MARY ANN SHIRLEY
3034 SPORTMENS RD
APOLLO, PA 15613

Weather 78°

Interviewed: Mr. Coney

TYPE OF SYSTEM:

ST from 3036 Connected to their leach field.
Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: 500 gal - Undersized

System Appears Functional
Suspected Malfunction
Confirmed Malfunction

DRAFT
8/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 2 mos Frequency? 10 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____ Vacant

Date 8/31/21

Mary Ann Shirley -
3036 Sports men Rd
Apollo

owner

Weather 80° cloudy

Interviewed: Mrs. Shirley

TYPE OF SYSTEM: Single wide white trailer

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____ connected to next door
3034 leach field
Remarks

System Appears Functional
Suspected Malfunction
Confirmed Malfunction ?

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y / N

Water Supply: not used Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski Co.: Armstrong Study Area: Springchurch Date: 1-9-20
 General weather conditions: Below 40°

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: John Jefferson STREET: 3065 Sportsman Rd CITY: Apollo
 ZIP: 15613 PHONE #: _____ OWNER OR RENTER? _____ NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER? _____

If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y / N

How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____

Do you treat your water? Y / N How? CL/UV DISINFECTION, SOFTENER, ION, OTHER _____

Was the water ever tested? Y / N When? _____

Any contamination? Y / N What? (TC, FC, N, etc.) _____

How large is your lot? _____ No. of dwelling units? _____

One or more sewage systems? _____ COMMERCIAL/RESIDENTIAL? _____

What kind of sewage system do you have? _____

(CIRCLE ALL THAT APPLY)

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER
CESSPOOL	INGROUND TRENCH	STORM SEWER
OLD WELL	ELEVATED SAND MOUND	<u>PIPE TO DITCH</u>
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM
PRIVY	BORE HOLE	PIPE TO SURFACE
OTHER _____		

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER
CESSPOOL	INGROUND TRENCH	STORM SEWER
OLD WELL	ELEVATED SAND MOUND	<u>PIPE TO DITCH</u>
HOLDING TANK	SEEPAGE PIT	PIPE TO STEAM
PRIVY	BORE HOLE	PIPE TO SURFACE
OTHER _____		

How old is your system? _____ Was it permitted? Y / N When? _____

Have you every noticed any of the following near your septic system?

Confirmed
 GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS
WATER PONDING OR SURVACING SYSTEM OVERFLOW
 SLUGGISH DRAINS WASTEWATER BACKING INTO THE HOME
 OTHER Waste water coming out into Top ditch along Sportsman Road

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y / N What part? _____

Has the system ever been repaired? Y / N When? _____ By permit? Y / N What part? _____

TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N _____

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/31/21

JOHN T & JUDITH A JEFFERSON
3065 SPORTSMEN RD
APOLLO, PA 15613

Weather 79° Cloudy

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: discharge pipe to road ditch - see photo

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Survey # 9

Kiskiminetas Township Wastewater Survey

Date 6/7/21

DALE L & DOROTHY J BLYSTONE
112 WRIGHT RD
APOLLO, PA 15613

Weather 80° cloudy

Interviewed: Dale

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: is being connected to public - says Twp has pipe @ road

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

*****01/25/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: fire hydrant 10223

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

RICKY ALLEN SHIRLEY
129 WRIGHT RD
APOLLO, PA 15613

Weather 80° Cloudy

Interviewed: Jarney Shirley

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe to creek

Other: Terra Cota

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

DRAFT
01/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 3

When was ST last pumped? 3 yrs Frequency? 4 yrs

Remarks: ST has clogged

* Wants Public Sewage

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes

Are all plumbing fixtures directed to ST? No

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 9/21/21

ORCHARD HILLS - Church
385 KINGS RD
APOLLO, PA 15613
724-478-4354 Pastor Lora
724-478-3455 OHCA

Weather _____

Interviewed: Pastor Laura Kline

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____

DRAFT
01/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

~~Number of Bedrooms:~~ _____ Estimated GPD: _____ Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: 80 people max

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski TWP Co.: ARMSTRONG Study Area: KINGS RD Date: 1/9/20
General weather conditions: CLEAR DRY COOL

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: Orchard Hills Church STREET: 385 KINGS RD CITY: APOLLO PA
ZIP: 15613 PHONE #: _____ OWNER OR RENTER? OWNER NUMBER OF RESIDENTS: NA

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER?
If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y N
How far is the well or spring from the drain field? NA ft. Is well UP/DOWNHILL? _____
Do you treat your water? Y/N How? CLAY DISINFECTION, SOFTENER, ION, OTHER NA
Was the water ever tested? Y/N When? _____
Any contamination? Y/N What? (TC, FC, N, etc.) _____

How large is your lot? .50 acre No. of dwelling units? 1 church
One or more sewage systems? 1 COMMERCIAL/RESIDENTIAL? RESIDENTIAL

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER _____

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER _____

How old is your system? Unknown Was it permitted? Y/N When? Unknown
Have you every noticed any of the following near your septic system?
GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS
WATER PONDING OR SURVACING SYSTEM OVERFLOW
SLUGGISH DRAINS WASTEWATER BACKING INTO THE HOME
OTHER _____

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y How often? Unknown Last time? Unknown

If it was pumped, was it inspected for cracks or broken baffles? Y N What part? _____

Has the system ever been repaired? Y N When? _____ By permit? Y/N What part? _____
TANK: REPAIRED / REPLACED LINE REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____
DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y/N

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 10/30/21

JOSEPH MITCHELL CIESLINSKI
1745 STATE ROUTE 56
SPRING CHURCH, PA 15686

Weather _____

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction lush green grass, wet & spongy

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: Shilling

Survey # ★

Kiskiminetas Township Wastewater Survey

Date 9/21/21

BOILING SPRINGS PRESBYTERIAN
1668 STATE ROUTE 56
SPRING CHURCH, PA 15686

Church

Weather _____

Interviewed: Donna Rupert

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: Located out from church office; pipe between Church & Sidewalk

System Appears Functional
Suspected Malfunction
Confirmed Malfunction Wild Cat Sewer Rt 56 | Storm water

DRAFT
01/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Max. Event = 60 people
Number of Bedrooms: _____

Estimated GPD: _____ Single Family: Y (N)

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____
When was ST last pumped? never Frequency? never in 38 yrs! Installed 1983

Remarks: Kitchen w/ automatic dishwasher;

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? no

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CP

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Orchard Hills Christian Fellowship & Academy Phone: 724-478-3455
Address: 385 Kings Road

1. How many people live in your house? NIA Seasonal All-Year
2. How large is your building lot? Property is 148 acres.
3. Do you have more than one sewage system on your building lot? Yes No (2)
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? NIA
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet 23 Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|--|--|--|
| <u>2 1000 gal</u> <input checked="" type="checkbox"/> Septic Tanks | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other <u>Leach bed for church</u> | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other <u>Sand mine for Academy</u> | |

8. How old is your sewage system? _____
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? *no*

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? *once a year*
When was the last time your system was pumped out? *September 2019*

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input checked="" type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? *No, there are no problems.*

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Margaret Rae Phone: 424-478-3367

Address: 3088 Sportsman Apollo PA

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? 3 1/4 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it _____ Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

Confirmed

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input checked="" type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input checked="" type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? _____
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 2001

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems?
no

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: RICHARD D BROOKE

Phone: 724 478 4692

Address: 3013 SPORTSMEN RD APOLLO PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 4 AC.
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it _____
 How deep is your well? _____ feet Is your well cased? Drilled Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

DRAFT
01/23/2025

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other <u>LEACH BED TO FRENCH DRAIN</u>	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other <u>LEACH BED TO FRENCH DRAIN</u>	

Confirmed

8. How old is your sewage system? I HAVE ONLY BEEN HERE 5 YRS
Was it a permitted system when it was installed? Yes No
TOLD BY PREVIOUS OWNER.

9. Have you ever noticed any of the following near your septic system?
- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 1 TIME
When was the last time your system was pumped out? 3 YRS?

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Tank: Repaired | <input checked="" type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input checked="" type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? NOT ON MY PROPERTY

13. COMMENTS: NEIGHBORING PROPERTY HAS BEEN CHECKED

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: William R. North Phone: 724-478-4840
Sally North
 Address: 3004 Sportsman Rd, Apollo, PA-15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 5.96 Acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it _____ Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

DRAFT

01/23/2025

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input checked="" type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

Confirmed

Predate act 537

8. How old is your sewage system? 49 years
Was it a permitted system when it was installed? Yes No
No permits were required.

9. Have you ever noticed any of the following near your septic system?
 Green lush grass *No* Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? Only pumped once.
When was the last time your system was pumped out? 25 years ago.

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Donald L. Black Sr. Phone: 724-478-2417

Address: 119 Shaffer Rd Apollo Pa 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? _____
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it _____ Drilled
 How deep is your well? 100 feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? 75 ft.
 Is your well/spring upslope or downslope from your septic system drain field? _____
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? GOOD

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input checked="" type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. *Confirmed* Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input checked="" type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? _____

Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

Green lush grass

Odors

Sluggish drains

System overflow(s)

Wet or spongy areas

Water ponding or surfacing

Wastewater backing into the home

Other _____

10. Was your system ever pumped out?

Yes No

How often do you have your system pumped out? 5 Years

When was the last time your system was pumped out? _____

11. Was your septic system ever repaired?

Yes No

When was your septic system repaired?

Yes No

Was a permit issued for the repair?

Yes No

What part was repaired or replaced? (circle all that apply)

Tank: Repaired

Line: Repaired

Drain Field: Repaired

Tank: Replaced

Line: Replaced

Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: ROBERT M. & CHERYL G. KNEPSHIELD Phone: 724-478-1233

Address: 472 KING ROAD APOLLO, PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 1.62 ACRES
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tanks | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |



7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|--|--|---|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input checked="" type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Confirmed

LAUNDRY / BASEMENT SINK TO PIPE GOING OUTSIDE TO SEEP IN GROUND ON MY PROPERTY
 ALL OTHER WASTE TO HOLDING TANK IN GROUND

House Built 1939
MAYBE THIS
WE MOVED IN NOV. 1987

8. How old is your sewage system? ?
Was it a permitted system when it was installed? Yes No Don't Know

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home ← 2003
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? WAS 1850
When was the last time your system was pumped out? 2003

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? 2003
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS:
LINE IN HOUSE REMAINS
CLEAR OUT PART IN LINE OUTSIDE TO TANK
LINE COMING OUT OF TANK, REPAIRS AND DRAINING ONTO MY
PROPERTY

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: JAMES G. PATTERSON Phone: 724-478-1551
Address: 407 Kings Rd. Apollo, PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 2.5 A
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it dug? Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

- Confirmed*
6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input checked="" type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input checked="" type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 35 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 2005

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Betty F. Shawley Phone: 724-478-4385

Address: 311 Kings Rd. Apollo, Pa. 15613

1. How many people live in your house? 1 Seasonal All -Year
2. How large is your building lot? 1/2 Acre (2 houses)
3. Do you have more than one sewage system on your building lot? Yes No 307 Kings Rd
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

Confirmed

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input checked="" type="checkbox"/> Pipe to Ditch @ Road |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input checked="" type="checkbox"/> Pipe to Ditch @ Road |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Predates Act 537

8. How old is your sewage system? 60 yrs.
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input checked="" type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No

How often do you have your system pumped out? when needed
When was the last time your system was pumped out? Approx 7 years

11. Was your septic system ever repaired? Yes No

When was your septic system repaired? Yes No

Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? Kiski Twp. Fire Co. would get in ditch running over end of drains with fire Trucks, clogging up drain pipes.

13. COMMENTS: _____

Betty J. Shawby

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Joe & Donna Tannarriello Phone: 724-664-4870

Address: 170 Florida Ave Apollo, PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? .94 ACRES
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input checked="" type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

DRAFT

01/23/2025

Confirmed

8. How old is your sewage system? NOT SURE
Was it a permitted system when it was installed? Yes No NOT SURE

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors SOME TIME Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 5-8 YRS APART
When was the last time your system was pumped out? 8 YRS POSSIBLE

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: LOIS STÖBERT Phone: (724) 478-5400

Address: 157 FLORIDA AVE, APOLLO, PA, 15613

1. How many people live in your house? 4 Seasonal All -Year
2. How large is your building lot? 0.19
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

Confirmed

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input checked="" type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input checked="" type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? UNKNOWN
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 9/28/2010

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: SEPTIC SYSTEM WAS HERE WHEN HOUSE WAS
BOUGHT IN 1997

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Daniel P. Schirato Sr ^{and} Peggy Schirato Phone: Daniel cell 724 448 9790

Address: 137 FLORIDA AVENUE APOUO, PA 15613

1. How many people live in your house? 2 Seasonial All -Year
2. How large is your building lot? 1 1/2 ACRES
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it _____ Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

Confirmed

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input checked="" type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	
7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input checked="" type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? Unsure - 1993, Bought the home and it was here.
Was it a permitted system when it was installed? Yes No Unsure

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other None of the above

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 7-10 years
When was the last time your system was pumped out? 3-2016

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply).
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS:

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: EDWARD & TONI FISHER Phone: 724-478-1627

Address: 126 FLORIDA AVE APOLLO, PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 3 LESS THAN 3/4 ACRE
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it _____ Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input checked="" type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other <u>THERE IS A CATCH BASIN</u> | |

WHERE WATER LAYS BECAUSE IT IS PLUGGED

Predates Act 537

8. How old is your sewage system? AT LEAST 70 YEARS
Was it a permitted system when it was installed? Yes No DON'T KNOW

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? EVERY 6 MO
When was the last time your system was pumped out? AUG.

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: TWO HOUSES NEXT TO US
THESE GRAY WATER EMPTIES IN THE
CATCH BASIN ALONG WITH SPRINGS
IN FRONT OF OUR HOUSE, AND THE WATER
LAYS THERE BECAUSE THE PIPE WAS
BLOCKED YEARS AGO.

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: THOMAS + KATHRYN HELD Phone: _____

Address: 31 FLORIDA AVE

1. How many people live in your house? 2 Seasonal All -Year
2. How large is your building lot? 1/2 ACRE
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it _____ Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input checked="" type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input checked="" type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 2
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____ *unknown*
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Patricia J. Hold Phone: 724-478-1521

Address: 27 Florida Ave., Apollo, PA 15613

1. How many people live in your house? 1 Seasonal All-Year

2. How large is your building lot? 75 x 175

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it _____ Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

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6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. *Confirmed* Where does your laundry and/or sink water go? (check all that apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input checked="" type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

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approximate

8. How old is your sewage system? 1935
Was it a permitted system when it was installed? Yes No don't know

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 4/16

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

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KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Joel E Zimmerman Phone: 724-801-0914

Address: 10 Florida Ave. Apollo, PA: 15613

1. How many people live in your house? 4 Seasonal All-Year
2. How large is your building lot? 1.23 AC.
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Bored Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input checked="" type="checkbox"/> Other <u>Don't Know</u> | |

7. *Confirmed* Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input checked="" type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? Not sure
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass
 Odors
 Sluggish drains
 System overflow(s)
 Wet or spongy areas
 Water ponding or surfacing
 Wastewater backing into the home
 Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 10 years
When was the last time your system was pumped out? OCT. 2010

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? _____
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced
unpermitted Repair

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

10-29-19

KISKIMINETAS TOWNSHIP SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Fred Kneppshield Phone: 724-478-2213

Address: 106 Spring Drive Apollo PA 15613

- How many people live in your house? 2 Seasonal All-Year
- How large is your building lot? 1.25 acres
- Do you have more than one sewage system on your building lot? Yes No
- What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it dug drilled
 How deep is your well? _____ feet Is your well cased? Yes No
- How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

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6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Confirmed see # 9

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 40 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? every 2 yrs
When was the last time your system was pumped out? July 2019

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? Not sewage, but water drainage issues on Spring Drive, causing water damage in and outside homes e. 106 and 108.

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Amanda Zanolli Phone: 724 989 8108

Address: 3300 Balsiger Road Apollo PA 15013

1. How many people live in your house? 3 Seasonal All-Year
2. How large is your building lot? 1 acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it _____ Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

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6. What kind of sewage system do you have? (circle all that apply)
 Septic Tank Inground Bed Community Sewer
 Cesspool Inground Trench Storm Sewer
 Old Well Elevated Sand Mount Pipe to Ditch
 Holding Tank Seepage Pit Pipe to Stream
 Privy Bore Hole Pipe to Surface
 Public Sewer Other _____

7. *Confirmed* Where does your laundry and/or sink water go? (check all that apply)
 Septic Tank Inground Bed Community Sewer
 Cesspool Inground Trench Storm Sewer
 Old Well Elevated Sand Mount Pipe to Ditch
 Holding Tank Seepage Pit Pipe to Stream
 Privy Bore Hole Pipe to Surface
 Public Sewer Other _____

8. How old is your sewage system? not sure
Was it a permitted system when it was installed? Yes No unsure

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains sometimes Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No not since we've owned
How often do you have your system pumped out? _____ 4 years out
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No Not sure
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain field: Repaired Drain field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: passed inspection when we bought,
but great clear on details from
previous owners.

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Leland I. Geer
Linda L. Geer Phone: 724-478-4828

Address: 1326 Old State Rd. Apollo, Pa 15613

1. How many people live in your house? 3 Seasonal All-Year
2. How large is your building lot? 15 5/8 Acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it _____ Drilled 30 ft.
 How deep is your well? 20 feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? 100 ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input checked="" type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

Confirmed

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8. How old is your sewage system? ?
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spungy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No

How often do you have your system pumped out? when needed

When was the last time your system was pumped out? 2011

11. Was your septic system ever repaired? Yes No

When was your septic system repaired? 2011 Yes No

Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input checked="" type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? NO

13. COMMENTS: Do something about all livestock that is polluting our streams. One cow or horse or whatever puts more waste in streams than a person especially when they are left to run in the streams when they want.

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Jason Girt

Phone: 704.212.9384

Address: 1216 Old State Rd

1. How many people live in your house? 4 Seasonal All-Year
2. How large is your building lot? 1.2 AC
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? 7 feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? 100 ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. *Confirmed* Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input checked="" type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 17 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 3 years
When was the last time your system was pumped out? 2 years ago

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS:

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: DOMANID POLLARD Phone: 412-812-0198

Address: 1127 OLD STATE RD APOLLO, PA 15613

1. How many people live in your house? 1 Seasonal All -Year
2. How large is your building lot? 7/8 ACRE
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it _____ Drilled
 How deep is your well? _____ Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

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6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|--|--|--|
| <input type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. *Confirmed* Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input checked="" type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input checked="" type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 2
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Joe Reddy Phone: 412-400-6824

Address: 1047 Old State Road Apollo PA 15613

1. How many people live in your house? 3 Seasonal All-Year
2. How large is your building lot? 3 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. *Confirmed see #13*
 Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? UNKNOWN
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input checked="" type="checkbox"/> Odors <u>occasionally</u> | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No

How often do you have your system pumped out? _____

When was the last time your system was pumped out? 10 or 12 years

11. Was your septic system ever repaired? Yes No

When was your septic system repaired? Yes No early 2005?

Was a permit issued for the repair? Yes No unknown

What part was repaired or replaced? (circle all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input checked="" type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input checked="" type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? in cold weather gray
the drains make smell until I get out of the ground
drain trap must report fall 3 or 4 times a winter

13. COMMENTS: My opinion: I live alone and septic works
well. If a family lived here it would quickly fail. Their
leach bed is not adequate any more.

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: CORA LEE COLE Phone: 724-478-4351

Address: 1131 Old State Road Apollo, PA 15613

1. How many people live in your house? 1 Seasonal All-Year

2. How large is your building lot? .3 acre

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input checked="" type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Roof water also to ditch

DRAFT

01/23/2025

Confirmed

My parents bought the property at 1130 Old State Road in March of 1960. At that time, the house at 1128 Old State Road and the adjacent barn were on one deed. In 1986, after the death of both of my parents, my brother had the property divided into separate lots. The septic system for the 1128 property is in their back yard. The septic system for the 1130 property is on the 1128 lot. It was buried underground and met the specifications outlined in the Kiski Township code. When the 1128 home was purchased by Altman and McGaughey, they were aware of the septic placement and agreed to buy the home "as is."

In 2000 we sold the 1130 property to Tom Rabicow and moved to Ford City. In 2017 we bought the property back from Wade Riner who had purchased it out of foreclosure. At some point in that time Altman and McGaughey raised the height of the septic openings and now they extend above ground. No permit was issued for this variance and no formal inspection was done to ensure that no damage was done to the original system. As a result, the system no longer meets the code.

No one has lived in the property at 1130 since 2015. We are in the process of doing extensive renovations and there are no bathroom facilities on the property at the moment. Although the current septic system is established by easement, community sewage would allow me to separate the two properties moving forward.

On a side note, having lived on that particular stretch of road for over 50 years I can attest to the fact that most of the septic systems are not as functional as they should be. Even today you will see soap subs and brown water running down the side of the road. Community sewage would be most welcome.

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Chyd Johnston Phone: 724-422-4675
724-478-2022

Address: 3375 Pennsylvania Ave. Capalla Pa 15613
Pennsylvania Ave.

- How many people live in your house? 2 Seasonal All-Year
- How large is your building lot? c. 853 average
- Do you have more than one sewage system on your building lot? Yes No
- What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
- How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input checked="" type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Confirmed

Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input checked="" type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

~ 1966

8. How old is your sewage system? 55 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 6 yrs
When was the last time your system was pumped out? 5 yrs

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? _____
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? no

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: John E Johnston Phone: _____

Address: 3365 Penn. Ave Apollo
Pennsylvania Ave.

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? .619
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

DRAFT

01/23/2025

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input checked="" type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

Confirmed

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input checked="" type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

~ 1976

8. How old is your sewage system? 45 YEARS
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 5 YEARS
When was the last time your system was pumped out? 4 YEARS

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: John K. & Sandra S. Hollis Phone: (724) 478-1461

Address: 3354 PENNSYLVANIA AVE.; APOLLO, PA 15013-8000

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 2 ACRES
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input checked="" type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Confirmed

See Comments too

8. How old is your sewage system? 5 yr
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? NONE

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No USE RIDX MONTHLY *
How often do you have your system pumped out? WHEN + IF NEEDED
When was the last time your system was pumped out? 8 YRS *

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? OUR SEPTIC SYSTEM HAS WORKED GOOD FOR YEARS. (NO EXCESS PROBLEMS.)

13. COMMENTS: SOME DITCHES SEEM TO HAVE SEPTIC WATER IN THEM - SMELL + BUGS AROUND THEM. (NEED FLUSHED + LIME)

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: JOSEPH E BAYKOR

Phone: 724-478-1328

Address: 3350 PENNSYLVANIA AVE. APOLD PA 15612

1. How many people live in your house? 2 Seasonal All -Year

2. How large is your building lot? 1 ACRE

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it _____ Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input checked="" type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | <u>See #12</u> |

Confirmed

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input checked="" type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | <u>See #12</u> |

8. How old is your sewage system? 40 YRS
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 3 TIMES IN 40 YEARS
When was the last time your system was pumped out? 4 YEARS AGO

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? DRAINS ALONG ROAD NO
ADEQUATE

13. COMMENTS: _____



KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Karen Faber Phone: 724-994-0501 *Private do NOT give*

Address: 3356 Pa Ave Apollo, Pa 15613

- 1. How many people live in your house? 2 Seasonal All-Year
- 2. How large is your building lot? 1 Acre
- 3. Do you have more than one sewage system on your building lot? Yes No
- 4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ Is your well cased? Yes No
- 5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

Confirmed

- 6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> Inground Trench <u>w/ pipe</u>	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

- 7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

Predates Act 537

8. How old is your sewage system? 1958? 500 Gal *too small*
Was it a permitted system when it was installed? Yes No
9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other None
10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____
11. Was your septic system ever repaired? Yes No
When was your septic system repaired? _____
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced
12. Are you aware of any other sewage problems? None to date
13. COMMENTS: System working fine

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: JOYCELYN CADWELL Phone: 724-478-3887
Address: 156 BIRCH ST SPRING CHURCH PA 15686

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? 12 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input checked="" type="checkbox"/> Other <u>LEECH BED</u> | |

7. *Confirmed* Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input checked="" type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 40 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS:

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: JOANNE R. NEWINGHAM Phone: 724-478-2588

Address: 132 Birch St., Spring Church PA 15686

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? 108.60' x 298.12'
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input checked="" type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input checked="" type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 40 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other Nothing

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? EVERY 3 yrs.
When was the last time your system was pumped out? 2018

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? None

13. COMMENTS:

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Chaz Groholski Phone: 724-882-4833

Address: 108 Birch Street, Spring Church, PA 15686

1. How many people live in your house? 4 Seasonal All-Year
2. How large is your building lot? 0.5 acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

DRAFT
01/23/2025

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

Confirmed

7. Where does your laundry and/or sink water go? (check all that apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input checked="" type="checkbox"/> Other <u>Pipe to edge of driveway then carried to somewhere.</u>	

8. How old is your sewage system? Not sure, house was built in mid to late 1970's though.
Was it a permitted system when it was installed? Yes No Not sure

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input checked="" type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Mike + Rechele Mason Phone: 724-478-6298

Address: 101 Birch St. Spring Church, PA 15686 Miller Plan

1. How many people live in your house? 2-4 Seasonal All-Year *College kids part-time*
2. How large is your building lot? 1/2 acre

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

Confirmed

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

see #'s 8+9

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? ? first owner who built house with
Was it a permitted system when it was installed? Yes No unknown

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? about every 2 years
When was the last time your system was pumped out? 10-1-17

11. Was your septic system ever repaired? Yes No ? Unknown orig owners
When was your septic system repaired? Yes No ? Unknown orig owners
Was a permit issued for the repair? Yes No ? Unknown orig owners
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Jonathan Coexter Phone: 724-787-6336
Address: 123 Oak Street Spring Church PA 15086

1. How many people live in your house? 4 Seasonal All-Year
2. How large is your building lot? ?
3. Do you have more than one sewage system on your building lot? Yes No (1)
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

Confirmed - see #9 + #13

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input checked="" type="checkbox"/> Other <u>w/ Large Leach Bed</u>	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input checked="" type="checkbox"/> Other <u>w/ Large Leach Bed</u>	

8. How old is your sewage system? 5yr
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? once every 2/3 years
When was the last time your system was pumped out? 5/13/18

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? when we bought the house
Was a permit issued for the repair? Yes No Sept App
What part was repaired or replaced? (circle all that apply)
 Tank: Replaced
 Line: Replaced
 Drain Field: Replaced
 Tank: Replaced
 Line: Replaced
 Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS:

WE WANT city Sewage!

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Michael W. KASKAN Phone: 724-478-1318

Address: 104 Maple Dr. Spring Church, PA. 15686

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 1 ACRE 208' x 208'
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? ROXY
 If you have a well/spring, is it Dug Drilled
 How deep is your well? 120 Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? 110 ft.
 Is your well/spring upslope or downslope from your septic system drain field? upslope
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? High Iron

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| ? <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|--|--|--|
| <input type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| ? <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Confirmed #9

DRAFT

01/23/2025

8. How old is your sewage system? 40 + YEARS
Was it a permitted system when it was installed? Yes No ?

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? Approx. 10 YRS
When was the last time your system was pumped out? 2010

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No 1991 ?
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? Slow drains with high WATER USE. Clothes washing many loads.

13. COMMENTS: We would like to have public or community sewage system put in. It is over due and greatly needed in this area.

SUSPECTED MALFUNCTIONING ONLOT SEPTIC SYSTEMS

DRAFT
01/23/2025

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski Co.: Armstrong Study Area: Spring Church Date: 1-9-20
General weather conditions: Below 40°

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: _____ STREET: 1800 Rt 56 CITY: Spring Church
ZIP: 15686 PHONE #: _____ OWNER OR RENTER? _____ NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER? _____

If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y / N

How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____

Do you treat your water? Y / N How? CLAY DISINFECTION, SOFTENER, ION, OTHER _____

Was the water ever tested? Y / N When? _____

Any contamination? Y / N What? (TC, FC, N, etc.) _____

How large is your lot? _____ No. of dwelling units? _____

One or more sewage systems? _____ COMMERCIAL/RESIDENTIAL?

What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

SEPTIC TANK
CESSPOOL
OLD WELL
HOLDING TANK
PRIVY
OTHER _____

INGROUND BED
INGROUND TRENCH
ELEVATED SAND MOUND
SEEPAGE PIT
BORE HOLE

COMMUNITY SEWER
STORM SEWER
PIPE TO DITCH
PIPE TO STEAM
PIPE TO SURFACE

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

SEPTIC TANK
CESSPOOL
OLD WELL
HOLDING TANK
PRIVY
OTHER _____

INGROUND BED
INGROUND TRENCH
ELEVATED SAND MOUND
SEEPAGE PIT
BORE HOLE

COMMUNITY SEWER
STORM SEWER
PIPE TO DITCH
PIPE TO STEAM
PIPE TO SURFACE

How old is your system? _____ Was it permitted? Y / N When? _____

Have you ever noticed any of the following near your septic system?

GREEN LUSH GRASS
WATER PONDING OR SURFACING
SLUGGISH DRAINS
OTHER _____

WETNESS OR SPONGY AREAS
SYSTEM OVERFLOW
WASTEWATER BACKING INTO THE HOME

ODORS

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y / N What part? _____

Has the system ever been repaired? Y / N When? _____ By permit? Y / N What part? _____

TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 7/31/21

Deceased
WILLIAM W & CONSTANCE M MILLER
3326 BALSIGER RD
APOLLO, PA 15613

Weather 74° Sunny

Interviewed: Constance doesn't know
Where ST or Leach Field is
"Hush took care of things"

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

		Remarks
System Appears Functional	<input type="checkbox"/>	_____
Suspected Malfunction	<input checked="" type="checkbox"/>	<u>pipe to woods/creek?</u>
Confirmed Malfunction	<input type="checkbox"/>	_____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? ? Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? NO

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 7/31/21

LAWRENCE J METTS JR
1132 COLE RD
APOLLO, PA 15613

Weather 72° Sunny

Interviewed: _____
No access to a door to
knock on.

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

	<u>Remarks</u>
System Appears Functional <input type="checkbox"/>	
Suspected Malfunction <input checked="" type="checkbox"/>	<u>See photos Septic Tanks</u>
Confirmed Malfunction <input type="checkbox"/>	<u>taken from driveway.</u>

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

Larry Marks - Owner
120 Elwood Rd
Apollo, PA

Weather 88° Sunny

Interviewed: _____

Vacant

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional **Remarks**
Suspected Malfunction pipe behind dwelling
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: 400 Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home N/A

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date _____

WILLIAM S & KAREN S FRICK
116 ELWOOD RD
APOLLO, PA 15613

Weather _____

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: Says he has no ST only a "leach bed"

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: _____

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

Weather 94° cloudy

P. Salvio on mailbox
15 Florida Ave
Apollo, PA 15613

Interviewed: _____

single wide trailer w/ blue shutters

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____

*****2/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

Weather 94° Cloudy

JOSEPH A RIMEL
23 FLORIDA AVE
APOLLO, PA 15613

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional **Remarks**
Suspected Malfunction from 27 Florida Ave driveway could
Confirmed Malfunction see a ground surface breach near
shed/vase bushes

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____
hand pump to yard

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No
neighbor's

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

PATRICIA J HELD - TRUSTEE
27 FLORIDA AVE
APOLLO, PA 15613

Weather 94°

Interviewed: Daughter

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional	<input type="checkbox"/>	Remarks	_____
Suspected Malfunction	<input checked="" type="checkbox"/>	_____	_____
Confirmed Malfunction	<input type="checkbox"/>	_____	_____

DRAFT
6/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: House vacant ~ year / Thomas Held @ house 3 / stated syst. malf's & is discharged just inside brush line behind house.

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? ?

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/8/21

GLENN J & MARY L MURRAY
146 FLORIDA AVE
APOLLO, PA 15613

Weather 83° cloudy

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction Very high green grass in front of house
Confirmed Malfunction where ST is most likely located.

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date _____

KEVIN L & MICHELLE L MORROW
161 FLORIDA AVE
APOLLO, PA 15613

Weather _____

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction pipe to creek ?
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: _____

Kiskiminetas Township Wastewater Survey

Survey #

Date 8/28/21

Carl Martin - Renter

1310 C-I Rd
Apollo, PA 15613

Weather 90°

Interviewed: Carl

TYPE OF SYSTEM:

Septic Tank

Privy/Holding Tank

Inground

ESM

Discharge Pipe

Other: _____

Remarks

System Appears Functional

Potential

Suspected Malfunction

Confirmed Malfunction

Type of Dwelling: Permanent

Seasonal

Residential

Commercial

Number of Bedrooms: 3

Estimated GPD: 400

Single Family: Y/N

Water Supply:

Well

Public

Spring

Cistern

Other

How many people using water daily in structure? 1

When was ST last pumped? 7 yrs Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes

No

Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality/State R.O.W.? Yes

No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/28/21

Michael Ost
1325 G. Rd

Weather 89°

Interviewed: Michael Golden

Toby Great Pur
hostile confronted on
food demanded nonexistent
Badges and Paperwork

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: 20+ years

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction green grass

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 3

When was ST last pumped? 1 yr Frequency? 3-5

Remarks: _____
HARD NO

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: EB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/28/21

Richard E. Wilson
1335 GI Rd
Apollo, PA

Weather 92°

Interviewed: Sissy Firl
Chickaha

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction green grass / maybe surface
Confirmed Malfunction discharge

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 1 Estimated GPD: 400 Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? 2019 Frequency? 3-4 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? plugged line

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/23/21

JOHN E BATISTIG - TRUSTEE *Jance*
173 KINGS RD
APOLLO, PA 15613

Weather Sunny

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional
Suspected Malfunction fresh digging along building sewer through yard
Confirmed Malfunction towards woods in back as evidenced by
4" diam cleanouts

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No
driveway

Survey Conducted By: CR

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/23/21

AUDREY P & JEREMY A BOE
323 KINGS RD
APOLLO, PA 15613

Weather 78° Sunny

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction white pipe @ ditch
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: (Y)/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/23/21

THOMAS J & DAWN L PORTKA
341 KINGS RD
APOLLO, PA 15613

Weather 78° Sunny

Interviewed: Dawn

TYPE OF SYSTEM:

underneath paved driveway/parking area

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: on edge of driveway

Remarks

System Appears Functional
Suspected Malfunction needs pumped "sooner" when they have company
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 1 yr Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? tree roots in building sewer

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21

ERIC W BAUSTERT
411 KINGS RD
APOLLO, PA 15613

Weather Sunny 78°

Interviewed: Info provided by James Patterson @ #407

Says Eric is rarely home

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: Peat Moss + At-Grade -
Down slope area very wet below abs area.

Very green grass
System Appears Functional Remarks undersized @
See Photo 3 BDRM
Suspected Malfunction 200 GPD 400 GPD
Confirmed Malfunction



*****undersized*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 5 Estimated GPD: 600 Single Family: (Y) N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? Installed 2000 Frequency? once since 2000

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21

Weather Sunny 79°

JAMES E BETSCH
422 KINGS RD
APOLLO, PA 15613

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: creek

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21

~~RYAN A MC ANDREW~~
448 KINGS RD
APOLLO, PA 15613

Larry Kelly Gamble

Weather Sunny 80°

Interviewed: Jan 2021

Milo Choc Jack Golden

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: unknown location

System Appears Functional
Suspected Malfunction
Confirmed Malfunction

Remarks

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 4 Estimated GPD: 500 Single Family N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 4

When was ST last pumped? 3 yrs Frequency? _____

Remarks: _____

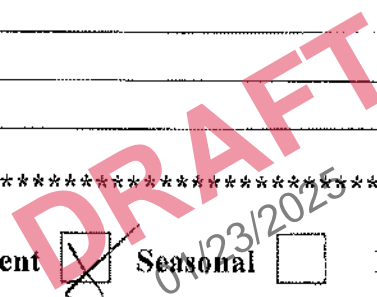
Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB



Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21

LARRY A ECKMAN
452 KINGS RD
APOLLO, PA 15613

Weather 81° Sunny

Interviewed: provided by neighbor
Kelly Camble @ #448

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe to creek

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

DRAFT
6/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 4

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21 1:42 PM

ROBT M & CHERYL G KNEPSHIELD
472 KINGS RD
APOLLO, PA 15613

Weather Sunny 84°

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction to Creek
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

driveway

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21

484 Kings Rd
Apollo, PA

Weather 85° Sunny

Interviewed:
owned by Ron Dull
E # 490

not inhabited

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction Creek
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 1 Estimated GPD: 400 Single Family N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21 3:30 PM

LOUIS J COWAN
514 KINGS RD
APOLLO, PA 15613

Weather Sunny 88°

Interviewed: house abandoned

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe ?

Other: _____

		<u>Remarks</u>
System Appears Functional	<input type="checkbox"/>	_____
Suspected Malfunction	<input checked="" type="checkbox"/>	<u>creek behind house</u>
Confirmed Malfunction	<input type="checkbox"/>	_____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

BRYAN & KRISTELLE SYSTER
120 WRIGHT RD
APOLLO, PA 15613

Weather 80' cloudy

Interviewed: Bryan

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction Lush green grass downgradient from ST
Confirmed Malfunction where leach field is reportedly located.

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? 1 yr Frequency? _____

Remarks: _____

From hillside

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? no

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/31/21

RICHARD D BROOKE
3013 SPORTSMENS RD
APOLLO, PA 15613

Weather 78°

Interviewed: Mr.

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: * provided info for 3009

System Appears Functional Remarks
Suspected Malfunction Surface ponded water
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 2 mos Frequency? _____

Remarks: Wants public sewage pump removed

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: LB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

JOSHUA E & JUDYE A ABERNATHY
186 WRIGHT RD
APOLLO, PA 15613

Weather 80° cloudy

Interviewed: Mr. Abernathy stated he DID NOT want to participate in study

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction Disturbed area @ road - buried storm
Confirmed Malfunction water / storm drain may be wild cat
***** Sewer *****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: Fire hydrant (old) front of house
Maybe a second dwelling up on hill: driveway to it
but no mailbox

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

HARRY & SHARMEN SHORT
124 ELWOOD RD
APOLLO, PA 15613

Weather 88° Sunny

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

	<u>Remarks</u>
System Appears Functional <input type="checkbox"/>	_____
Suspected Malfunction <input checked="" type="checkbox"/>	_____
Confirmed Malfunction <input type="checkbox"/>	_____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: 400 Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date _____

WILLIAM C & MARLENE L AMENT
163 OHIO ST
APOLLO, PA 15613

Weather _____

Interviewed: _____

house built between yrs
1970 - 75

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank
Inground ESM Discharge Pipe ?

Other: leach field down over steep hill

System Appears Functional Remarks _____
Suspected Malfunction ? _____
Confirmed Malfunction _____

DRAFT
01/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family (Y) N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? next week Frequency? 15 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Constance Miller Phone: 724-478-4356

Address: 3326 BALSIGER RD. APOCLO PA 15613

1. How many people live in your house? 1 Seasonal All-Year

2. How large is your building lot? 2.5 ACRES

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)?
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

Predate Act 537

8. How old is your sewage system? 50 YEARS
Was it a permitted system when it was installed? Yes No (DO NOT KNOW)

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other: _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: MY HUSBAND PASSED AWAY SOMETIME A GO AND
* HE INSTALLED THE SEPTIC SYSTEM WHEN HE BUILT THE HOUSE
50 YEAR A GO.
THAT BEING SAID I HAVE ANSWERED THESE QUESTIONS
TO THE BEST OF MY KNOWLEDGE.

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Dorlene & David Bayer Phone: 724.882.8686

Address: 887 Old State Road Apollo PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 4 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

8. How old is your sewage system? 31 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? As needed
When was the last time your system was pumped out? 2018

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems?

13. COMMENTS:

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Cindy Giardino Phone: 412-389-0073

Address: 619 PATTERSON Rd

1. How many people live in your house? 1 Seasonal All-Year

2. How large is your building lot? 1 ACRE

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? 7
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out?
When was the last time your system was pumped out? 2008

11. Was your septic system ever repaired? Yes No 7
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Jay Altmire Phone: 724-478-1859

Address: 157 Birch Street Spring Church Pa 15686

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 5 Acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it _____
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 40 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 10 yrs
When was the last time your system was pumped out? 5 yrs

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: GERARD KUNKLE Phone: 724-478-2408

Address: 154 Birch St Spring Church 15686

1. How many people live in your house? 3 Seasonal All-Year
2. How large is your building lot? 1.79 ACRE
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 18 YRS
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Richard E LACKEY Phone: 724-478-1811

Address: 129 MAPLE DR. Spring Church, PA 15686

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 1 ACRE
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

Precedes Act 537

8. How old is your sewage system? 49 yr.
Was it a permitted system when it was installed? Yes No?

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other NONE

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 1 TIME
When was the last time your system was pumped out? 0 yrs AGO

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No.

13. COMMENTS:

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Loreg + Stacy Myers Phone: 724-478-3351

Address: 118 Maple Dr, Spring Church, PA 15106

1. How many people live in your house? 4 Seasonal All-Year
2. How large is your building lot? Large
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? 42 yrs.
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

DRAFT
01/28/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Darryl Jacobs

724-875-9822 Cell
Phone: 724-478-2714 Home

Address: 105 Maple Drive, Spring Church, Pa 15686

1. How many people live in your house? 2 Seasonal All-Year

2. How large is your building lot? 1 acre

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 47 yrs.
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other None

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? When Needed
When was the last time your system was pumped out? 20 yrs ago

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply).
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Tom Sallack JR Phone: 412 758-3160

Address: 1191 State route 56 E

1. How many people live in your house? 3 Seasonal All-Year
2. How large is your building lot? 6.25 ac
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 (Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? _____
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? _____
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems?

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Sherry + Bill Hodak

Phone: 724-478-3564

Address: 1856 State Rte 56 Spring Church PA 15686

1. How many people live in your house? 3 Seasonal All-Year
2. How large is your building lot? 1 acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
- Do you treat your water (well/spring)? Yes No
- How do you treat your water (well/spring)? _____
- If you have a well/spring, is it Dug Drilled
- How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? ?
Was it a permitted system when it was installed? Yes No ?

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 5 yrs
When was the last time your system was pumped out? 6/2018

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? no

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Jeffery Worst Phone: 724-596-0894

Address: 628 Patterson Rd Apollo, Pa 15613

1. How many people live in your house? 4 Seasonal All-Year

2. How large is your building lot? 6.5 acres

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

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6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input checked="" type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input checked="" type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? ? Don't know
Was it a permitted system when it was installed? Yes No Don't know

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No Don't know.
How often do you have your system pumped out? N/A
When was the last time your system was pumped out? N/A

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? N/A

13. COMMENTS: _____

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Judith Rumbaugh Phone: 724 428 2074

Address: 1678 STATE RT 56 SPRING Church 15686

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? _____
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
- Do you treat your water (well/spring)? Yes No
- How do you treat your water (well/spring)? _____
- If you have a well/spring, is it Dug Drilled
- How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
- Is your well/spring upslope or downslope from your septic system drain field? _____
- Have you ever had your water (well/spring) tested? Yes No
- If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

8. How old is your sewage system? ??
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 10-2019

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Robin Hall

Phone: 724 478 2706

Address: 1629 State Route 56, Spring Church PA 15686

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 2.75 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
- Do you treat your water (well/spring)? Yes No
- How do you treat your water (well/spring)? _____
- If you have a well/spring, is it Dug Drilled
- How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 2
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage pipes in your home? No

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Bob Hiltzman Phone: 724-216-2874

Address: 1653 STATE Road St, Spring Church

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 4 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)?
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? unknown
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 2-3 x/yr
When was the last time your system was pumped out? 2019

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Wayne C. Madison Phone: 724 478-3554

Address: 191 Evergreen Road Spring Church PA 15086

1. How many people live in your house? 2 Seasonial All-Year
2. How large is your building lot? 1 Acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

1959 - Predating Act 537

8. How old is your sewage system? 62 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? As needed
When was the last time your system was pumped out? 2017

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: BERNICE BITTINGER Phone: 724-478-1590

Address: 104 SPRING DRIVE APOLLO PA 15613

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? _____
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
- Do you treat your water (well/spring)? Yes No
- How do you treat your water (well/spring)? _____
- If you have a well/spring, is it Dug Drilled
- How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

~ 1981

8. How old is your sewage system? 40 YEARS
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewer projects? NO

13. COMMENTS: Since Lee passed away in 2016
we are unable to give you detailed
information

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Kevin Geer Phone: 724-478-4828

Address: mail: 1326 Old State Rd property on Garvers Ferry

1. How many people live in your house? _____ Seasonal All -Year
2. How large is your building lot? 82.786 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? _____
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? as needed
When was the last time your system was pumped out? Sept

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? No problems

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Georgia Shellhammer

Phone: 724-422-2156

Address: 1274 Old State Rd.

1. How many people live in your house? 1 Seasonal All-Year

2. How large is your building lot? approx 4 acres

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other	

7. Where does your laundry and/or sink water go? (check all that apply)

<input type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other	

8. How old is your sewage system? Don't Know only have ~~owned~~ owned for 8 :
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other Not That I Know

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? EVERY YEAR
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No Don't Know
What part was repaired or replaced? (circle all that apply) I never had to work on it
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? None

13. COMMENTS: ARE They coming up through here with sewage

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: John Johnston

Phone: 724-478-2387

Address: 1273 Old State Rd

1. How many people live in your house? 4 Seasonal All-Year
2. How large is your building lot? 2 Acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
- Do you treat your water (well/spring)? Yes No
- How do you treat your water (well/spring)? _____
- If you have a well/spring, is it _____
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 30
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 5 yrs
When was the last time your system was pumped out? May 2019

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? no

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANTARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Wanda & Sally Greider Phone: 214-478-2482

Address: 1269 Old State Rd. Agullo, Pa

1. How many people live in your house? _____ Seasonial All-Year
2. How large is your building lot? 1 acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field? _____
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount. | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? _____

Not sure Was in when we bought the home

Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? _____

NO

Green lush grass

Wet or spongy areas

Odors

Water ponding or surfacing

Sluggish drains

Wastewater backing into the home

System overflow(s)

Other _____

10. Was your system ever pumped out? _____

Yes No

How often do you have your system pumped out? _____

4-5 Years

When was the last time your system was pumped out? _____

2017

11. Was your septic system ever repaired? _____

Yes No

When was your septic system repaired? _____

Yes No

Was a permit issued for the repair? _____

Yes No

What part was repaired or replaced? (circle all that apply)

Tank: Repaired

Tank: Replaced

Line: Repaired

Line: Replaced

Drain Field: Repaired

Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

NO

13. COMMENTS: _____

DRAFT 01/20/2025

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kisk Twp Co.: ARMSTRONG Study Area: OLD STATE RD Date: 1/9/20
General weather conditions: CLEAR DRY COOL

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: William Caccetta Stank STREET: 1134 OLD STATE RD CITY: APOLLO PA
ZIP: 15613 PHONE #: 724-473-3645 OWNER OR RENTER? NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER?
If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y/N
How far is the well or spring from the drain field? NA ft. Is well UP/DOWNHILL? _____
Do you treat your water? Y/N How? CLUV DISINFECTION, SOFTENER, ION, OTHER
Was the water ever tested? Y/N When? _____
Any contamination? Y/N What? (TC, FC, N, etc.) _____

How large is your lot? Unknown No. of dwelling units? 1
One or more sewage systems? 1 COMMERCIAL/RESIDENTIAL

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED INGROUND TRENCH COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER _____

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER _____

How old is your system? Unknown Was it permitted? Y/N When? Unknown
Have you every noticed any of the following near your septic system?
GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS
WATER PONDING OR SURVACTING SYSTEM OVERFLOW
SLUGGISH DRAINS WASTEWATER BACKING INTO THE HOME
OTHER _____

If you noticed any of the above, are they seasonal or year-round? NA

Have you ever had your system pumped out? Y/N How often? every 10 yrs Last time? 6 yrs ago

If it was pumped, was it inspected for cracks or broken baffles? Y/N What part? _____

Has the system ever been repaired? Y/N When? _____ By permit? Y/N What part? NA
TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____
DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y/N

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski TWP Co.: ARMSTRONG Study Area: OLD STATE RD Date: 1/1/10
General weather conditions: Clear Dry Cold

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: Anthony & Mrs Elaine Rainelli STREET: 1008 OLD STATE RD CITY: APOLLO
ZIP: 15613 PHONE #: _____ OWNER OR RENTER? OWNER NUMBER OF RESIDENTS: 1

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER? _____
If you have a well: Is it DUG or DRILLED? HOW DEEP? NA ft. Cased? Y/N _____
How far is the well or spring from the drain field? NA ft. Is well UP/DOWNHILL? _____
Do you treat your water? Y/N How? NO CL/UV DISINFECTION, SOFTENER, ION, OTHER NA
Was the water ever tested? Y/N When? NO
Any contamination? Y/N What? (TC, FC, N, etc.) NA

How large is your lot? .25 acre No. of dwelling units? 1
One or more sewage systems? 1 COMMERCIAL/RESIDENTIAL? RESIDENTIAL

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER
CESSPOOL	INGROUND TRENCH	STORM SEWER
OLD WELL	ELEVATED SAND MOUND	PIPE TO DITCH
<u>HOLDING TANK</u>	SEEPAGE PIT	PIPE TO STEAM
PRIVY	BORE HOLE	PIPE TO SURFACE
OTHER _____		

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER
CESSPOOL	INGROUND TRENCH	STORM SEWER
OLD WELL	ELEVATED SAND MOUND	PIPE TO DITCH
<u>HOLDING TANK</u>	SEEPAGE PIT	PIPE TO STEAM
PRIVY	BORE HOLE	PIPE TO SURFACE
OTHER _____		

How old is your system? 2 months Was it permitted? Y/N When? 2019
Have you ever noticed any of the following near your septic system? NO

GREEN LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURVACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	
OTHER _____		

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y/N How often? N Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y/N What part? _____

Has the system ever been repaired? Y/N When? _____ By permit? Y/N What part? _____
TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED
COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y/N _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Timothy R Crawford

Phone: 714 478-2476

Address: 1048 OLD STATE RD Apollo Pa 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 2.06 ACRES
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)?
 if you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 10
Was it a permitted system when it was installed? Yes No ?

9. Have you ever noticed any of the following near your septic system?
- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 5 yrs ago

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

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01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: FERRY A. CRITZERBERG Phone: 724-478-4798

Address: 1036 OLD ST. RD Apollo PA 15613

1. How many people live in your house? _____ Seasonal All-Year

2. How large is your building lot? 6 1/2

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)

Do you treat your water (well/spring)? Yes No

How do you treat your water (well/spring)? _____

If you have a well/spring, is it

How deep is your well? _____ feet Dug Drilled
 Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.

Is your well/spring upslope or downslope from your septic system drain field?

Have you ever had your water (well/spring) tested? Yes No

If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Predate Act 537

8. How old is your sewage system? 50 years +
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other <u>NONE</u> |

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Tank: Repaired | <input checked="" type="checkbox"/> Tank: Replaced (LARGER) |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? NONE

13. COMMENTS: NO PROBLEMS

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: JOHN CHIKAR Phone: 724 478 1036

Address: 1035 OLD STATE ROAD

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? APPROX. 3 A
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

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6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other <u>DONT KNOW</u> | |

8. How old is your sewage system? DONT KNOW
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other NONE OF ABOVE

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NONE

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Robert & Beverly Long Phone: 724-859-9382

Address: 1130 Old State Rd, Apollo, PA 15613

1. How many people live in your house? None at the moment Seasonal All -Year
2. How large is your building lot? 1.495 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

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6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input checked="" type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

Predates Act 537

8. How old is your sewage system? House built in 1926
Was it a permitted system when it was installed? Yes No unknown

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 2

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems?

See attached 01/23/2025 back of page for
1131 Old State Rd.

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: MICHAEL BOAKES Phone: 724 478 1322

Address: 1011 OLD STATE ROAD APOLLO

1. How many people live in your house? 1 Seasonal All-Year

2. How large is your building lot? 1.067 A

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?

Well Spring Other Public Water (continue to Question 6)

Do you treat your water (well/spring)? Yes No

How do you treat your water (well/spring)?

If you have a well/spring, is it Dug Drilled

How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.

Is your well/spring upslope or downslope from your septic system drain field?

Have you ever had your water (well/spring) tested? Yes No

If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage systems do you have? (circle all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 44 yrs.
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other NONE

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out?
When was the last time your system was pumped out? 11-9-05

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: George Galo

Phone: (724) 640-2276

Address: 999 OLD STATE RD

1. How many people live in your house? 4 Seasonal All-Year
2. How large is your building lot? 4-5 Acres + 65 Acres wooded
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it _____
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 17 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 3-5 years
When was the last time your system was pumped out? 2017!!

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? nothing

13. COMMENTS: 1003 OLD STATE ROAD IS MY NEIGHBOR AND WHEN I
CUT GRASS NEXT TO HIS DRIVEWAY, THERE IS A STRONG SMELL OF
SEPTIC ALONG THE DRIVEWAY AND NEXT TO OLD STATE RD.

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: CHARLES & NANCY VARNER Phone: 724-478-4157

Address: 140 ELWOOD RD APOLLO PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 6A
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? CHLORINATOR
 if you have a well/spring, is it Dug Drilled
 How deep is your well? 80 feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? ?

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 34 YR
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 2
When was the last time your system was pumped out? 2

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

NEW PUMP IN
#2 TANK
LOST RECEIPT

12. Are you aware of any other sewage problems? N/D

13. COMMENTS: _____

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Lori Couson Phone: 724-859-0849

Address: 176 Florida Ave., Apollo Pa 15613

1. How many people live in your house? 2 Seasonial All-Year
2. How large is your building lot? 2 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 7/15 [?]
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? No

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? Never
When was the last time your system was pumped out? Never

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: R. L. Shellhammer Phone: 724 478 5068

Address: 347 King Road Apollo Pa 15613

1. How many people live in your house? 1 Seasonal All-Year

2. How large is your building lot? 3 Acres

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)

Do you treat your water (well/spring)? Yes No

How do you treat your water (well/spring)? _____

If you have a well/spring, is it Dug Drilled

How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.

Is your well/spring upslope or downslope from your septic system drain field?

Have you ever had your water (well/spring) tested? Yes No

If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 2 to 4 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other NO

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? ONCE
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply) None
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: Never any problems with sewage 10-20-19
PHD

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Tommy Beating Phone: 724 478 3384

Address: 432 Kings Rd Apollo PA 15613

1. How many people live in your house? 4 Seasonal All-Year
2. How large is your building lot? 1 Acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

Predates Act 537

8. How old is your sewage system? 75
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 5 years
When was the last time your system was pumped out? 2015

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: BOB & JOAN WATERS Phone: 878 8479439

Address: 462 Kings Rd Apollo, PA 15613

1. How many people live in your house? 2 Seasonal All -Year
2. How large is your building lot? 1.74 ac
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other <u>not sure</u> | |

8. How old is your sewage system? ?
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other <u>no</u> |

10. Was your system ever pumped out? Yes No

How often do you have your system pumped out? every 2 yrs

When was the last time your system was pumped out? 6 yrs

11. Was your septic system ever repaired? Yes No

When was your septic system repaired? Yes No

Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? no

13. COMMENTS:

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: BILL BRAYSHAW

Phone: 724-882-3982

Address: 466 KINGS RD

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 1.266 Acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
- Do you treat your water (well/spring)? Yes No
- How do you treat your water (well/spring)? _____
- If you have a well/spring, is it Dug Drilled
- How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 35 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 5 yrs
When was the last time your system was pumped out? 2013

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? _____
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Louis Cowan Phone: 724-393-4224

Address: 514 Kings Rd Apollo PA 15613

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? _____
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
if you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Yes No
Is your well/spring upslope or downslope from your septic system drain field? _____ ft.
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? _____
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? Sept. 2015
When was the last time your system was pumped out? Jul 2015

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No did dye test 4 yrs ago
when house was purchased. It was pumped 4 yrs ago
by previous owner and pumped 4 yrs ago.

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Joe Ralph Phone: 724-478-2019

Address: 3628 Lutheran Church Road Apollo, PA. 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 1 acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 40 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other None

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 10 years
When was the last time your system was pumped out? 2017

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: System has always worked fine

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Mary Ann Shedlock Phone: 724-498-1045

Address: 3651 Lutheran Church Rd Apollo PA 15613

1. How many people live in your house? 1/3 on other house Seasonal All-Year

2. How large is your building lot? 3 acres

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)

Do you treat your water (well/spring)? Yes No NA

How do you treat your water (well/spring)? NA

If you have a well/spring, is it Dug Drilled

How deep is your well? NA feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?

NA Have you ever had your water (well/spring) tested? Yes No

If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mound | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Frivy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other <u>one sand mound not used - was for Trailer but was Trailer will be torn down. no one living there</u> | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mound | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other <u>leech bed</u> | |

8. How old is your sewage system? 40 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
2 sand mounds - one is 15 yrs other is 15 also

- NO*
- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

- NO*
- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? NONE

13. COMMENTS: _____

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Leland H Blystone Phone: 724-478-2826

Address: 3667 Lutheran Ch Rd Apollo PA 15613

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? 1.5 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Precedes Act 537

8. How old is your sewage system? 50+ years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? None

<input type="checkbox"/> Green fish grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 5 years
When was the last time your system was pumped out? 2 years

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain field: Repaired	<input type="checkbox"/> Drain field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Leland H Blystone Phone: 724-478-2826

Address: 3667 Lutheran Ch Rd Apollo PA 15613

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? 1.5 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Pre-dates Act 537

8. How old is your sewage system? 50+ years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? None

<input type="checkbox"/> Green fish grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 5 years
When was the last time your system was pumped out? 2 years

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problem? No

13. COMMENTS: _____

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Tim and Gretchen Blystone Phone: 724-478-1893

Address: 3669 Lutheran Ch Rd Apollo Pa 15613

1. How many people live in your house? 3 Seasonial All -Year
2. How large is your building lot? 1.5 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)

Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No

How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input checked="" type="checkbox"/> Other <u>EcoFlo System</u> | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input checked="" type="checkbox"/> Other <u>EcoFlo System</u> | |

8. How old is your sewage system? 16 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? None

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 1 year
When was the last time your system was pumped out? 2018

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input checked="" type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? None

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: David Feasey Phone: 724-594-7405

Address: 3715 LUTHERAN CHURCH ROAD, Apollo, Pa. 15613

1. How many people live in your house? 3 Seasonial All-Year
2. How large is your building lot? 1.61 acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 7 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 3-5 years
When was the last time your system was pumped out? 5-10-2018

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Timothy Polka Phone: (724) 681-9348

Address: 108 METZLER RD. ARLO, PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 3 ACRES
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it _____
 How deep is your well? _____ feet Is your well cased? Dug Drilled
 Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests?
I did have well water also until it quit working 10 yrs ago.

DRAFT
01/23/2025

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? _____
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 2-3 yrs
When was the last time your system was pumped out? 2017

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? CORNER OF OHIO ST. & 506 AR ALLOC.
CORNER OF OHIO & FLORIDA (By MAIL BOXES)

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Eric Geiger Phone: 774-887-0569

Address: 150 Ohio St Apollo PA 15613

1. How many people live in your house? _____ Seasonal All-Year
2. How large is your building lot? 1 acre & 1/3
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is the well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

DRAFT
01/23/2025

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input checked="" type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input checked="" type="checkbox"/> Other <u>Leach Bed</u>	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? At least 25 years
Was it a permitted system when it was installed? Yes No Dont Know

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? When it gets full
When was the last time your system was pumped out? 5 years ago

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: MERLE JACKSON

Phone: 724-978-5157

Address: 3037 SPORTSMAN Rd. Apollo, PA 15613

1. How many people live in your house? 3 Seasonal All-Year

2. How large is your building lot? 3.2 ACRES

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 20 yrs? NOT SURE
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? No

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 6-6 YRS
When was the last time your system was pumped out? 4 YRS

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input checked="" type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

DRAFT
01/22/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: MARSHALL OLSON Phone: 724-510-8227

Address: 3076 SPORTSMEN ROAD, APOLLO, PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 3 ACRES
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
- Do you treat your water (well/spring)? Yes No
- How do you treat your water (well/spring)? _____
- If you have a well/spring, is it Dug Drilled
- How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mound | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mound | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 3 YEARS
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? N/A
When was the last time your system was pumped out? N/A

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems?

13. COMMENTS:

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Saron Kepple Phone: 724 478 4855

Address: 3170 Sportsmen Rd, Apollo, PA 15613-8917

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? 2 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 25 yrs.
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 2014

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? No

13. COMMENTS:

POTENTIALLY MALFUNCTIONING ONLOT SEPTIC SYSTEMS

DRAFT
01/23/2025

Waiting on his porch "displaying" a pistol on his chest.

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/23/21

RICHARD L KUNKLE
825 RADIO STATION RD
APOLLO, PA 15613

Weather Sunny 67°

Interviewed: Mrs. Kunkle

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: two large tanks that served 8 trl. park

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: _____ Single Family N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 2008 Frequency? 2007

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? ?

Are all plumbing fixtures directed to ST? unknown

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 9/24/21

CLAIR O & ALTHEA M BLYSTONE
3624 LUTHERAN CHURCH RD
APOLLO, PA 15613

Weather 67° cloudy

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional	<input type="checkbox"/>	Remarks
Suspected Malfunction	<input checked="" type="checkbox"/>	<u>wild cat sewer</u>
Confirmed Malfunction	<input type="checkbox"/>	_____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: _____

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 9/24/21

3620 Lutheran Church Rd
Apollo, PA 15613

Weather 67° Cloudy

Interviewed: 6 live brick house

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional **Remarks**
Suspected Malfunction Wild Cat sewer
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: 400 Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 9/25/21

KIMBERLY A & THOMAS R HELD
3612 LUTHERAN CHURCH RD
APOLLO, PA 15613

Weather 67° cloudy

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: ST area soil disturbed

System Appears Functional Remarks
Suspected Malfunction wild cat sewer
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: 400 Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21

DONALD A & FAITH A DUCHENE
496 KINGS RD
APOLLO, PA 15613

Weather 90° Sunny

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction ESM does not appear to have enough
Confirmed Malfunction sand depth - very low profile?

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: (Y) N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No
from walk way/deck

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey #

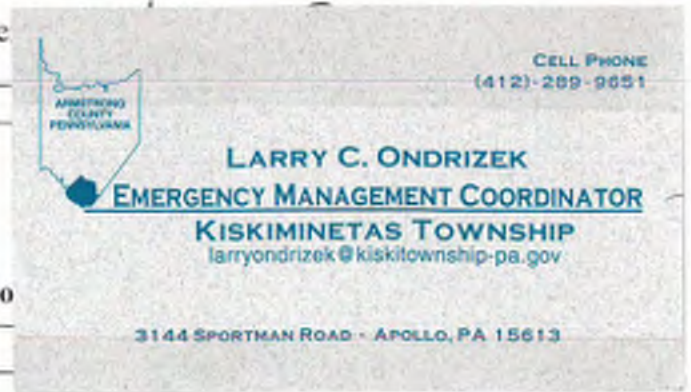


Date 9/21/21

KISKI TOWNSHIP VOL FIRE DEPT 1
306 KINGS RD
APOLLO, PA 15613

Weather _____

Inte



TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Ingro

Other: (2) 1,000 gal. ?

System Appears Functional	<input checked="" type="checkbox"/>	Remarks _____
Suspected Malfunction	<input type="checkbox"/>	_____
Confirmed Malfunction	<input type="checkbox"/>	_____

DRAFT
01/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? as needed

Remarks: Hall has 174 person seating capacity; 200 people max. no dishwasher

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

JASON E & MONIQUE M ROSS
976 CALIFORNIA AVE
APOLLO, PA 15613

Weather 70° Cloudy

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction Wild Cat -- bubbles in ditch
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: KISKI TWP Co.: ARMSTRONG Study Area: OLD STATE RD Date: 1/1/20
General weather conditions: Clear Dry Cold

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: Anthony + my Elane Rainelli STREET: 1808 OLD STATE RD CITY: APOLLO
ZIP: 15613 PHONE #: _____ OWNER OR RENTER? OWNER NUMBER OF RESIDENTS: 1

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER?

If you have a well: Is it DUG or DRILLED? HOW DEEP? NA ft. Cased? Y/N

How far is the well or spring from the drain field? NA ft. Is well UP/DOWNHILL? _____

Do you treat your water? Y/N How? CLUVY DISINFECTION, SOFTENER, ION, OTHER NA

Was the water ever tested? Y/N When? NO

Any contamination? Y/N What? (TC, FC, N, etc.) NA

How large is your lot? .25 acre No. of dwelling units? 1

One or more sewage systems? 1 COMMERCIAL RESIDENTIAL

What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

SEPTIC TANK
CESSPOOL
OLD WELL
HOLDING TANK
PRIVY
OTHER _____

INGROUND BED
INGROUND TRENCH
ELEVATED SAND MOUND
SEEPAGE PIT
BORE HOLE

COMMUNITY SEWER
STORM SEWER
PIPE TO DITCH
PIPE TO STEAM
PIPE TO SURFACE

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

SEPTIC TANK
CESSPOOL
OLD WELL
HOLDING TANK
PRIVY
OTHER _____

INGROUND BED
INGROUND TRENCH
ELEVATED SAND MOUND
SEEPAGE PIT
BORE HOLE

COMMUNITY SEWER
STORM SEWER
PIPE TO DITCH
PIPE TO STEAM
PIPE TO SURFACE

How old is your system? 2 months Was it permitted? Y/N When? 2019

Have you ever noticed any of the following near your septic system? NO

GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS
WATER PONDING OR SURVACING SYSTEM OVERFLOW
SLUGGISH DRAINS WASTEWATER BACKING INTO THE HOME
OTHER _____

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y/N How often? N Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y/N What part? _____

Has the system ever been repaired? Y/N When? _____ By permit? Y/N What part? _____

TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y/N

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 9/21/21

Boiling Springs Presb.
Pastors Residence
1752 ST Rt. 56
Spring Church, PA

Weather _____

Interviewed: Donna Rupert -
Church Representative

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: house not lived in for 7 years

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski Co.: Armstrong Study Area: Spring Church Date: 1-9-20
General weather conditions: Bellow 40°

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: Joseph Mitchel STREET: 1745 Rt 56 CITY: Spring Church
ZIP: 15128 PHONE #: _____ OWNER OR RENTER? _____ NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER? _____

If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y / N

How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____

Do you treat your water? Y / N How? CLUV DISINFECTION, SOFTENER, ION, OTHER _____

Was the water ever tested? Y / N When? _____

Any contamination? Y / N What? (TC, FC, N, etc.) _____

How large is your lot? _____ No. of dwelling units? _____

One or more sewage systems? _____ COMMERCIAL/RESIDENTIAL? _____

What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

SEPTIC TANK
CESSPOOL
OLD WELL
HOLDING TANK
PRIVY
OTHER _____

INGROUND BED
INGROUND TRENCH
ELEVATED SAND MOUND
SEEPAGE PIT
BORE HOLE

COMMUNITY SEWER
STORM SEWER
PIPE TO DITCH
PIPE TO STEAM
PIPE TO SURFACE

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

SEPTIC TANK
CESSPOOL
OLD WELL
HOLDING TANK
PRIVY
OTHER _____

INGROUND BED
INGROUND TRENCH
ELEVATED SAND MOUND
SEEPAGE PIT
BORE HOLE

COMMUNITY SEWER
STORM SEWER
PIPE TO DITCH
PIPE TO STEAM
PIPE TO SURFACE

How old is your system? _____ Was it permitted? Y / N When? _____

Have you ever noticed any of the following near your septic system?

GREEN LUSH GRASS
WATER PONDING OR SURVACING
SLUGGISH DRAINS
OTHER _____

WETNESS OR SPONGY AREAS
SYSTEM OVERFLOW
WASTEWATER BACKING INTO THE HOME

ODORS

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y / N What part? _____

Has the system ever been repaired? Y / N When? _____ By permit? Y / N What part? _____

TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N



Kiskiminetas Township Wastewater Survey

Survey # _____

Date 9/21/21

The Rock

~~SOLID ROCK CHURCH OF GOD~~ - Church + garage w/ Weather
laundry
1715 STATE RTE 56 Interviewed: Pastor Terry
SPRING CHURCH, PA 15686 Brio the dog

TYPE OF SYSTEM: 1000 DT
1500 ST

Approx. 24 W x 50 L aggregate

Installed in 2000

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: Donut & Coffee Shop inside church.

Garage w/ washer + dryer connected to Church ESM syst.

System Appears Functional
Potential Suspected Malfunction
Confirmed Malfunction

Remarks: Undersized?

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: Church Building Capacity: 759 People
Max. Event Attendance: 400 people

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 9/21/21

New Beginnings - Pastor's House
1559 State Rt. 56 E.
Apollo, PA 15613

Weather _____

Interviewed: Jack

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction
Potential Soil not suitable for inground?

Type of Dwelling: Permanent Seasonal Residential Commercial
Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N
Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: 2019 Permit by Terry Shirey SEO to
"expand" inground absorption area.

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes 2019

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 7/31/21

3318 Balsinger
Apollo, PA 15613

Weather 74° Sunny

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: See Photo's

System Appears Functional **Remarks**
? Suspected Malfunction Old Terra Cotta Riser
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____
hand dug?

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

driveway

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 9/25/21

ROBERT SCOTT MC MASTER
3704 LUTHERAN CHURCH RD
APOLLO, PA 15613

Weather 67° cloudy

Interviewed: _____
40° 36' 45"
79° 29' 36"

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

	<input type="checkbox"/>	Remarks
System Appears Functional	<input type="checkbox"/>	<u>Potential</u>
Suspected Malfunction	<input type="checkbox"/>	_____
Confirmed Malfunction	<input type="checkbox"/>	_____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 8 mos Frequency? _____

Remarks: Does Not Want Public Sewage

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 9/05/21

GREGORY T MILLER
3707 LUTHERAN CHURCH RD
APOLLO, PA 15613

Weather 68° cloudy

Interviewed: Garfield Ave Lot 4
girl friend

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ? ESM Discharge Pipe 1984

Other: _____

System Appears Functional Potential
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? _____ Frequency? _____

Remarks: uses Rid Ex / Bayne 45% - Gilpin 40%
Wharton 5% Cavode 5%
Ernest 5%

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 9/25/21

MINDE & RAYMOND J CUP
3710 LUTHERAN CHURCH RD
APOLLO, PA 15613

Weather 68° Cloudy

Interviewed: Mr. Cup

40° 36' 47"

79° 29' 36"

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: 500 gallon 1984/1985

System Appears Functional Potential
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? 2 yrs Frequency? 10

Remarks: Wharton 51%
Gilpin 49%

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 9/25/21

ADAM & JEAN BISAHA
3887 LUTHERAN CHURCH RD
APOLLO, PA 15613

Weather 70° cloudy

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction potential
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 6 Mos Frequency? 10 yrs

Remarks: _____
55% Gilpin
30% Weikert

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: _____

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

AMOS E & RUTH L STARCHER
147 WRIGHT RD
APOLLO, PA 15613

Weather 80° cloudy

Interviewed: _____

TYPE OF SYSTEM: 3 Structures ¹⁴⁷ Main, Camper, & ¹⁴⁵ Mobile home

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: backyard

Are all 3 connected to ESM?

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____

DRAFT
6/23/2021

***** horse shoe pits on top of ESM *****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y / N

Water Supply: Well ^{Front yard} Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: Camping trl w/ permanent set up for "vacationing" relatives & friends

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No
Porch

Survey Conducted By: EB

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski Co.: Armstrong Study Area: Spring church Date: 1-9-20
General weather conditions: Below 40°

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: Larry Marks STREET: 13602 Rt 56 E CITY: Spring church
ZIP: _____ PHONE #: 724-882-7333 OWNER OR RENTER? _____ NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER?
If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y / N
How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____
Do you treat your water? Y / N How? CLAY DISINFECTION, SOFTENER, ION, OTHER
Was the water ever tested? Y / N When? _____
Any contamination? Y / N What? (TC, FC, N, etc.) _____

How large is your lot? 2.3 No. of dwelling units? 1
One or more sewage systems? _____ COMMERCIAL/RESIDENTIAL?

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER _____

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER _____

How old is your system? 50 Pre dates Act 537 Was it permitted? Y / N When? _____
Have you every noticed any of the following near your septic system?
GREEN LUSH GRASS Act 537 WETNESS OR SPONGY AREAS ODORS
WATER PONDING OR SURVACING SYSTEM OVERFLOW
SLUGGISH DRAINS WASTEWATER BACKING INTO THE HOME
OTHER _____

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y How often? _____ Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y / N What part? _____

Has the system ever been repaired? Y When? 2009 By permit? Y / N What part?
TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: Doesn't know where line goes after the Tank

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski Co.: Armstrong Study Area: Springchurch Date: 1-9-20
General weather conditions: Below 40°

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: _____ STREET: 1447 Route 56 E CITY: Springchurch

ZIP: 15686 PHONE #: _____ OWNER OR RENTER? _____ NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER? _____

If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y / N

How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____

Do you treat your water? Y / N How? CLUV DISINFECTION, SOFTENER, ION, OTHER _____

Was the water ever tested? Y / N When? _____

Any contamination? Y / N What? (TC, FC, N, etc.) _____

How large is your lot? _____ No. of dwelling units? _____

One or more sewage systems? _____ COMMERCIAL/RESIDENTIAL? _____

What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

SEPTIC TANK

INGROUND BED

COMMUNITY SEWER

CESSPOOL

INGROUND TRENCH

STORM SEWER

OLD WELL

ELEVATED SAND MOUND

PIPE TO DITCH

HOLDING TANK

SEEPAGE PIT

PIPE TO STEAM

PRIVY

BORE HOLE

PIPE TO SURFACE

OTHER _____

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

SEPTIC TANK

INGROUND BED

COMMUNITY SEWER

CESSPOOL

INGROUND TRENCH

STORM SEWER

OLD WELL

ELEVATED SAND MOUND

PIPE TO DITCH

HOLDING TANK

SEEPAGE PIT

PIPE TO STEAM

PRIVY

BORE HOLE

PIPE TO SURFACE

OTHER _____

How old is your system? _____ Was it permitted? Y / N When? _____

Have you every noticed any of the following near your septic system? _____

GREEN LUSH GRASS

WETNESS OR SPONGY AREAS

ODORS

WATER PONDING OR SURVACING

SYSTEM OVERFLOW

SLUGGISH DRAINS

WASTEWATER BACKING INTO THE HOME

OTHER _____

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y / N What part? _____

Has the system ever been repaired? Y / N When? 2018 By permit? Y / N What part? Drain Field

TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

Mark S. Owner
131 A+B Elwood Rd
Apollo, PA

Rental
Interviewed: Kim Tarasi - Neighbor

Weather 88° Sunny

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Undersized for (2) EDU'S

Other: _____

Remarks

not big enough for (2) EDU'S

System Appears Functional

Suspected Malfunction

Confirmed Malfunction

2 Apartments

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: fire hydrant 10258 front of lot

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes per Kim

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Driveway wraps around dwelling

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/23/21

ROBERT W & THERESA A MANGAN
155 KINGS RD
APOLLO, PA 15613

Weather Sunny 68°

Interviewed: Mr. Mangan

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: Very poor installation; appears undersized for 300 GPD

Remarks

System Appears Functional
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 4 Estimated GPD: 500 Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? 1998 Frequency? 2 yrs
bought

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? pump replaced

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/31/21

Weather 81°

DANIEL E & KIMBERLY S FAIOLA
3051 SPORTSMEN RD
APOLLO, PA 15613

Interviewed: _____

TYPE OF SYSTEM:

May be too many GPD

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: *May have apartment above garage and/or toilet. See photo w/ cleanout directed to visible tank lid*

System Appears Functional *Remarks*
Suspected Malfunction *too much GPD for system*
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No
driveway

Survey Conducted By: CB

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Jackie Butlerbaugh Phone: 724-858-9729

Address: 726 1270 Old State Rd Apollo

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 3 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it 60mg Drilled
 How deep is your well? _____ feet Yes No
 Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input checked="" type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input checked="" type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other	

Predates Act 537

8. How old is your sewage system? last general
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other |

10. Was your system ever pumped out? Yes No

How often do you have your system pumped out? _____

When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No

When was your septic system repaired? Yes No

Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems?

13. COMMENTS:

None at all

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Jerome C. Heffner Jr. Phone: _____

Address: 3434 Balsiger Road Apollo, PA 15613

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? 1 acre
3. Do you have more than one sewage system on your building lot? Yes No Unknown
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input checked="" type="checkbox"/> Other <u>Unknown</u> | |

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8. How old is your sewage system? I'd say original to house 1950's
Was it a permitted system when it was installed? Yes No Unknown

9. Have you ever noticed any of the following near your septic system?

- | | |
|--|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input checked="" type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other |

10. Was your system ever pumped out? Yes No

How often do you have your system pumped out?

When was the last time your system was pumped out? Once 4-5 year ago

11. Was your septic system ever repaired? Yes No

When was your septic system repaired? Yes No

Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input checked="" type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? Downspouts were tied into drain lines and would overflow the system during heavy rain. I removed the downspouts from the system.

13. COMMENTS:

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Wendell Madison Phone: 724-478-4015

Address: 1241 Old State Rd. Apollo, Pa 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? about 1/2 Acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
- Do you treat your water (well/spring)? Yes No
- How do you treat your water (well/spring)? _____
- If you have a well/spring, is it Dug Drilled
- How deep is your well? _____ feet If your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
- Is your well/spring upslope or downslope from your septic system drain field? _____
- Have you ever had your water (well/spring) tested? Yes No
- If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 34
Was it a permitted system when it was installed? Yes No ?

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 7 YEARS AGO

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: SECOND OWNER OF THE HOUSE AND PROPERTY
NOT SURE ABOUT QUESTION #8

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: BRIAN SHELLHAMMER

Phone: (724) 448-3883

Address: 1239 OLD STATE RD. APOLD PA 15613

1. How many people live in your house? 4 Seasonal All-Year
2. How large is your building lot? .60 ACRES
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)?
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

8. How old is your sewage system? 40 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? when needed
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply) (pumps Replaced)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: ANY QUESTION PLEASE CONTACT NICK DIGALISPO
724-747-6173 PLEASE ADVISE WHEN/IF SOMEONE
IS COMING SO WE CAN ALERT TENANTS

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Arnon Moore Phone: 724-664-3791

Address: 1150 Old State Road Apollo, PA 15613

1. How many people live in your house? 4 Seasonal All-Year
2. How large is your building lot? 3/4 acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? 23 feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? Not sure
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? yearly
When was the last time your system was pumped out? Dec. 27, 13

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems?

13. COMMENTS:

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: MARLENE PATTERSON Phone: 472-2645

Address: 1102 OLD STATE ROAD

1. How many people live in your house? _____ Seasonal All-Year
2. How large is your building lot? 1/2 ACRE?
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dig Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? ?
Was it a permitted system when it was installed? Yes No *Don't know*

9. Have you ever noticed any of the following near your septic system? *NONE*

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 1992?

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? 1992? Yes No
Was a permit issued for the repair? ? Yes No *Don't know*
What part was repaired or replaced? (circle all that apply) *Don't know*

<input type="checkbox"/> Tank: Repaired	<input type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: BRENDA BEATZ Phone: 724-478-1298

Address: 1070 OLD STATE ROAD ALTOONA, PA 15613

1. How many people live in your house? 3 Seasonal All-Year
2. How large is your building lot? _____
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it _____ Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

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6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 19 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out?
When was the last time your system was pumped out? 19 years

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? ALL SEPTIC SYSTEMS IN THIS AREA NEED PUBLIC SEWERAGE.

13. COMMENTS: NEED PUBLIC SEWERAGE

Cl Borg

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: BRAD McGRANOR Phone: 814-722-5155

Address: 1052 OLD STATE RD., Apollo 15613

- How many people live in your house? 2 Seasonal All-Year
- How large is your building lot? 1.6 Acre
- Do you have more than one sewage system on your building lot? Yes No
- What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it _____ Drilled
 How deep is your well? _____ feet, your well cased? Yes No
- How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input checked="" type="checkbox"/> Other <u>unknown</u> | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input checked="" type="checkbox"/> Other <u>unknown</u> | |

8. How old is your sewage system? Unknown
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: CHUCK ROONICKI Phone: 724-478-1392

Address: 3059 GARDENS FERRY RD.

1. How many people live in your house? 1 Seasonial All -Year
2. How large is your building lot? 8 ACRES
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? FILTER & SOFTENER
 If you have a well/spring, is it Drilled
 How deep is your well? 160 feet. Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? 80 ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? HARDNESS (IRON)

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

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8. How old is your sewage system? ORIGINAL 1959
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 2007

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No *POR DANSTADONG CO. SEWAGE AUTH*
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input checked="" type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

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12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: FERRY HECKMAN Phone: 724-478-1326

Address: 1732 STATE RT, 56 SPRING LAUREL, PA 15686

1. How many people live in your house? 2 Seasonal All-Year

2. How large is your building lot? 2 3/4 ACRES

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it _____ Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? 4 YRS.
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other NONE

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 2015

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No 2015
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

**Non Permitted
Repair**

12. Are you aware of any other sewage problems? NONE

13. COMMENTS: Wastide Plumbing did the replacement
9/2015

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: LEONA SALZOTT Phone: 724-478-1749

Address: PO Box 8, 1691 State Route 56, Spring Church, Pa.

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? almost 2 acres - partly wooded in the back
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed <u>leach bed</u>	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

Predate Act 537

8. How old is your sewage system? 60 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other <u>None</u> |

10. Was your system ever pumped out? Yes No

How often do you have your system pumped out? _____
When was the last time your system was pumped out? 2019

11. Was your septic system ever repaired? Yes No

When was your septic system repaired? Yes No

Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? None

13. COMMENTS: _____

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski Co.: Armstrong Study Area: Spring Church Date: 1-9-20
General weather conditions: Below 40°

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: _____ STREET: 1653 Route E 56 CITY: Spring Church

ZIP: 15686 PHONE #: _____ OWNER OR RENTER? _____ NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER? _____

If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y / N

How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____

Do you treat your water? Y / N How? CL/UV DISINFECTION, SOFTENER, ION, OTHER _____

Was the water ever tested? Y / N When? _____

Any contamination? Y / N What? (TC, FC, N, etc.) _____

How large is your lot? _____ No. of dwelling units? _____

One or more sewage systems? _____ COMMERCIAL/RESIDENTIAL? _____

What kind of sewage system do you have? _____

(CIRCLE ALL THAT APPLY)

SEPTIC TANK

INGROUND BED

COMMUNITY SEWER

CESSPOOL

INGROUND TRENCH

STORM SEWER

OLD WELL

ELEVATED SAND MOUND

PIPE TO DITCH

HOLDING TANK

SEEPAGE PIT

PIPE TO STEAM

PRIVY

BORE HOLE

PIPE TO SURFACE

OTHER _____

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

SEPTIC TANK

INGROUND BED

COMMUNITY SEWER

CESSPOOL

INGROUND TRENCH

STORM SEWER

OLD WELL

ELEVATED SAND MOUND

PIPE TO DITCH

HOLDING TANK

SEEPAGE PIT

PIPE TO STEAM

PRIVY

BORE HOLE

PIPE TO SURFACE

OTHER _____

How old is your system? _____ Was it permitted? Y / N When? _____

Have you every noticed any of the following near your septic system? _____

GREEN LUSH GRASS

WETNESS OR SPONGY AREAS

ODORS

WATER PONDING OR SURVACING

SYSTEM OVERFLOW

SLUGGISH DRAINS

WASTEWATER BACKING INTO THE HOME

OTHER _____

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y / N What part? _____

Has the system ever been repaired? Y / N When? 2016 By permit? Y / N What part? _____

TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: VIRGINIA TROZZI Phone: 724-478-1296
Pennsylvania Ave
 Address: 3368 PA. Ave Apollo

1. How many people live in your house? 1 Seasonal All-Year

2. How large is your building lot? 1/4 ACRE

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? 15 1/2

Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

Green lush grass

Odors

Sluggish drains

System overflow(s)

Wet or spongy areas

Water ponding or surfacing

Wastewater backing into the home

Other None

10. Was your system ever pumped out?

Yes No

How often do you have your system pumped out?

When was the last time your system was pumped out?

11. Was your septic system ever repaired?

Yes No

When was your septic system repaired?

Yes No

Was a permit issued for the repair?

Yes No

What part was repaired or replaced? (circle all that apply)

Tank: Repaired

Line: Repaired

Drain Field: Repaired

Tank: Replaced

Line: Replaced

Drain Field: Replaced

12. Are you aware of any other sewage problems? None

13. COMMENTS:

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Paul & Donna Libengood Phone: 724-576-1299
135 Birch Street
Address: Spring Church, PA 15686-9723

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 150x200
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? _____
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input checked="" type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input checked="" type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: David + Rosalind Small Phone: 724-478-3343

Address: 133 Birch St, Spring Church, PA 15686

1. How many people live in your house? 2 Seasonial All-Year
2. How large is your building lot? 150' x 150'
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)?
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

Predates Act 537

8. How old is your sewage system? ~ 49 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? EVERY 3yRS
When was the last time your system was pumped out? July 2019

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: BARBARA CARIOT Phone: 724 4786251

Address: 114 ORK ST. SPRING CHURCH PA 15686

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? ALMOST ACRE
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Boring Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Precedes act 537

8. How old is your sewage system? *House built 1971*
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? *No*

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? *EVERY 3-5 YEARS*
When was the last time your system was pumped out? *OCT 27 2018*

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? *No*

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Mary K. Wilson (Kathy) Phone: 724-478-2695

Address: 106 Oak St., Spring Church, PA 15686

1. How many people live in your house? 1 Seasonal All-Year

2. How large is your building lot? 3/4 acre?

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)

Do you treat your water (well/spring)? Yes No

How do you treat your water (well/spring)?

If you have a well/spring, is it

How deep is your well?

feet

Dug

Drilled

Is your well cased?

Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.

Is your well/spring upslope or downslope from your septic system drain field?

Have you ever had your water (well/spring) tested? Yes No

If yes, what were the results of your water (well/spring) tests?

6. What kind of sewage system do you have? (circle all that apply)

Septic Tank

Inground Bed

Community Sewer

Cesspool

Inground Trench

Storm Sewer

Old Well

Elevated Sand Mount

Pipe to Ditch

Holding Tank

Seepage Pit

Pipe to Stream

Privy

Bore Hole

Pipe to Surface

Public Sewer

Other

7. Where does your laundry and/or sink water go? (check all that apply)

Septic Tank

Inground Bed

Community Sewer

Cesspool

Inground Trench

Storm Sewer

Old Well

Elevated Sand Mount

Pipe to Ditch

Holding Tank

Seepage Pit

Pipe to Stream

Privy

Bore Hole

Pipe to Surface

Public Sewer

Other

8. How old is your sewage system? 2
Was it a permitted system when it was installed? Yes No

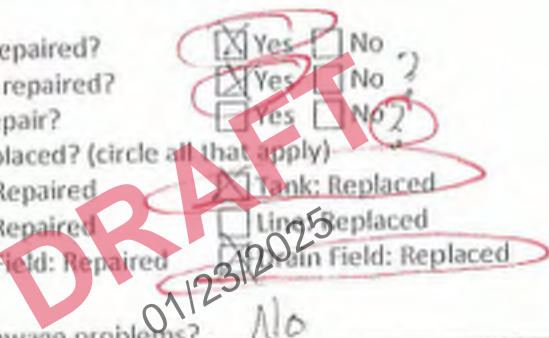
9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 2
When was the last time your system was pumped out? 2

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____



**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: GERALD E. + MARY S. PEARCE

Phone: 724-478-4491

Address: 139 MAPLE DRIVE

1. How many people live in your house? 2 Seasonal All-Year

2. How large is your building lot? 1 ACRE

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dig Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other	

Predate Act 537

8. How old is your sewage system? APPROX 50 YEARS, UPGRADED AROUND 2005
Was it a permitted system when it was installed? Yes No

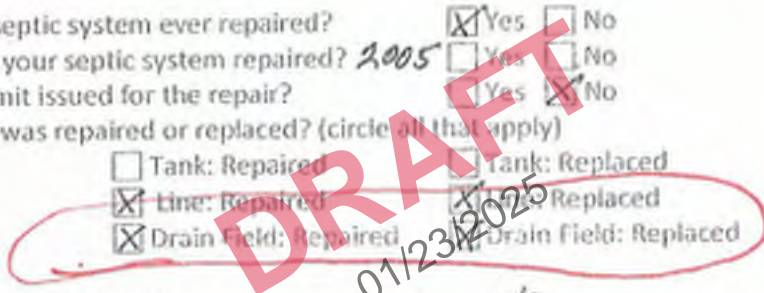
9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? TWICE
When was the last time your system was pumped out? AROUND 2010

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? 2005 Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____



**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Mike MAHAFFEY Phone: 724 422 8571

Address: 1844 State Route 56 Spring Church PA 15686

1. How many people live in your house? 2 Seasonal All -Year
2. How large is your building lot? 120' x 270'
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? Sewage 4 years
City water 1959
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 10-15 years
When was the last time your system was pumped out? no obs

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

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01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Walter M. Small Phone: 724 478 1862

Address: 1824 Route 56 Spring Church PA 15686

1. How many people live in your house? 2 Seasonal All -Year
2. How large is your building lot? 1.7 Acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? Filter System
 If you have a well/spring, is it drilled? Drilled
 How deep is your well? 100 feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? 75 ft
 Is your well/spring upslope or downslope from your septic system drain field? upslope
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input checked="" type="checkbox"/> Other <u>aerator in septic tank</u> | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 1978

Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No

How often do you have your system pumped out? 3 yr

When was the last time your system was pumped out? 11-2007

11. Was your septic system ever repaired? Yes No

When was your septic system repaired? Yes No

Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Tank: Repaired | <input checked="" type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input checked="" type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Tess Roup-Rearie Phone: 724-681-8094 / 724-445-586
 Address: 1836 State Rt 56 Spring Church Pa 15686

1. How many people live in your house? 2 Seasonial All-Year
2. How large is your building lot? 1/2 acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it _____ Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

DRAFT

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6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? 20 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? N/A

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? when necessary
When was the last time your system was pumped out? 8/19

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input checked="" type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input checked="" type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: N/A

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: KATHRYN CLARK Phone: 724-478-5737
Address: 627 PATTERSON R.D

- How many people live in your house? 2 Seasonial All-Year
- How large is your building lot? 1/4 ACRE
- Do you have more than one sewage system on your building lot? Yes No
- What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it _____? Drilled Dug
 How deep is your well? 20 ft. Is your well cased? Yes No
- How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No

If yes, what were the results of your water (well/spring) tests?
BEFORE WE MOVED IN - PUT CHLOROX IN 24 HRS
 STILL DRINKING TODAY

6. What kind of sewage system do you have? (circle all that apply)
- | | | | |
|--------------------|---|--|--|
| <u>2-500 GAL</u> | <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <u>IN CEMENT</u> | <input type="checkbox"/> Cesspool | <input type="checkbox"/> inground Trench | <input type="checkbox"/> Storm Sewer |
| <u>LOOKS LIKE</u> | <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand mount | <input type="checkbox"/> Pipe to Ditch |
| <u>A GRAVE</u> | <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <u>Coffin Tank</u> | <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| | <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 46 YRS
Was it a permitted system when it was installed? Yes No

WAS NEW
AT THAT TIME

I DONT KNOW
MY EX-FATHER
IN-LAW TOOK
CARE OF THIS

9. Have you ever noticed any of the following near your septic system?

Green lush grass

Odors

Sluggish drains

System overflow(s)

Wet or spongy areas

Water ponding or surfacing

Wastewater backing into the home

Other NO

10. Was your system ever pumped out?

How often do you have your system pumped out? EVERY COUPLE YEARS
When was the last time your system was pumped out? 6-08-12

Yes No

11. Was your septic system ever repaired?

When was your septic system repaired?

Was a permit issued for the repair?

What part was repaired or replaced? (circle all that apply)

Tank: Repaired

Line: Repaired

Drain Field: Repaired

Yes No

Yes No

Yes No

Tank: Replaced

Line: Replaced

Drain Field: Replaced

12. Are you aware of any other sewage problems?

IS WORKING FINE

NO / EVERYTHING

13. COMMENTS: WHEN STEVE SILVI? MOVED ACROSS THE ROAD - MY LEECH BED WAS AT THE END OF HIS DRIVEWAY. WE BOUGHT THE PROPERTY OF GENE BARCLAY WHO OWNED ACROSS THE ROAD - SO A HANDSHAKE TOOK CARE OF IT - WHEN HE BUILT HIS DRIVEWAY... THE LEECH BED WAS CUT INTO AND WAS LEAKING I COULD FIX IT BUT I COULDN'T DIG A HOLE SOON WE HAD PERK TESTS AND AT THE TIME ANDY KAUFMAN FROM GREENSBURG THE WORKER WAS COUSINS FROM KATTANNING THE TESTS PASSED - BUT I HAD TO GET A PUMP TO PUMP THE LEECH BED UP INTO MY YARD - STILL WORKS!

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Nelson Fairman Phone: 724-478-4070

Address: 1114 Old State Road Apollo Pa 15613

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? 3 Acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it dug? Drilled Yes No
 How deep is your well? UNKNOWN feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? UNKNOWN ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests?
Well Water used only for Laundry & Dishwashing
Bottled Water used for Cooking & Drinking

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input checked="" type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? unknown
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? NO

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? unknown
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input checked="" type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input checked="" type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: I purchased this property in 2014
Have had no sewage problems or water problems
other than the water does not taste good.

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: William McLaughlin Phone: _____

Address: 1128 Old St Rd Apollo, Pa 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? _____
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it _____ Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

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8. How old is your sewage system? _____
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? EVERY 3 yrs
When was the last time your system was pumped out? 2 yrs ago

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input checked="" type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input checked="" type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Dennis D. Filippa LLC. Nicholas D. Filippa
Rentals Phone: 724 747 6173

Address: 1223 OLD STATE RD. Apollo PA 15613

- Commercial Properties**
- How many people live in your house? _____ Seasonal All-Year
 - How large is your building lot? 1 acre Building #1 6 people
 Building #2 5 people
 - Do you have more than one sewage system on your building lot? Yes No
 - What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ Is your well cased? Yes No
 - How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other <u>2 Septic Tanks (Aerobic)</u> | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |
- HOLDING TANKS WITH PUMP (BULLDOG #2)

8. How old is your sewage system? 45

Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? NO

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No

How often do you have your system pumped out? _____

When was the last time your system was pumped out? 10 years

11. Was your septic system ever repaired? Yes No

When was your septic system repaired? Yes No

Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? NO

13. COMMENTS:

Oct. 27, 2019

KISKIMINETAS TOWNSHIP SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Catherine Davis Phone: (570) 710-5530

Address: 147 Florida Ave Apollo Pa 15613

- How many people live in your house? 1 Seasonal All-Year
- How large is your building lot? _____
- Do you have more than one sewage system on your building lot? Yes No
- What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
- How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

DRAFT
01/23/2025

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|--|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|--|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 8/26/19 - installation date
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input checked="" type="checkbox"/> Other <u>NO</u> |

10. Was your system ever pumped out?

Yes No Hasn't been pumped out yet, still in process of moving.

How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired?

Yes No

When was your septic system repaired? _____

Yes No

Was a permit issued for the repair? _____

Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? _____

13. COMMENTS: A holding tank was recently approved and installed on August 26, 2019.

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Kenneth & Melanice Jackson Phone: 724-478-1294

Address: 142 Wright Rd Apollo PA 15613

1. How many people live in your house? _____ Seasonal All -Year
2. How large is your building lot? 2 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other _____ Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? filter
 If you have a well/spring, is it _____ Drilled
 How deep is your well? 20 feet, your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? 40 ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? good

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 40 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 2 yrs
When was the last time your system was pumped out? 2012

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? 25 yrs
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: ARNOLD LONG Phone: 724 994 9544

Address: 3194 SPORTSMAN RD APC/10, PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 1 ACRE
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Drilled Dug
 How deep is your well? _____ Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

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See #11

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 25
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other NONE

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? ONCE YEAR
When was the last time your system was pumped out? 2019

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? 2019 Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

DRAFT
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unpermitted Repair

12. Are you aware of any other sewage problems? NONE

13. COMMENTS: NEW LEECH BED

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Daniel Faiola Phone: 724-478-5081

Address: 3051 Sportsmen RD Apollo, PA. 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 1.5 acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 24 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 10 yrs
When was the last time your system was pumped out? 6 yrs

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? Road Culvert That Flows Past Our House From Neighbors Above Smells Like An Open Sewer Line. At Times you can see Raw Sewage Flowing Along The Road. Very Unhealthy. To even cut grass near the culvert.

13. COMMENTS: Seems Like Some major Septic Problems with The Older Houses Along Sportsmen Road. And it is Flowing Past Our Property. The Culvert Also Needs Work As The Water Flow Drains Into my yard and causes it to turn muddy and swampy with smell.

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Milwaks Phone: 724-478-5938

Address: 3005 Sportsmen Rd. Apollo, Pa 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? Less than 1 acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? 40 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Ken Coulter Phone: 724.478.3868
 Address: 134 Ohio St Apollo PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 90x190x149x159
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? don't know
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing up into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 3 yrs
When was the last time your system was pumped out? 5/6/17

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

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01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Robert & Marjorie Baker

Cell 724-489-4243

Phone: Home 724 478-2264

Address: 3663 Lutheran Church Rd Apollo Pa 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 2 Acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

KISKIMINETAS TOWNSHIP

Predates Act 537

8. How old is your sewage system? 55 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? Every 5 years
When was the last time your system was pumped out? Jan. 2017

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No 2000
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: William G. Schriver Phone: 724-478-1060

Address: 503 Kings Road, Apollo, Pa. 15613

1. How many people live in your house? 3 Seasonal All-Year
2. How large is your building lot? 44' x 28'
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 39 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? Yes
When was the last time your system was pumped out? 10 years ago

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS:

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Raymond & Lisa Kuntz Phone: (724) 478-3450

Address: 437 Kings Road, Apollo, PA 15613

1. How many people live in your house? 4 Seasonal All-Year
2. How large is your building lot? 2 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)?
 If you have a well/spring, is it 123' deep Dug Drilled
 How deep is your well? Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 45 years
Was it a permitted system when it was installed? Yes No ?

9. Have you ever noticed any of the following near your septic system?
- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? only once
When was the last time your system was pumped out? Approx. 12 years ago

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input checked="" type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Mr + Mrs. Thomas Portka Phone: 724-599-4734

Address: 341 Kings Rd. Apollo, PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? ~~34~~ 34 A
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? Unknown
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? NO

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? Every few years.
When was the last time your system was pumped out? 2 yrs. ago.

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Around 1990.
Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

unpermitted Repair

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Richard Beard

Phone: 724-959-0910

Address: 273 Kings Rd, Apollo, PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? lot across
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)?
 If you have a well/spring, is it: Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Denis Altenburger Phone: 724-478-1999

Address: 195 Kings Rd, Apollo, PA 15613

1. How many people live in your house? 1 Seasonial All -Year
2. How large is your building lot? 0.55 A
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Predate Act 537

67

8. How old is your sewage system? 67
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- Green lush grass
- Odors
- Sluggish drains
- System overflow(s)
- Wet or spongy areas
- Water ponding or surfacing
- Wastewater backing into the home
- Other _____

10. Was your system ever pumped out? Yes No

How often do you have your system pumped out? 5 yrs.
When was the last time your system was pumped out? 2015

11. Was your septic system ever repaired? Yes No

When was your septic system repaired? Yes No

Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- Tank: Repaired
- Line: Repaired
- Drain Field: Repaired
- Tank: Replaced
- Line: Replaced
- Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: As far as I know the septic system was installed in 1952.

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Wayne Lorent Phone: 724 478 3664

Address: 188 Florida Ave Apollo PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 3/4 Acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? 6 feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? Don't Know
Was it a permitted system when it was installed? Yes No
Don't Know

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? Yearly
When was the last time your system was pumped out? Sept. 2019

11. Was your septic system ever repaired? [?] Yes No Don't Know
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

RECEIVED JAN 28 2020

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: ANTHONY FALCO Phone: 724-478-1943

Address: 8 FLORIDA AVENUE APOLLO PA. 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? HALF ACRE
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 40+
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? EVERY 10 YRS.
When was the last time your system was pumped out? 2010

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Rick & Tammy Leightley Phone: 724-478-1158
Address: 141 Elwood Lane, Apollo, PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 832 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? 23 feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? unknown - older than 29 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? No

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No Not in the 29 yrs we have lived here
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No not in the 29 yrs we have lived at this address
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Richard P Miller Phone: 724-478-2572

Address: 113 Elwood Road, Apollo, PA 15613

1. How many people live in your house? _____ Seasonal All-Year
2. How large is your building lot? ~ 1/2 acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

~ 1981

8. How old is your sewage system? ~ 40 yrs.

Was it a permitted system when it was installed? Yes No do. 't know

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other <u>None</u> |

10. Was your system ever pumped out? Yes No

How often do you have your system pumped out? 2-3 yrs

When was the last time your system was pumped out? 2018

11. Was your septic system ever repaired? Yes No

When was your septic system repaired? Yes No

Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input checked="" type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? No

13. COMMENTS:

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: VIRDA DORISU Phone: 724-681-8388

Address: 1149 COLLE RD.

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 0.868 ACRES
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? CHLORINE BLEACH
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? 100 ^{approx} ft.
Is your well/spring upslope or downslope from your septic system drain field? UP
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? NO BACTERIA FOUND

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 7
Was it a permitted system when it was installed? Yes No?

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 2009 APPROX

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Mark Kerr Phone: 724-994-6796

Address: 1144 Cole Rd. Apollo Pa, 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 0.49 Acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?

Well Spring Other Public Water (continue to Question 6)

Do you treat your water (well/spring)? Yes No

How do you treat your water (well/spring)? _____

If you have a well/spring, is it Dig Drilled

How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
- Is your well/spring upslope or downslope from your septic system drain field?
- Have you ever had your water (well/spring) tested? Yes No
- If yes, what were the results of your water (well/spring) tests? There is well water on property I no nothing about, I don't use it.

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? N/A
Was it a permitted system when it was installed? Yes No *Not sure just moved here 3 yrs ago*

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other None

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? Every 2 yrs
When was the last time your system was pumped out? 10-18-18

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No, line from bathroom to Tank is new right before I bought house. Not sure if permit was issued.

13. COMMENTS: _____

**ONLOT SEPTIC SYSTEMS
THAT APPEAR TO BE FUNCTIONING
NORMALLY**

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Constance Miller Phone: 724-478-4356

Address: 3326 BALSIGER RD. APOCLO PA 15613

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? 2.5 ACRES
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)?
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

Predate Act 537

8. How old is your sewage system? 50 YEARS
Was it a permitted system when it was installed? Yes No (DO NOT KNOW)

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other: _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: MY HUSBAND PASSED AWAY SOMETIME A GO AND
* HE INSTALLED THE SEPTIC SYSTEM WHEN HE BUILT THE HOUSE
50 YEAR A GO.
THAT BEING SAID I HAVE ANSWERED THESE QUESTIONS
TO THE BEST OF MY KNOWLEDGE.

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Dorlene & David Bayer Phone: 724.882.8686

Address: 887 Old State Road Apollo PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 4 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

8. How old is your sewage system? 31 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? As needed
When was the last time your system was pumped out? 2018

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems?

13. COMMENTS:

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Cindy Giardino Phone: 412-389-0073

Address: 619 PATTERSON Rd

1. How many people live in your house? 1 Seasonal All-Year

2. How large is your building lot? 1 ACRE

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? 7
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out?
When was the last time your system was pumped out? 2008

11. Was your septic system ever repaired? Yes No 7
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Jay Altmire Phone: 724-478-1859

Address: 157 Birch Street Spring Church Pa 15686

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 5 Acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it _____
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 40 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 10 yrs
When was the last time your system was pumped out? 5 yrs

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: GERARD KUNKLE Phone: 724-478-2408

Address: 154 Birch St Spring Church 15686

1. How many people live in your house? 3 Seasonal All-Year
2. How large is your building lot? 1.79 ACRE
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
- Do you treat your water (well/spring)? Yes No
- How do you treat your water (well/spring)? _____
- If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 18 YRS
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Richard E LACKEY Phone: 724-478-1811

Address: 129 MAPLE DR. Spring Church, PA 15686

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 1 ACRE
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

Precedes Act 537

8. How old is your sewage system? 49 yr.
Was it a permitted system when it was installed? Yes No?

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other NONE

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 1 TIME
When was the last time your system was pumped out? 0 yrs AGO

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No.

13. COMMENTS:

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Loreg + Stacy Myers Phone: 724-478-3351

Address: 118 Maple Dr, Spring Church, PA 15106

1. How many people live in your house? 4 Seasonal All-Year

2. How large is your building lot? Large

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? 42 yrs.
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

DRAFT
01/28/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Darryl Jacobs

724-875-9822 Cell
Phone: 724-478-2714 Home

Address: 105 Maple Drive, Spring Church, Pa 15686

1. How many people live in your house? 2 Seasonal All-Year

2. How large is your building lot? 1 acre

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

8. How old is your sewage system? 47 yrs.
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other <u>None</u>

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? When Needed
When was the last time your system was pumped out? 20 yrs ago

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply).

<input type="checkbox"/> Tank: Repaired	<input type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS:

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Tom Sallack JR Phone: 412 758-3160

Address: 1191 State route 56 E

1. How many people live in your house? 3 Seasonal All-Year
2. How large is your building lot? 6.25 ac
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 (Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? _____
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? _____
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Sherry + Bill Hodak

Phone: 724-478-3564

Address: 1856 State Rte 56 Spring Church PA 15686

1. How many people live in your house? 3 Seasonal All-Year
2. How large is your building lot? 1 acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? ?
Was it a permitted system when it was installed? Yes No ?

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 5 yrs
When was the last time your system was pumped out? 6/2018

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? no

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Jeffery Worst Phone: 724-596-0894

Address: 628 Patterson Rd Apollo, Pa 15613

1. How many people live in your house? 4 Seasonal All-Year

2. How large is your building lot? 6.5 acres

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

DRAFT
01/23/2025

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input checked="" type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input checked="" type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? ? Don't know
Was it a permitted system when it was installed? Yes No Don't know

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No Don't know.
How often do you have your system pumped out? N/A
When was the last time your system was pumped out? N/A

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? N/A

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Judith Rumbaugh Phone: 724 428 2074

Address: 1678 STATE RT 56 SPRING Church 15686

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? _____
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
- Do you treat your water (well/spring)? Yes No
- How do you treat your water (well/spring)? _____
- If you have a well/spring, is it Dug Drilled
- How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
- Is your well/spring upslope or downslope from your septic system drain field? _____
- Have you ever had your water (well/spring) tested? Yes No
- If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

8. How old is your sewage system? ??
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 10-2019

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Robin Hall

Phone: 724 478 2706

Address: 1629 State Route 56, Spring Church PA 15686

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 2.75 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
- Do you treat your water (well/spring)? Yes No
- How do you treat your water (well/spring)? _____
- If you have a well/spring, is it Dug Drilled
- How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 2
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage pipes in your home? No

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Bob Hilberman Phone: 724-216-2874

Address: 1653 STATE Road St, Spring Church

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 4 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)?
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? unknown
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 2-3 x/yr
When was the last time your system was pumped out? 2019

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Wayne C. Madison Phone: 724 478-3554

Address: 191 Evergreen Road Spring Church PA 15086

1. How many people live in your house? 2 Seasonial All-Year
2. How large is your building lot? 1 Acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

1959 - Predating Act 537

8. How old is your sewage system? 62 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? As needed
When was the last time your system was pumped out? 2017

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: BERNICE BITTINGER Phone: 724-478-1590

Address: 104 SPRING DRIVE APOLLON PA 15613

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? _____
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

~ 1981

8. How old is your sewage system? 40 YEARS
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewer projects? NO

13. COMMENTS: Since Lee passed away in 2016
we are unable to give you detailed
information

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Kevin Geer Phone: 724-478-4828

Address: mail: 1326 Old State Rd property on Garvers Ferry

1. How many people live in your house? _____ Seasonal All -Year
2. How large is your building lot? 82.786 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? _____
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? as needed
When was the last time your system was pumped out? Sept

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No problems

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Georgia Shellhammer

Phone: 724-422-2156

Address: 1274 Old State Rd.

1. How many people live in your house? 1 Seasonal All-Year

2. How large is your building lot? approx 4 acres

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)

Do you treat your water (well/spring)? Yes No

How do you treat your water (well/spring)? _____

If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

8. How old is your sewage system? Don't Know only have ~~owned~~ owned for 8 :
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other Not That I Know

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? EVERY YEAR
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No Don't Know
What part was repaired or replaced? (circle all that apply) I never had to work on it
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? None

13. COMMENTS: ARE They coming up through here with sewage

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: John Johnston

Phone: 724-478-2387

Address: 1273 Old State Rd

1. How many people live in your house? 4 Seasonal All-Year
2. How large is your building lot? 2 Acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
- Do you treat your water (well/spring)? Yes No
- How do you treat your water (well/spring)? _____
- If you have a well/spring, is it _____
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 30
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 5 yrs
When was the last time your system was pumped out? May 2019

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? no

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANTARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Wanda & Sally Gruber Phone: 214-478-2482

Address: 1269 Old State Rd. Agullo, Pa

1. How many people live in your house? _____ Seasonial All-Year
2. How large is your building lot? 1 acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field? _____
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount. | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? _____

Not sure Was in when we bought the home

Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? _____

NO

Green lush grass

Wet or spongy areas

Odors

Water ponding or surfacing

Sluggish drains

Wastewater backing into the home

System overflow(s)

Other _____

10. Was your system ever pumped out? _____

Yes No

How often do you have your system pumped out? _____

4-5 Years

When was the last time your system was pumped out? _____

2017

11. Was your septic system ever repaired? _____

Yes No

When was your septic system repaired? _____

Yes No

Was a permit issued for the repair? _____

Yes No

What part was repaired or replaced? (circle all that apply)

Tank: Repaired

Tank: Replaced

Line: Repaired

Line: Replaced

Drain Field: Repaired

Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

NO

13. COMMENTS: _____

DRAFT 01/20/2025

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kisk Twp Co.: ARMSTRONG Study Area: OLD STATE RD Date: 1/9/20
General weather conditions: CLEAR DRY COOL

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: William Caccetta Srant STREET: 1134 OLD STATE RD CITY: APOLLO PA
ZIP: 15613 PHONE #: 724-473-3645 OWNER OR RENTER? NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER?
If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y/N
How far is the well or spring from the drain field? NA ft. Is well UP/DOWNHILL? _____
Do you treat your water? Y/N How? CLUV DISINFECTION, SOFTENER, ION, OTHER
Was the water ever tested? Y/N When? _____
Any contamination? Y/N What? (TC, FC, N, etc.) _____

How large is your lot? Unknown No. of dwelling units? 1
One or more sewage systems? 1 COMMERCIAL/RESIDENTIAL

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER _____

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER _____

How old is your system? Unknown Was it permitted? Y/N When? Unknown
Have you every noticed any of the following near your septic system?
GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS
WATER PONDING OR SURVACTING SYSTEM OVERFLOW
SLUGGISH DRAINS WASTEWATER BACKING INTO THE HOME
OTHER _____

If you noticed any of the above, are they seasonal or year-round? NA

Have you ever had your system pumped out? Y/N How often? every 10 yrs Last time? 6 yrs ago

If it was pumped, was it inspected for cracks or broken baffles? Y/N What part? _____

Has the system ever been repaired? Y/N When? _____ By permit? Y/N What part? NA
TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____
DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y/N

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski TWP Co.: ARMSTRONG Study Area: OLD STATE RD Date: 1/1/10
General weather conditions: Clear Dry Cold

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: Anthony & Mrs Elaine Rainelli STREET: 1008 OLD STATE RD CITY: APOLLO
ZIP: 15613 PHONE #: _____ OWNER OR RENTER? OWNER NUMBER OF RESIDENTS: 1

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER? _____
If you have a well: Is it DUG or DRILLED? HOW DEEP? NA ft. Cased? Y/N _____
How far is the well or spring from the drain field? NA ft. Is well UP/DOWNHILL? _____
Do you treat your water? Y/N How? NO CL/UV DISINFECTION, SOFTENER, ION, OTHER NA
Was the water ever tested? Y/N When? NO
Any contamination? Y/N What? (TC, FC, N, etc.) NA

How large is your lot? .25 acre No. of dwelling units? 1
One or more sewage systems? 1 COMMERCIAL/RESIDENTIAL? RESIDENTIAL

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER
CESSPOOL	INGROUND TRENCH	STORM SEWER
OLD WELL	ELEVATED SAND MOUND	PIPE TO DITCH
<u>HOLDING TANK</u>	SEEPAGE PIT	PIPE TO STEAM
PRIVY	BORE HOLE	PIPE TO SURFACE
OTHER _____		

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

SEPTIC TANK	INGROUND BED	COMMUNITY SEWER
CESSPOOL	INGROUND TRENCH	STORM SEWER
OLD WELL	ELEVATED SAND MOUND	PIPE TO DITCH
<u>HOLDING TANK</u>	SEEPAGE PIT	PIPE TO STEAM
PRIVY	BORE HOLE	PIPE TO SURFACE
OTHER _____		

How old is your system? 2 months Was it permitted? Y/N When? 2019
Have you ever noticed any of the following near your septic system? NO

GREEN LUSH GRASS	WETNESS OR SPONGY AREAS	ODORS
WATER PONDING OR SURVACING	SYSTEM OVERFLOW	
SLUGGISH DRAINS	WASTEWATER BACKING INTO THE HOME	
OTHER _____		

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y/N How often? N Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y/N What part? _____

Has the system ever been repaired? Y/N When? _____ By permit? Y/N What part? _____
TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED
COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y/N _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Timothy R Crawford Phone: 714 478-2476

Address: 1048 OLD STATE RD Apollo Pa 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 2.06 ACRES
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 if you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 10
Was it a permitted system when it was installed? Yes No ?

9. Have you ever noticed any of the following near your septic system?
- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 5 yrs ago

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: FERRY A CRITZERBERG Phone: 724-478-4798

Address: 1036 OLD ST. RD Apollo PA 15613

1. How many people live in your house? _____ Seasonal All-Year

2. How large is your building lot? 6 1/2

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)

Do you treat your water (well/spring)? Yes No

How do you treat your water (well/spring)? _____

If you have a well/spring, is it

How deep is your well? _____ feet Dug Drilled
 Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.

Is your well/spring upslope or downslope from your septic system drain field?

Have you ever had your water (well/spring) tested? Yes No

If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Predate Act 537

8. How old is your sewage system? 50 years +
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other <u>NONE</u> |

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Tank: Repaired | <input checked="" type="checkbox"/> Tank: Replaced (LARGER) |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? NONE

13. COMMENTS: NO PROBLEMS

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: JOHN CHIKAR Phone: 724 478 1036

Address: 1035 OLD STATE ROAD

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? APPROX. 3 A
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

DRAFT
01/23/2025

6. What kind of sewage system do you have? (circle all that apply)
 Septic Tank Inground Bed Community Sewer
 Cesspool Inground Trench Storm Sewer
 Old Well Elevated Sand Mount Pipe to Ditch
 Holding Tank Seepage Pit Pipe to Stream
 Privy Bore Hole Pipe to Surface
 Public Sewer Other _____

7. Where does your laundry and/or sink water go? (check all that apply)
 Septic Tank Inground Bed Community Sewer
 Cesspool Inground Trench Storm Sewer
 Old Well Elevated Sand Mount Pipe to Ditch
 Holding Tank Seepage Pit Pipe to Stream
 Privy Bore Hole Pipe to Surface
 Public Sewer Other DONT KNOW

8. How old is your sewage system? DONT KNOW
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other NONE OF ABOVE

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NONE

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Robert & Beverly Long Phone: 724-859-9382

Address: 1130 Old State Rd, Apollo, PA 15613

1. How many people live in your house? None at the moment Seasonal All -Year
2. How large is your building lot? 1.495 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|--|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Predates Act 537

8. How old is your sewage system? House built in 1926
Was it a permitted system when it was installed? Yes No unknown

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 2 _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems?
See attached back of page for
1131 Old State Rd.

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: MICHAEL BOAKES Phone: 724 478 1322

Address: 1011 OLD STATE ROAD APOLLO

1. How many people live in your house? 1 Seasonal All-Year

2. How large is your building lot? 1.067 A

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?

Well Spring Other Public Water (continue to Question 6)

Do you treat your water (well/spring)? Yes No

How do you treat your water (well/spring)?

If you have a well/spring, is it Dug Drilled

How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.

Is your well/spring upslope or downslope from your septic system drain field?

Have you ever had your water (well/spring) tested? Yes No

If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage systems do you have? (circle all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 44 yrs.
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other NONE

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out?
When was the last time your system was pumped out? 11-9-05

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: George Galo

Phone: (724) 640-2276

Address: 999 OLD STATE RD

1. How many people live in your house? 4 Seasonal All-Year
2. How large is your building lot? 4-5 Acres + 65 Acres wooded
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> <u>Elevated Sand Mount</u> | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> <u>Holding Tank</u> | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> <u>Elevated Sand Mount</u> | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> <u>Holding Tank</u> | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 17 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 3-5 years
When was the last time your system was pumped out? 2017!!

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? nothing

13. COMMENTS: 1003 OLD STATE ROAD IS MY NEIGHBOR AND WHEN I
CUT GRASS NEXT TO HIS DRIVEWAY, THERE IS A STRONG SMELL OF
SEPTIC ALONG THE DRIVEWAY AND NEXT TO OLD STATE RD.

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: CHARLES & NANCY VARNER Phone: 724-478-4157

Address: 140 ELWOOD RD APOLLO PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 6A
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? CHLORINATOR
if you have a well/spring, is it Dug Drilled
How deep is your well? 80 feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? ?

6. What kind of sewage system do you have? (circle all that apply)

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 34 YR
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 2
When was the last time your system was pumped out? 2

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

NEW PUMP IN
#2 TANK
LOST RECEIPT

12. Are you aware of any other sewage problems? N/D

13. COMMENTS: _____

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Lori Couson Phone: 724-859-0849

Address: 176 Florida Ave., Apollo Pa 15613

1. How many people live in your house? 2 Seasonial All-Year
2. How large is your building lot? 2 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 7/15 [?]
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? No

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? Never
When was the last time your system was pumped out? Never

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: R. L. Shellhammer Phone: 724 478 5068

Address: 347 King Road Apollo Pa 15613

1. How many people live in your house? 1 Seasonal All-Year

2. How large is your building lot? 3 Acres

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?

Well Spring Other Public Water (continue to Question 6)

Do you treat your water (well/spring)? Yes No

How do you treat your water (well/spring)?

If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.

Is your well/spring upslope or downslope from your septic system drain field?

Have you ever had your water (well/spring) tested? Yes No

If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? 2 to 4 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other NO

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? ONCE
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply) None
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: Never any problems with sewage 10-20-19
PHD

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Tommy Beating Phone: 724 478 3384

Address: 432 Kings Rd Apollo PA 15613

1. How many people live in your house? 4 Seasonal All-Year
2. How large is your building lot? 1 Acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input checked="" type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other | |

Predates Act 537

8. How old is your sewage system? 75
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 5 years
When was the last time your system was pumped out? 2015

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: _____

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: BOB & JOAN WATERS Phone: 878 847 9439

Address: 462 Kings Rd Apollo, PA 15613

1. How many people live in your house? 2 Seasonal All -Year
2. How large is your building lot? 1.74 ac
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other <u>not sure</u> | |

8. How old is your sewage system? ?
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other <u>no</u> |

10. Was your system ever pumped out? Yes No

How often do you have your system pumped out? every 2 yrs

When was the last time your system was pumped out? 6 yrs

11. Was your septic system ever repaired? Yes No

When was your septic system repaired? Yes No

Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? no

13. COMMENTS:

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: BILL BRAYSHAW

Phone: 724-882-3982

Address: 466 KINGS RD

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 1.266 Acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
- Do you treat your water (well/spring)? Yes No
- How do you treat your water (well/spring)? _____
- If you have a well/spring, is it Dug Drilled
- How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 35 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 5 yrs
When was the last time your system was pumped out? 2013

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? _____
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Louis Cowan Phone: 724-393-4224

Address: 514 Kings Rd Apollo PA 15613

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? _____
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
if you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Yes No
our well cased?
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? _____
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? Sept. 2015
When was the last time your system was pumped out? Jul 2015

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No did dye test 4 yrs ago
when house was purchased. It was pumped 4 yrs ago
by previous owner and pumped 4 yrs ago.

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Joe Ralph Phone: 724-478-2019

Address: 3628 Lutheran Church Road Apollo, PA. 15613

1. How many people live in your house? 2 Seasonal All-Year

2. How large is your building lot? 1 acre

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

7. Where does your laundry and/or sink water go? (check all that apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Inground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> Inground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mount	<input type="checkbox"/> Pipe to Ditch
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Other _____	

8. How old is your sewage system? 40 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other None

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 10 years
When was the last time your system was pumped out? 2017

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: System has always worked fine

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Mary Ann Shedlock Phone: 724-498-1045

Address: 3651 Lutheran Church Rd Apollo PA 15613

1. How many people live in your house? 1 Seasonal All-Year
3 on other house

2. How large is your building lot? 3 acres

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)

Do you treat your water (well/spring)? Yes No NA

How do you treat your water (well/spring)? NA

If you have a well/spring, is it Dug Drilled

How deep is your well? NA feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?

NA Have you ever had your water (well/spring) tested? Yes No

If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mound | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Frivy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other <u>one sand mound not used - was for Trailer but was Trailer will be torn down.</u> | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other <u>leech bed</u> | |

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8. How old is your sewage system? 40 yrs
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
2 sand mounds - one is 15 yrs other is 15 also

- NO*
- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? _____

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

- NO*
- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? NONE

13. COMMENTS: _____

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Leland H Blystone Phone: 724-478-2826

Address: 3667 Lutheran Ch Rd Apollo PA 15613

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? 1.5 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
- Do you treat your water (well/spring)? Yes No
- How do you treat your water (well/spring)? _____
- If you have a well/spring, is it Dug Drilled
- How deep is your well? _____ feet Is your well cased? Yes No
- How far is your water supply (well/spring) from your septic system drain field? _____ ft.
- Is your well/spring upslope or downslope from your septic system drain field?
- Have you ever had your water (well/spring) tested? Yes No
- If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Predates Act 537

8. How old is your sewage system? 50+ years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? None

<input type="checkbox"/> Green fish grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 5 years
When was the last time your system was pumped out? 2 years

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Leland H Blystone Phone: 724-478-2826

Address: 3667 Lutheran Ch Rd Apollo PA 15613

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? 1.5 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Pre-dates Act 537

8. How old is your sewage system? 50+ years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? None

<input type="checkbox"/> Green fish grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 5 years
When was the last time your system was pumped out? 2 years

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problem? No

13. COMMENTS: _____

DRAFT
01/23/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Tim and Gretchen Blystone Phone: 724-478-1893

Address: 3669 Lutheran Ch Rd Apollo Pa 15613

1. How many people live in your house? 3 Seasonial All -Year
2. How large is your building lot? 1.5 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No

How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input checked="" type="checkbox"/> Other <u>EcoFlo System</u> | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input checked="" type="checkbox"/> Other <u>EcoFlo System</u> | |

8. How old is your sewage system? 16 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? None

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 1 year
When was the last time your system was pumped out? 2018

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input checked="" type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? None

13. COMMENTS: _____

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: David Feasey Phone: 724-594-7405

Address: 3715 LUTHERAN CHURCH ROAD, Apollo, Pa. 15613

1. How many people live in your house? 3 Seasonial All-Year
2. How large is your building lot? 1.61 acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 7 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 3-5 years
When was the last time your system was pumped out? 5-10-2018

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? NO

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: TIMOTHY POLKA Phone: (724) 681-9348

Address: 108 METZLER RD. ABOLLO, PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 3 ACRES
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it _____
How deep is your well? _____ feet Is your well cased? Dug Drilled
 Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests?
I did have well water also until it quit working 10 yrs ago.

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? _____
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 2-3 yrs.
When was the last time your system was pumped out? 2017

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? CORNER OF OHIO ST. & 506 AR NOLLO.
CORNER OF OHIO & FLORIDA (By MAIL BOXES)

13. COMMENTS: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Eric Geiger Phone: 774-887-0569

Address: 150 Ohio St Apollo PA 15613

1. How many people live in your house? _____ Seasonal All-Year
2. How large is your building lot? 1 acre & a 1/3
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is the well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input checked="" type="checkbox"/> Other <u>Leach Bed</u> | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? At least 25 years
Was it a permitted system when it was installed? Yes No Dont Know

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? When it gets full
When was the last time your system was pumped out? 5 years ago

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: MERLE JACKSON

Phone: 724-978-5157

Address: 3037 SPORTSMAN Rd. Apollo, PA 15613

1. How many people live in your house? 3 Seasonal All-Year

2. How large is your building lot? 3.2 ACRES

3. Do you have more than one sewage system on your building lot? Yes No

4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No

5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 20 yrs? NOT SURE
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system? No

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? 5-6 YRS
When was the last time your system was pumped out? 4 YRS

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input checked="" type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? No

13. COMMENTS: _____

DRAFT
01/22/2025

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: MARSHALL OLSON Phone: 724-510-8227

Address: 3076 SPORTSMEN ROAD, APOLLO, PA 15613

1. How many people live in your house? 2 Seasonal All-Year
2. How large is your building lot? 3 ACRES
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mound | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mound | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 3 YEARS
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?
 Green lush grass Wet or spongy areas
 Odors Water ponding or surfacing
 Sluggish drains Wastewater backing into the home
 System overflow(s) Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? N/A
When was the last time your system was pumped out? N/A

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)
 Tank: Repaired Tank: Replaced
 Line: Repaired Line: Replaced
 Drain Field: Repaired Drain Field: Replaced

12. Are you aware of any other sewage problems?

13. COMMENTS:

DRAFT
01/23/2025

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Staron Kepple Phone: 724 478 4855

Address: 3170 Sportsmen Rd, Apollo, PA 15013-8913

1. How many people live in your house? 1 Seasonal All-Year
2. How large is your building lot? 2 acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? _____
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? 25 yrs.
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- | | |
|---|---|
| <input type="checkbox"/> Green lush grass | <input type="checkbox"/> Wet or spongy areas |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Water ponding or surfacing |
| <input type="checkbox"/> Sluggish drains | <input type="checkbox"/> Wastewater backing into the home |
| <input type="checkbox"/> System overflow(s) | <input type="checkbox"/> Other _____ |

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? _____
When was the last time your system was pumped out? 2014

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Tank: Repaired | <input type="checkbox"/> Tank: Replaced |
| <input type="checkbox"/> Line: Repaired | <input type="checkbox"/> Line: Replaced |
| <input type="checkbox"/> Drain Field: Repaired | <input type="checkbox"/> Drain Field: Replaced |

12. Are you aware of any other sewage problems? No

13. COMMENTS:

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

RYAN YETKA
166 WRIGHT RD
APOLLO, PA 15613

Weather 80° cloudy

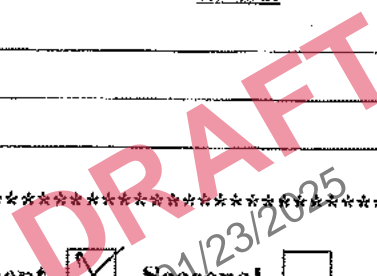
Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

		<u>Remarks</u>
System Appears Functional	<input checked="" type="checkbox"/>	_____
Suspected Malfunction	<input type="checkbox"/>	_____
Confirmed Malfunction	<input type="checkbox"/>	_____



Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Driveway

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/9/21

KENNETH A & MELANIE R JACKSON
142 WRIGHT RD
APOLLO, PA 15613

Weather 80° Cloudy

Interviewed: Kenneth

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional	<input checked="" type="checkbox"/>	Remarks
Suspected Malfunction	<input type="checkbox"/>	_____
Confirmed Malfunction	<input type="checkbox"/>	_____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 3

When was ST last pumped? 2 yrs Frequency? 2-3 years

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CP

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

BRANDON ALLEN SHIRLEY
135 WRIGHT RD
APOLLO, PA 15613

Weather 80° Cloudy

Interviewed: Mrs. Shirley

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

	<input checked="" type="checkbox"/>	Remarks
System Appears Functional	<input checked="" type="checkbox"/>	<u>adequate space in front yard for inground -</u>
Suspected Malfunction	<input type="checkbox"/>	<u>no pipes to creek visible</u>
Confirmed Malfunction	<input type="checkbox"/>	_____

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 6

When was ST last pumped? 3 yrs Frequency? _____

Remarks: has only lived in house 3 years

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes - 3 yrs ago

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/31/21

MARSHALL R & LYNDSEY OLSON
3076 SPORTSMEN RD
APOLLO, PA 15613

Weather 79° Rain

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No
neighbors

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/31/21

RICHARD K & BEVERLY BENNINGER
3072 SPORTSMEN RD
APOLLO, PA 15613

Weather _____ Cloudy

Interviewed: Beverly

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional	<input type="checkbox"/>	Remarks	_____
Suspected Malfunction	<input type="checkbox"/>		_____
Confirmed Malfunction	<input type="checkbox"/>		_____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 5

When was ST last pumped? 10 yrs Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: _____

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/31/21

STEPHEN L & ETTA MILANAK
3005 SPORTSMEN RD
APOLLO, PA 15613

Weather 77° Cloudy

Interviewed: Don

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: _____ Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? 2 yrs Frequency? _____

Remarks: Well < 50 ft from ST

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/31/21

WILLIAM R & SALLY J NORTH
3004 SPORTSMEN RD
APOLLO, PA 15613

Weather 78° cloudy

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____

DRAFT
01/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

CURTIS F & LINDA STIVASON
125 SHAFFER RD
APOLLO, PA 15613

Weather 91° Sunny

Interviewed: Linda

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe 1987

Other: _____

System Appears Functional	<input checked="" type="checkbox"/>	Remarks	_____
Suspected Malfunction	<input type="checkbox"/>	_____	_____
Confirmed Malfunction	<input type="checkbox"/>	_____	_____

DRAFT

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: _____ Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? ? Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? no

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21 2:50 PM

DONALD L & MARION L BLACK
119 SHAFFER RD
APOLLO, PA 15613

Weather 92° Sunny

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional	<input checked="" type="checkbox"/>	Remarks	_____
Suspected Malfunction	<input type="checkbox"/>	_____	_____
Confirmed Malfunction	<input type="checkbox"/>	_____	_____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: Woman w/ phone walking around yard after I left property

Permission Granted to Inspect System: Yes No Wouldn't answer door Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

Fire Dept Volunteer
Nicholas & Sandra
112 Shaffer Rd
Apollo, PA 15613

Bavstert

Weather 92° Sunny

Interviewed: dogs Bo & Bella

Nick 1211 Super Hollow Rd.
724 388 0500

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank ¹⁹⁷⁷ Inground ESM Discharge Pipe

1000 Single

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 4/23/18 Frequency? _____

Remarks: Would be interested

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? no

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/8/21

Weather Cloudy 94°

LINDA D. SMITH
188 OHIO ST
APOLLO, PA 15613

Interviewed: daughter

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

DRAFT
01/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1-3

When was ST last pumped? 2 yrs Frequency? 5 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? Yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/8/22

Weather cloudy 94°

THOMAS K. & SUSAN E. BURKETT
185 OHIO ST
APOLLO, PA 15613

Interviewed: Mr. Burkett

house built 1984

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 8 yrs Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/9/21

JEFFERY DAVID & KATHY JO GRAY
180 OHIO ST
APOLLO, PA 15613

Weather 78° cloudy

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

	<input checked="" type="checkbox"/>	Remarks
System Appears Functional	<input checked="" type="checkbox"/>	_____
Suspected Malfunction	<input type="checkbox"/>	_____
Confirmed Malfunction	<input type="checkbox"/>	_____

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? _____ Frequency? _____

Remarks: Info provided by Allison Nacey @ 178 ohio st

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date _____

1150
Sugar Hollow Rd

~~JOHN W & MARGARET M HANCOCK~~
~~181 OHIO ST~~ 179
APOLLO, PA 15613

Weather _____
Ray Ann Hollis - Renter
Interviewed: _____
prop belongs to _____
Richard Klingensmith

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____
Installed 1970
by Richard
Klingensmith

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? 10+ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/9/21

Weather Cloudy 80°

KENNETH V & CHERI L COULTER
154 OHIO ST
APOLLO, PA 15613

Interviewed: Cheri

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional _____
Suspected Malfunction _____
Confirmed Malfunction _____

Remarks

DRAFT
6/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 2 mos Frequency? 2-3 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/9/21

LAWRENCE M. LAWRENCE
117 METZLER RD
APOLLO, PA 15613

Weather Cloudy 80°

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank + DT Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

		<u>Remarks</u>
System Appears Functional	<input checked="" type="checkbox"/>	_____
Suspected Malfunction	<input type="checkbox"/>	_____
Confirmed Malfunction	<input type="checkbox"/>	_____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No
From front porch

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Date 6/9/21

Survey # _____

TIMOTHY P. & CHARLEEN E. POLKA
108 METZLER RD
APOLLO, PA 15613

Weather cloudy

Interviewed: Mr. Polka

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: leach field at least over 10' deep from what is now ground surface. 18' fill placed in front

System Appears Functional by road
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 1 yr Frequency? 4-5 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 9/21/21

Weather 70° cloudy

John Sacik
3889 Lutheran Church Rd
Apollo

Interviewed: Mc Sacik

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: _____

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Thomas & Kimberly Held Phone: 724-859-5515

Address: 3612 Lutheran Church Rd Apollo, PA 15103

1. How many people live in your house? 2 Seasonial All -Year
2. How large is your building lot? 3 1/4 acre
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

8. How old is your sewage system? Unknown
Was it a permitted system when it was installed? Yes No ?

9. Have you ever noticed any of the following near your septic system? NA

<input type="checkbox"/> Green lush grass	<input type="checkbox"/> Wet or spongy areas
<input type="checkbox"/> Odors	<input type="checkbox"/> Water ponding or surfacing
<input type="checkbox"/> Sluggish drains	<input type="checkbox"/> Wastewater backing into the home
<input type="checkbox"/> System overflow(s)	<input type="checkbox"/> Other _____

10. Was your system ever pumped out? Yes No
How often do you have your system pumped out? when needed
When was the last time your system was pumped out? 12 yrs

11. Was your septic system ever repaired? Yes No
When was your septic system repaired? Yes No
Was a permit issued for the repair? Yes No
What part was repaired or replaced? (circle all that apply)

<input type="checkbox"/> Tank: Repaired	<input type="checkbox"/> Tank: Replaced
<input type="checkbox"/> Line: Repaired	<input type="checkbox"/> Line: Replaced
<input type="checkbox"/> Drain Field: Repaired	<input type="checkbox"/> Drain Field: Replaced

12. Are you aware of any other sewage problems? NA

13. COMMENTS: _____

DRAFT
01/23/2025

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21

WILLIAM G & CINDY C SCHRIVER
503 KINGS RD
APOLLO, PA 15613

Weather Sunny 91°

Interviewed: Mr & Mrs

TYPE OF SYSTEM:

Aerobic
Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe
Low Profile

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 3

When was ST last pumped? 5 yrs Frequency? 3 times

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date _____

RONALD CHARLES DULL
490 KINGS RD
APOLLO, PA 15613

Weather 85° Sunny

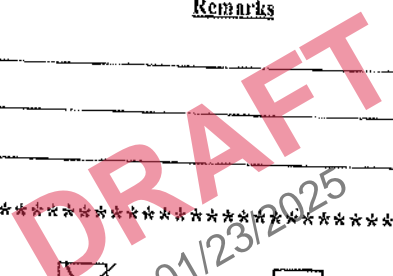
Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe
4 tanks

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction



Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 1 yr. Frequency? 3 yrs.

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey #

Date _____

Misty Cramer
John Oliver Oliver Real Estate
479 Kings Rd
Apollo, PA

Weather _____

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: _____ Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 3

When was ST last pumped? ? Frequency? 20+ years

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: _____

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/24/21

WM. C & ROYANNE BRAYSHAW
466 KINGS RD
APOLLO, PA 15613

Weather Sunny 84°

Interviewed: provided by Joan Watters @ #462

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski Twp Co.: ARMSTRONG Study Area: KINGS RD Date: 1/9/20
General weather conditions: CLEAR COLD DRY

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: RYAN McAndrew STREET: 448 Kings Rd CITY: APOLLO PA
ZIP: 15613 PHONE #: 724-994-6021 OWNER OR RENTER? OWNER NUMBER OF RESIDENTS: 4

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER?
If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y (N)
How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? NA
Do you treat your water? Y / N How? CLUV DISINFECTION, SOFTENER, ION, OTHER NA
Was the water ever tested? Y (N) When? _____
Any contamination? Y / (N) What? (TC, FC, N, etc.) _____

How large is your lot? 1 acre No. of dwelling units? 1
One or more sewage systems? 1 COMMERCIAL (RESIDENTIAL?)

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER _____

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)
SEPTIC TANK INGROUND BED COMMUNITY SEWER
CESSPOOL INGROUND TRENCH STORM SEWER
OLD WELL ELEVATED SAND MOUND PIPE TO DITCH
HOLDING TANK SEEPAGE PIT PIPE TO STEAM
PRIVY BORE HOLE PIPE TO SURFACE
OTHER _____

How old is your system? Unknown Was it permitted? Y / N When? Unknown
Have you ever noticed any of the following near your septic system?
GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS
WATER PONDING OR SURFACING SYSTEM OVERFLOW
SLUGGISH DRAINS WASTEWATER BACKING INTO THE HOME
OTHER _____

If you noticed any of the above, are they seasonal or year-round? NO

Have you ever had your system pumped out? (Y) N How often? every 4 yrs Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y (N) What part? _____

Has the system ever been repaired? Y (N) When? _____ By permit? Y / N What part? NA
TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____
DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/23/21

JOHN A & SALLY A SNYDER
363 KINGS RD
APOLLO, PA 15613

Weather 78° Sunny

Interviewed: Sally & John
Rocky the Yorkie (14 yrs)

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: under front porch

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 2 yrs Frequency? bought 50yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? No - laundry

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: John Snyder Phone: 724 388-0562

Address: 363 Kings Rd Apollo PA 15613

1. How many people live in your house? 2 Seasonal All -Year
2. How large is your building lot? 4 Acres
3. Do you have more than one sewage system on your building lot? Yes No
4. What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
Do you treat your water (well/spring)? Yes No
How do you treat your water (well/spring)? _____
If you have a well/spring, is it Dug Drilled
How deep is your well? _____ feet Is your well cased? Yes No
5. How far is your water supply (well/spring) from your septic system drain field? _____ ft.
Is your well/spring upslope or downslope from your septic system drain field?
Have you ever had your water (well/spring) tested? Yes No
If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other _____ | |

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/23/21

RALPH L SHELLHAMMER
347 KINGS RD
APOLLO, PA 15613

Weather 78° Sunny

Interviewed: Ralph

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional	<input checked="" type="checkbox"/>	Remarks	_____
Suspected Malfunction	<input type="checkbox"/>		_____
Confirmed Malfunction	<input type="checkbox"/>		_____

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? 5 yrs Frequency? twice in 30 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

**KISKIMINETAS TOWNSHIP
SANITARY SEWER NEEDS SURVEY**

Please place a check mark and/or fill-in as appropriate. Add comments as needed.

Name: Michael & Nicole Myers Phone: 472-260-8037 - Mike
 Address: 346 Kings Rd

- How many people live in your house? 4 Seasonal All-Year
- How large is your building lot? 1.97 acres
- Do you have more than one sewage system on your building lot? Yes No
- What kind of water system do you have?
 Well Spring Other Public Water (continue to Question 6)
 Do you treat your water (well/spring)? Yes No
 How do you treat your water (well/spring)? NA
 If you have a well/spring, is it Dug Drilled
 How deep is your well? _____ feet Is your well cased? Yes No
- How far is your water supply (well/spring) from your septic system drain field? _____ ft.
 Is your well/spring upslope or downslope from your septic system drain field?
 Have you ever had your water (well/spring) tested? Yes No
 If yes, what were the results of your water (well/spring) tests? _____

6. What kind of sewage system do you have? (circle all that apply)
- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other <u>SAND MOUNT</u> | |

7. Where does your laundry and/or sink water go? (check all that apply)
- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Inground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Inground Trench | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Old Well | <input checked="" type="checkbox"/> Elevated Sand Mount | <input type="checkbox"/> Pipe to Ditch |
| <input checked="" type="checkbox"/> Holding Tank | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Pipe to Stream |
| <input type="checkbox"/> Privy | <input type="checkbox"/> Bore Hole | <input type="checkbox"/> Pipe to Surface |
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Other <u>SAND MOUNT</u> | |

8. How old is your sewage system? about 23 years
Was it a permitted system when it was installed? Yes No

9. Have you ever noticed any of the following near your septic system?

- Green lush grass
- Odors
- Sluggish drains
- System overflow(s)

- Wet or spongy areas
- Water ponding or surfacing
- Wastewater backing into the home
- Other _____

10. Was your system ever pumped out? Yes No

How often do you have your system pumped out? Every 3 years

When was the last time your system was pumped out? 2019

11. Was your septic system ever repaired? Yes No

When was your septic system repaired? 2106 Yes No

Was a permit issued for the repair? Yes No

What part was repaired or replaced? (circle all that apply)

- Tank: Repaired
- Tank: Replaced
- Line: Repaired
- Line: Replaced
- Drain Field: Repaired
- Drain Field: Replaced

12. Are you aware of any other sewage problems? _____

13. COMMENTS: I do feel that a lot of the water coming down from the properties across the road are not all rain water.

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/23/21

CHAD D & NATALIE L REESE
286 KINGS RD
APOLLO, PA 15613

Weather 73° Sunny

Interviewed: Grandma (babysitting)

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: faces Old State

	<input checked="" type="checkbox"/>	<u>Remarks</u>
System Appears Functional	<input type="checkbox"/>	_____
Suspected Malfunction	<input type="checkbox"/>	_____
Confirmed Malfunction	<input type="checkbox"/>	_____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 4

When was ST last pumped? ? Frequency? ?

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? ?

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Gunner the dog

CB

Survey Conducted By: _____

Kiskiminetas Township Wastewater Survey

Survey # deceased

Date 6/23/21

RICHARD C & SUSAN D BEARD
273 KINGS RD
APOLLO, PA 15613

Weather Sunny 73°

Interviewed: Susan

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks moved in 1979
Suspected Malfunction
Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 1

When was ST last pumped? _____ Frequency? once

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? unknown

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/23/21

ROBERT E KLINGENSMITH + Michelle
197 KINGS RD
APOLLO, PA 15613

Weather Sunny 73°

Interviewed: Michelle

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____ 1994
Suspected Malfunction _____
Confirmed Malfunction _____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 3 Frequency? 3-5

Remarks: _____
old water well directly beside ST

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/23/21

~~JOHN E BATICIG - TRUSTEE~~
161
173 KINGS RD owned by Janece Baticig
APOLLO, PA 15613

Weather Sunny 69°

Interviewed: William Roberts -
brother of venter in #161

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: (Y/N)

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 4

When was ST last pumped? 1 yr Frequency? _____

Remarks: Summer 2020 repaired pipe to ST

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? yes

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/28/21

BRIAN J TALMADGE
1340 GI RD
APOLLO, PA 15613

Weather 93°

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: visible beside driveway

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Suspect Wild Cat - This side of Rd

DRAFT

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/28/11

Weather 95°

1352 GI Rd
Apollo PA

Interviewed: _____

Boyer doberman

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

	<u>Remarks</u>
System Appears Functional <input type="checkbox"/>	_____
Suspected Malfunction <input type="checkbox"/>	_____
Confirmed Malfunction <input type="checkbox"/>	_____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: Sand pump for well front yard!

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/28/21

THERESA M PATTERSON
 1345 GI ROAD
 APOLLO, PA 15613

Weather 94°

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
 Suspected Malfunction
 Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: hand pump for water well front yard

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/28/21

JOANN MC DERMOTT
1328 GI RD
APOLLO, PA 15613

Weather 93°

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: Single Wide Trl

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

01/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: (Y)/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

driveway

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/28/21

Jason Oakes
1326 G I Rd.

Weather 92°

Interviewed: Capone - Lab

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

		<u>Remarks</u>
System Appears Functional	<input type="checkbox"/>	_____
Suspected Malfunction	<input type="checkbox"/>	_____
Confirmed Malfunction	<input type="checkbox"/>	_____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 3

When was ST last pumped? _____ Frequency? over 7yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: _____

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/28/21

JAMES E & LISA R FERGUSON JR
1324 GI RD
APOLLO, PA 15613

Weather 90°

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/28/21

DAVID F & ERIN D NELSON
1321 GI RD
APOLLO, PA 15613

Weather _____

Interviewed: Mr. Nelson

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 3

When was ST last pumped? 12 mos Frequency? yearly

Remarks: Wants public Sewage

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/28/21

1318 GI Rd
Apollo PA

Weather _____

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

	<input checked="" type="checkbox"/>	Remarks
System Appears Functional	<input checked="" type="checkbox"/>	_____
Suspected Malfunction	<input type="checkbox"/>	_____
Confirmed Malfunction	<input type="checkbox"/>	_____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

drive way

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/28/21

RICHARD A & DARLA BLYSTONE
1303 GI ROAD
APOLLO, PA 15613

Weather 89°

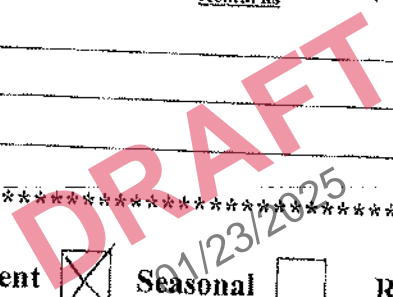
Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: Can see cleanout from driveway

System Appears Functional _____
Suspected Malfunction _____
Confirmed Malfunction _____



Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: _____ Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: C.B.

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/8/21

JAMES P & LORI J CRUSAN
176 FLORIDA AVE
APOLLO, PA 15613

Weather 84° Cloudy

Interviewed: _____

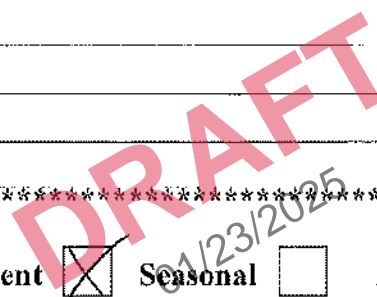
TYPE OF SYSTEM:

10 yrs old

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: pumps up hill to abs. area

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction



Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: _____ Single Family: (Y)/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? _____ Frequency? never

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/8/21

138 Florida Ave
Apollo

Weather _____

Interviewed: _____

TYPE OF SYSTEM: blue sided

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: 400 Single Family: (Y) N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: EB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

DEBORAH A MC ALLISTER
64 FLORIDA AVE - old st Rd
APOLLO, PA 15613

Corner Florida
Old st Rd
Twp sided

Weather 94°

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

	<input checked="" type="checkbox"/>	Remarks
System Appears Functional	<input checked="" type="checkbox"/>	_____
Suspected Malfunction	<input type="checkbox"/>	_____
Confirmed Malfunction	<input type="checkbox"/>	_____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 3

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

LARRY L & MELINDA J ORVOSH JR
11 FLORIDA AVE
APOLLO, PA 15613

Weather 80° Cloudy

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: 400 Single Family Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No
driveway

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

KIMBERLY A TARASI
145 ELWOOD LN
APOLLO, PA 15613

Weather 88°

Interviewed: Callie + Kizzy German
Shepard

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: 1,000 gal single

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: _____ Single Family: Y N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 6 mos Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

RICK H & TAMMY K LEIGHTLEY
141 ELWOOD LN
APOLLO, PA 15613

Weather 91° Sunny

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: _____ Estimated GPD: 400 Single Family: Y/N

Water Supply: ? Well Public Spring Cistern Other _____

How many people using water daily in structure? _____

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

Weather 92° Sunny

Ardel Milko
130 Elwood Rd
Apollo, PA

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank ¹⁹⁷² Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks _____
Suspected Malfunction _____
Confirmed Malfunction _____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____
broken line

How many people using water daily in structure? 1

When was ST last pumped? _____ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? No

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

Weather 88° Sunny

Passed Away
DEAN R. & PATSY R OPFER
125 ELWOOD RD
APOLLO, PA 15613

Interviewed: Patsy

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: _____ Single Family N

Water Supply: Well Public Spring Cistern Other _____
didn't connect

How many people using water daily in structure? 1

When was ST last pumped? 8 yrs Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

TODD J RIGGLE
121 ELWOOD RD
APOLLO, PA 15613

Weather 88° Sunny

Interviewed: Ms. Riggle

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: _____ Single Family: Y/N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 1 yr Frequency? 9-10 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: _____

Kiskiminetas Township Wastewater Survey

Survey # _____

Date _____

PAUL LEGARSKY JR - brother
117 ELWOOD RD Est Executor
APOLLO, PA 15613

Weather _____

Interviewed: _____

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____
no public

How many people using water daily in structure? 2

When was ST last pumped? 12+ Frequency? _____

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: _____

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 8/21/21

RICHARD PAUL MILLER
113 ELWOOD RD
APOLLO, PA 15613

Weather 88° Sunny

Interviewed: Mrs. Miller

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: under big flower pot beside driveway & front walk

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

*****01/23/2025*****

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 2 yrs Frequency? 3-4 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? ?

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 7/31/21

Richard Boarts
1154 Cole Rd
Apollo, PA 15613

Weather 72° Sunny

Interviewed: Gerald Rentes

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

		<u>Remarks</u>
System Appears Functional	<input checked="" type="checkbox"/>	_____
Suspected Malfunction	<input type="checkbox"/>	_____
Confirmed Malfunction	<input type="checkbox"/>	_____

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 2 Estimated GPD: 400 Single Family N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 2

When was ST last pumped? 8+ Frequency? _____

Remarks: Single wide Residential "Mobile" Home

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? _____

Are all plumbing fixtures directed to ST? _____

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 7/31/21

MICHELLE CASELLA
1124 COLE RD
APOLLO, PA 15613

Weather 71° Sunny

Interviewed: Don
Zeke Flopper
Pomski

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

DRAFT
01/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: / N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 4

When was ST last pumped? 3-4 Frequency? _____

Remarks: Used to be another house down gradient & septic tank - not filled in & properly abandoned

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? No

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality/State R.O.W.? Yes No

Survey Conducted By: CB

Kiskiminetas Township Wastewater Survey

Survey # _____

Date 6/7/21

TERRY L & KIM J VERNER
974 CALIFORNIA AVE
APOLLO, PA 15613

Weather 80° cloudy

Interviewed: Mr. Verner

TYPE OF SYSTEM:

Septic Tank Privy/Holding Tank Inground ESM Discharge Pipe

Other: _____

System Appears Functional Remarks
Suspected Malfunction
Confirmed Malfunction

DRAFT
01/23/2025

Type of Dwelling: Permanent Seasonal Residential Commercial

Number of Bedrooms: 3 Estimated GPD: 400 Single Family: N

Water Supply: Well Public Spring Cistern Other _____

How many people using water daily in structure? 3

When was ST last pumped? 2 yrs Frequency? 5 yrs

Remarks: _____

Permission Granted to Inspect System: Yes No Not Home

Has system ever been altered or repaired? no

Are all plumbing fixtures directed to ST? yes

Was the survey conducted from the Local Municipality./State R.O.W.? Yes No

Survey Conducted By: CB

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski Co.: Armstrong Study Area: Springchurch Date: 1-9-20
General weather conditions: Bellow 40%

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: _____ STREET: 1785 Rt 56 CITY: Springchurch

ZIP: 15686 PHONE #: _____ OWNER OR RENTER? _____ NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER? _____

If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y / N

How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____

Do you treat your water? Y / N How? CLUV DISINFECTION, SOFTENER, ION, OTHER _____

Was the water ever tested? Y / N When? _____

Any contamination? Y / N What? (TC, FC, N, etc.) _____

How large is your lot? _____ No. of dwelling units? _____

One or more sewage systems? _____ COMMERCIAL/RESIDENTIAL? _____

What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

SEPTIC TANK
CESSPOOL
OLD WELL
HOLDING TANK
PRIVY
OTHER _____

INGROUND BED
INGROUND TRENCH
ELEVATED SAND MOUND
SEEPAGE PIT
BORE HOLE

COMMUNITY SEWER
STORM SEWER
PIPE TO DITCH
PIPE TO STEAM
PIPE TO SURFACE

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

SEPTIC TANK
CESSPOOL
OLD WELL
HOLDING TANK
PRIVY
OTHER _____

INGROUND BED
INGROUND TRENCH
ELEVATED SAND MOUND
SEEPAGE PIT
BORE HOLE

COMMUNITY SEWER
STORM SEWER
PIPE TO DITCH
PIPE TO STEAM
PIPE TO SURFACE

How old is your system? _____ Was it permitted? Y / N When? _____

Have you every noticed any of the following near your septic system? _____

GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS
WATER PONDING OR SURVACING SYSTEM OVERFLOW
SLUGGISH DRAINS WASTEWATER BACKING INTO THE HOME
OTHER _____

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y / N What part? _____

Has the system ever been repaired? Y / N When? _____ By permit? Y / N What part? _____

TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED

COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N

DOOR-TO-DOOR
NEEDS SURVEY

Munic.: Kiski Co.: Armstrong Study Area: Apollo Date: 1-9-20
General weather conditions: Below +10°

A survey is being conducted to determine if there are any sewage problems in this area. This is a general survey and the results are intended to be used in evaluating the need for community wide solutions. Pennsylvania Ave.

(CIRCLE OR FILL IN AS APPROPRIATE; ADD COMMENTS AS NEEDED)

NAME: _____ STREET: 10 PA Ave CITY: Apollo

ZIP: 15613 PHONE #: _____ OWNER OR RENTER? _____ NUMBER OF RESIDENTS: _____

What kind of water system do you have? WELL? SPRING? CISTERN? PUBLIC? OTHER? _____

If you have a well: Is it DUG or DRILLED? HOW DEEP? _____ ft. Cased? Y / N

How far is the well or spring from the drain field? _____ ft. Is well UP/DOWNHILL? _____

Do you treat your water? Y / N How? CL/UV DISINFECTION, SOFTENER, ION, OTHER _____

Was the water ever tested? Y / N When? _____

Any contamination? Y / N What? (TC, FC, N, etc.) _____

How large is your lot? _____ No. of dwelling units? _____

One or more sewage systems? _____ COMMERCIAL/RESIDENTIAL? _____

What kind of sewage system do you have?

(CIRCLE ALL THAT APPLY)

- SEPTIC TANK
- CESSPOOL
- OLD WELL
- HOLDING TANK
- PRIVY
- OTHER _____

- INGROUND BED
- INGROUND TRENCH
- ELEVATED SAND MOUND
- SEEPAGE PIT
- BORE HOLE

- COMMUNITY SEWER
- STORM SEWER
- PIPE TO DITCH
- PIPE TO STREAM
- PIPE TO SURFACE

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

- SEPTIC TANK
- CESSPOOL
- OLD WELL
- HOLDING TANK
- PRIVY
- OTHER _____

- INGROUND BED
- INGROUND TRENCH
- ELEVATED SAND MOUND
- SEEPAGE PIT
- BORE HOLE

- COMMUNITY SEWER
- STORM SEWER
- PIPE TO DITCH
- PIPE TO STREAM
- PIPE TO SURFACE

How old is your system? _____ Was it permitted? Y / N When? _____

Have you every noticed any of the following near your septic system? _____

- GREEN LUSH GRASS
- WATER PONDING OR SURFACING
- SLUGGISH DRAINS
- OTHER _____
- WETNESS OR SPONGY AREAS
- SYSTEM OVERFLOW
- WASTEWATER BACKING INTO THE HOME
- ODORS

If you noticed any of the above, are they seasonal or year-round? _____

Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

If it was pumped, was it inspected for cracks or broken baffles? Y / N What part? _____

Has the system ever been repaired? Y / N When? 2010 By permit? Y / N What part? _____

TANK: REPAIRED / REPLACED _____ LINE: REPAIRED / REPLACED _____ DRAIN FIELD: REPAIRED / REPLACED _____

COMMENTS: _____

DO I/WE HAVE YOUR PERMISSION TO CONFIRM THIS INFORMATION BY LOOKING AROUND? Y / N