



**APPENDIX D**  
**SAMPLE SANITARY SURVEYS AND CORRESPONDENCE**



Centre Regional Planning Agency  
Water/Wastewater Mail Survey

The Centre Regional Planning Agency is conducting a survey to determine the current methods of sewage disposal in your community. The survey results will be used to determine if sewage disposal problems exist, and the best and most economical way of correcting the problems. Please complete the form to the best of your ability and return the survey by October 12, 2005 to Herbert, Rowland, & Grubic, Inc., using the enclosed, self-addressed stamped envelope. If you have questions about this survey, please call Jason Wert with HRG at (814) 238-7117.

If your home is currently connected to a public sewer system check this box and return this form to Herbert, Rowland, & Grubic, Inc.

Please note: this survey may be followed by a partial or complete door-to-door survey.

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

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_

1. How many people live in your house? \_\_\_\_\_ SEASONAL / ALL YEAR?
2. How large is your lot? \_\_\_\_\_
3. What kind of drinking water system do you have? WELL SPRING PUBLIC OTHER \_\_\_\_\_
4. Do you treat your drinking water? YES NO If yes, how? \_\_\_\_\_
5. If you have a well is it: DUG DRILLED? How deep? \_\_\_\_\_ Is it cased? YES NO
6. How far is your well from your drain field? \_\_\_\_\_ Is it up or down slope? UP DOWN
7. Have you ever had your water tested? YES NO When? \_\_\_\_\_
8. If yes, what were the values reported for:  
NITRATE \_\_\_\_\_ ppm  
BACTERIA \_\_\_\_\_ (MPN)  
OTHER \_\_\_\_\_  
\_\_\_\_\_
9. In the event that it is necessary to collect water samples in your area, would you permit your well to be tested at no expense to you? YES NO

10. Do you have more than one sewage system on your lot? YES or NO

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

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

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

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

13. How old is your system? \_\_\_\_\_ Was it permitted? YES NO When? \_\_\_\_\_

14. Have you ever noticed any of the following near your septic system? (CIRCLE ALL THAT APPLY)

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

15. Was your system ever pumped out? YES NO How often? \_\_\_\_\_ Last time? \_\_\_\_\_

16. Was your system ever repaired? YES NO When? \_\_\_\_\_ By permit? YES NO  
What part was repaired or replaced? TANK LINE DRAIN FIELD

17. Are there any other sewage problems you are aware of?

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18. Additional Comments:

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May 12, 2005

Resident  
Address  
City, State, Postal Code

Dear Homeowner:

The Centre Regional Planning Agency, with the assistance of Herbert, Rowland & Grubic, Inc. (HRG), is updating the Centre Region Sewage Facilities Plan. The Plan is a comprehensive document that identifies and evaluates the community's current methods of sewage disposal and makes recommendations for changes or improvements, if necessary. Adequate treatment and disposal of wastewater benefits everyone in the community by assuring the safety of drinking water and overall health.

One component of the Sewage Facilities Plan will focus on households with on-lot septic systems. Your neighborhood has been selected as one of the sites for an on-lot walk over inspection. The walk over will be conducted by the municipal sewage enforcement officer on \_\_\_\_\_ (rain date \_\_\_\_\_). It is not necessary for you to be present during the inspection; however, we do ask that animals be confined and that you unlock gates on the day of the inspection to allow access to your property. If you have any questions or concerns about the walk over inspection or if there are special situations we should be aware of prior to inspecting your property, please contact Jason Wert of HRG at 238-7117. Questions on the day of the walk over can be referred to the municipal sewage enforcement officer, Chuck Herr.

The results of the walk over inspections are very important to the accuracy of the Sewage Facilities Plan update and will be used to help the Centre Regional Planning Agency prepare recommendations on local water supply safety and wastewater disposal.

Thank you for your cooperation in this project. If you have any questions regarding the inspection process or the update of the Sewage Facilities Plan, please contact Jason Wert at 238-7117.

Sincerely,

**Herbert, Rowland & Grubic, Inc.**

Jason D. Wert, P.E., DEE  
Senior Project Manager



Centre Regional Planning Agency  
Water/Wastewater Mail Survey

Received

SEP 28 2005

HRG - State College

The Centre Regional Planning Agency is conducting a survey to determine the current methods of sewage disposal in your community. The survey results will be used to determine if sewage disposal problems exist, and the best and most economical way of correcting the problems. Please complete the form to the best of your ability and return the survey by October 12, 2005 to Herbert, Rowland, & Grubic, Inc., using the enclosed, self-addressed stamped envelope. If you have questions about this survey, please call Jason Wert with HRG at (814) 238-7117.

If your home is currently connected to a public sewer system check this box and return this form to Herbert, Rowland, & Grubic, Inc.

COLLEGE TOWNSHIP SEWER SYSTEM  
SINCE 1980

Please note: this survey may be followed by a partial or complete door-to-door survey.

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

NAME: [REDACTED] PHONE: (814) 466-6087

ADDRESS: [REDACTED]

BOALSBURG PA 16827

MUNICIPALITY: COLLEGE TOWNSHIP

- How many people live in your house? 2 SEASONAL (ALL YEAR?)
- How large is your lot? 18 ACRES
- What kind of drinking water system do you have? WELL SPRING (PUBLIC) OTHER \_\_\_\_\_
- Do you treat your drinking water? YES (NO) If yes, how? \_\_\_\_\_
- If you have a well is it: DUG DRILLED? How deep? \_\_\_\_\_ Is it cased? YES NO
- How far is your well from your drain field? \_\_\_\_\_ Is it up or down slope? UP DOWN
- Have you ever had your water tested? YES NO When? \_\_\_\_\_
- If yes, what were the values reported for:  
NITRATE \_\_\_\_\_ ppm  
BACTERIA \_\_\_\_\_ (MPN)  
OTHER \_\_\_\_\_
- In the event that it is necessary to collect water samples in your area, would you permit your well to be tested at no expense to you? YES NO

PLEASE RETURN TO THE CHECK THIS BOX OTHERWISE HOW DO YOU KNOW WHO RETURNED THIS FORM?

10. Do you have more than one sewage system on your lot? YES or NO

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

- |              |                     |                 |
|--------------|---------------------|-----------------|
| SEPTIC TANK  | INGROUND BED        | COMMUNITY SEWER |
| CESSPOOL     | INGROUND TRENCH     | PIPE TO DITCH   |
| OLD WELL     | ELEVATED SAND MOUND | PIPE TO STREAM  |
| HOLDING TANK | SEEPAGE PIT         | PIPE TO SURFACE |
| PRIVY        | BORE HOLE           | OTHER _____     |

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

- |              |                     |                 |
|--------------|---------------------|-----------------|
| SEPTIC TANK  | INGROUND BED        | COMMUNITY SEWER |
| CESSPOOL     | INGROUND TRENCH     | PIPE TO DITCH   |
| OLD WELL     | ELEVATED SAND MOUND | PIPE TO STREAM  |
| HOLDING TANK | SEEPAGE PIT         | PIPE TO SURFACE |
| PRIVY        | BORE HOLE           | OTHER _____     |

13. How old is your system? \_\_\_\_\_ Was it permitted? YES NO When? \_\_\_\_\_

14. Have you ever noticed any of the following near your septic system? (CIRCLE ALL THAT APPLY)

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

15. Was your system ever pumped out? YES NO How often? \_\_\_\_\_ Last time? \_\_\_\_\_

16. Was your system ever repaired? YES NO When? \_\_\_\_\_ By permit? YES NO  
What part was repaired or replaced? TANK LINE DRAIN FIELD

17. Are there any other sewage problems you are aware of?

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18. Additional Comments:

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# HRG

**Herbert, Rowland & Grubic, Inc.**  
Engineering & Related Services

## FILE COPY

474 Windmere Drive, Suite 100  
State College, PA 16801  
(814) 238-7117  
FAX (814) 238-7126

February 15, 2006

[REDACTED]  
[REDACTED]  
Warriors Mark, PA 16877

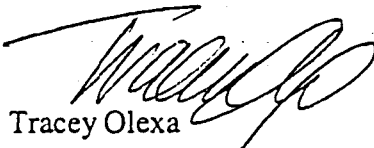
Re: Well Water Test Results (HM69)

[REDACTED]

On January 31, 2006, a water sample was collected from your home as part of the Centre Region Act 537 Plan study. The sample was tested for fecal coliform, total coliform, and nitrate. The results for your well are enclosed. DEP safe drinking water standards require a fecal and total coliform count of less than 1 per 100mL and a nitrate level of less than 10 mg/L. If you have any questions or concerns about this testing, please call me at (814) 238-7117.

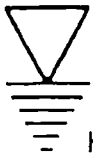
Sincerely,

Herbert, Rowland & Grubic, Inc.

  
Tracey Olexa

Enc.

TJO/dmp  
X:\10\1040\1040014\WellSampling\LettersSet5\HM69.doc



TODD GIDDINGS and  
ASSOCIATES, INC.

HYDROGEOLOGISTS and ENGINEERS

3049 Enterprise Drive

State College, PA 16801

Phone (814) 238-5927

February 2, 2006

Mr. David Swisher  
Herbert, Rowland & Grubic, Inc.  
474 Windmere Drive  
State College, PA 16801

\*\*\* Analytical Laboratory Report \*\*\*

Sample Identification: Project 1040.014 (HM 69)

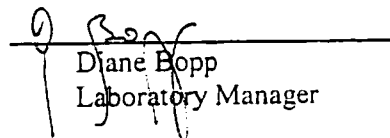
Lab ID Number: 59476      Date/Time Collected: 01/31/06 @ 1500      Collected By: TJO

Analyte	Your Result	Recommended Maximum	Units
Total Coliform Bacteria	< 1	< 1	CFU/100 ml
Fecal Coliform Bacteria	< 1	< 1	CFU/100 ml
Nitrate - Nitrogen	2.10	10.0	mg/l

Based on the above result, this sample *MEETS* the standards set by the PA DEP for Total Coliform Bacteria in public drinking water. The recommended limit for total coliform bacteria is less than one (zero) per 100 ml.

Based on the above result, this sample *MEETS* the standards set by the PA DEP for Nitrate-Nitrogen in public drinking water. The recommended limit for Nitrate-Nitrogen is ten mg/l.

Submitted by:

  
Diane Bopp  
Laboratory Manager