

**TOWN OF GILFORD
DRINKING WATER PROTECTION COMMITTEE
SEPTIC SYSTEM SURVEY**

Address: _____
(Optional)

Lot No/Tax I.D. _____
(Optional)

Age of Home: _____

Number of Bedrooms: _____

Number of Residents: _____

Year Round or Seasonal: _____

Year of Septic System Installation: _____

Size of Septic Tank: _____

Do you know where your septic tank and/or leach field is? _____

Have you had your septic tank or leach field replaced or repaired? _____

If Yes, which one and when? _____

Date of last tank pumping: _____

Date of last septic tank inspection: _____

Do you have a garbage disposal? _____

Do you use water softeners? _____

Please submit your responses one of these ways:

- 1. By fax to: 603-527-4711**
- 2. By e-mail to: selectmen@gilfordnh.org**
- 3. By mail to: Selectmen's Office
 47 Cherry Valley Road
 Gilford, NH 03249**