

Appendix F:

Sewage System Needs Survey – Romansville Area

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather OVERCAST Surveyor DAVE LAFFERTY

Name ROY KOFROTH Address 1007 DESANTIS DR (50-42-50)
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 0.69 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

NO ONE HOME @ TIME OF SURVEY - 2ND ATTEMPT 10-20-07 NO ANSWER
Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other 10-20-07
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply) IN FRONT YARD.
☒ Septic Tank 2 ☒ In-ground Bed _____ Community Sewer _____
_____ Cesspool _____ In-ground Trench _____ Storm Sewer _____
_____ Old Well _____ Elevated Sand Mound _____ Pipe to Ditch _____
☒ Holding Tank ☒ Seepage Pit _____ Pipe to Stream _____
_____ Privy _____ Bore Hole _____ Pipe to Surface _____
_____ Other _____

Laundry and/or Sink Water Disposal: (Check all that Apply)
_____ Septic Tank _____ In-ground Bed _____ Community Sewer _____
_____ Cesspool _____ In-ground Trench _____ Storm Sewer _____
_____ Old Well _____ Elevated Sand Mound _____ Pipe to Ditch _____
_____ Holding Tank _____ Seepage Pit _____ Pipe to Stream _____
_____ Privy _____ Bore Hole _____ Pipe to Surface _____
_____ Other _____

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)
_____ Green Lush Grass _____ Wetness or Spongy Areas _____
_____ Water Ponding or Surfacing _____ System Overflow _____
_____ Sluggish Drains _____ Waste Water Backing into Building _____
_____ Odors _____ Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather OVERCAST Surveyor DAVE LAFFERTY

Name DOROTHY WARREN Address 1009 DESANTIS DR (SU-4Q-53)
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 0.50 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

NO ONE HOME @ TIME OF SURVEY - 2ND ATTEMPT, NO ANSWER
Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other 10-20-07

Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____

Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____

Water Treated (Y/N) _____ How Treated _____

Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather OVERCAST Surveyor DAVE LAFFERTY

Name DONALD SUCKSTORF Address 1902 ESCOURT DR (50-40-47)
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 0.48 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

NO ONE HOME @ TIME OF SURVEY - 2ND ATTEMPT 10-20-07 NO ANSWER
Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____

Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____

Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____

Water Treated (Y/N) _____ How Treated _____

Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> In-ground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> In-ground 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"/> Other _____ | | |

Laundry and/or Sink Water Disposal: (Check all that Apply)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> In-ground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> In-ground 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"/> Other _____ | | |

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

- | | |
|---|--|
| <input type="checkbox"/> Green Lush Grass | <input type="checkbox"/> Wetness or Spongy Areas |
| <input type="checkbox"/> Water Ponding or Surfacing | <input type="checkbox"/> System Overflow |
| <input type="checkbox"/> Sluggish Drains | <input type="checkbox"/> Waste Water Backing into Building |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Other _____ |

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather OVERCAST Surveyor DAVE LAFFERTY

Name CHERYL KRIGELMAN Address 1905 ESCORT DR (50-4Q-66)
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 0.72 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

NO ONE HOME @ TIME OF SURVEY - 2ND ATTEMPT, NO ANSWER
Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other (10-2007)
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather SUNNY Surveyor DAVE LAFFERTY

Name ROBERT SHLOSSER Address 999 DESANTIS DR. (50-4Q-84)
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 1.11 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

NOT HOME @ TIME OF SURVEY - 2ND ATTEMPT, NO ANSWER (10-20-07)
Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

No Dwelling on Lot

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather OVERCAST Surveyor DAVE LAFFERTY

Name WALTER SHEROTA Address 1002 DESANTIS DR (SU 40-28.2)
Phone _____ Number Residents _____ Owner ☒ Renter _____

Lot Size 0.43 Number Dwelling Units 0 Number Sewage Systems 0
Residential Use (Y/N) _____ Commercial Use _____ Both _____

THIS IS EXTRA LOT FOR GARAGE ONLY.
Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) _____

(Date) _____

(Resident's Name, Please Print) _____

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather OVERCAST Surveyor DAVE LAFFERTY

Name KIMBERLY BOILEAU Address 1008 DESANTIS DR. (50-42-54)
Phone 610-486-0161 Number Residents 5 Owner X Renter

Lot Size 0.48 Number Dwelling Units 5 Number Sewage Systems 1 SOON TO BE 2
Residential Use (Y/N) Y Commercial Use N Both

Water Source (check) Public ✓ Well Spring Cistern Other
Well Type (check) Dug Drilled Depth feet Well Cased (Y/N)
Distance between Well and Drain Field feet. Well Uphill (check) or Downhill
Water Treated (Y/N) How Treated
Water Tested (Y/N) When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground Trench	<input checked="" type="checkbox"/> Storm Sewer <u>ON ROAD & YARD</u>
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound	<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"/> Other <u>NEW SEPTIC TANK TO BE INSTALLED NEXT WEEK</u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 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"/> Other <u> </u>		

Age of Sewage System APPROX. 30 Permitted ? (Y/N) ? When ?

Observations about Sewage System: (Check all that Apply)

<input checked="" type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal ✓ or year-round ?

Last time observed? TODAY

Has system been pumped out? (Y/N) Y

How often? APPROX 1 1/2 YEARS

Last time APPROX. 1 YEAR

If pumped, was it inspected for cracks? (Y/N) N What part?

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

(Resident's Name, Please Print)

(Date)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather OVERCAST Surveyor DAVE LAFFERTY

Name ROBIN FEGEL Address 1006 DESANTIS DR (50-4Q-62)
Phone 610-486-0638 Number Residents 3 Owner ☒ Renter ☐

Lot Size 0.65 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both —

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth — feet Well Cased (Y/N) ☐
Distance between Well and Drain Field — feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated —
Water Tested (Y/N) ☐ When ? — Contamination (Y/N) What ? —

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed <u>104B</u>	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound	<input type="checkbox"/> Pipe to Ditch
<input checked="" 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"/> Other <u>—</u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound	<input type="checkbox"/> Pipe to Ditch
<input checked="" 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"/> Other <u>—</u>		

Age of Sewage System APP. 30 Permitted ? (Y/N) Y? When ? —

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u>—</u>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? —

Has system been pumped out? (Y/N) Y How often? TWICE Last time 4-5 yrs.

If pumped, was it inspected for cracks? (Y/N) N What part? —

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: —

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather OVERCAST Surveyor DAVE LAFFERTY
Name SCOTT COMPTON Address 1004 DESANTIS DR. (50-40-63)
Phone 610-486-0401 Number Residents 4 Owner X Renter

Lot Size 0.48 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both

Water Source (check) Public X Well Spring Cistern Other
Well Type (check) Dug Drilled Depth feet Well Cased (Y/N)
Distance between Well and Drain Field feet. Well Uphill (check) or Downhill
Water Treated (Y/N) How Treated
Water Tested (Y/N) When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<u> </u> Community Sewer
<u> </u> Cesspool	<u> </u> In-ground Trench	<u> </u> Storm Sewer
<u> </u> Old Well	<u> </u> Elevated Sand Mound	<u> </u> Pipe to Ditch
<u> </u> Holding Tank	<input checked="" type="checkbox"/> Seepage Pit	<u> </u> Pipe to Stream
<u> </u> Privy	<u> </u> Bore Hole	<u> </u> Pipe to Surface
<u> </u> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<u> </u> Community Sewer
<u> </u> Cesspool	<u> </u> In-ground Trench	<u> </u> Storm Sewer
<u> </u> Old Well	<u> </u> Elevated Sand Mound	<u> </u> Pipe to Ditch
<u> </u> Holding Tank	<input checked="" type="checkbox"/> Seepage Pit	<u> </u> Pipe to Stream
<u> </u> Privy	<u> </u> Bore Hole	<u> </u> Pipe to Surface
<u> </u> Other <u> </u>		

Age of Sewage System APPROX. 30 Permitted ? (Y/N) Y? When ?

Observations about Sewage System: (Check all that Apply)

<u> </u> Green Lush Grass	<u> </u> Wetness or Spongy Areas
<u> </u> Water Ponding or Surfacing	<u> </u> System Overflow
<u> </u> Sluggish Drains	<u> </u> Waste Water Backing into Building
<u> </u> Odors	<u> </u> Other <u> </u>

Are above conditions seasonal or year-round ?

Last time observed?

Has system been pumped out? (Y/N) How often? Last time

If pumped, was it inspected for cracks? (Y/N) N What part?

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

Scott Compton
(Resident's Name, Please Print)

(Date)

10/6/07

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather OVERCAST Surveyor DAVE LAFFERTY

Name WALTER SHEROTA Address 1002 DESANTIS DR. (50-40-64)
Phone 610-486-6065 Number Residents 2 Owner Renter

Lot Size 0.51 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both

Water Source (check) Public ☒ Well Spring Cistern Other
Well Type (check) Dug Drilled Depth feet Well Cased (Y/N)
Distance between Well and Drain Field feet. Well Uphill (check) or Downhill
Water Treated (Y/N) How Treated
Water Tested (Y/N) When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<u> </u> Community Sewer
<u> </u> Cesspool	<u> </u> In-ground Trench	<u> </u> Storm Sewer
<u> </u> Old Well	<u> </u> Elevated Sand Mound	<u> </u> Pipe to Ditch
<u> </u> Holding Tank	<input checked="" type="checkbox"/> Seepage Pit	<u> </u> Pipe to Stream
<u> </u> Privy	<u> </u> Bore Hole	<u> </u> Pipe to Surface
<u> </u> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<u> </u> Community Sewer
<u> </u> Cesspool	<u> </u> In-ground Trench	<u> </u> Storm Sewer
<u> </u> Old Well	<u> </u> Elevated Sand Mound	<u> </u> Pipe to Ditch
<u> </u> Holding Tank	<input checked="" type="checkbox"/> Seepage Pit	<u> </u> Pipe to Stream
<u> </u> Privy	<u> </u> Bore Hole	<u> </u> Pipe to Surface
<u> </u> Other <u> </u>		

Age of Sewage System APPR 30 Permitted ? (Y/N) Y When ? APPR. 1978

Observations about Sewage System: (Check all that Apply)

<u> </u> Green Lush Grass	<u> </u> Wetness or Spongy Areas
<u> </u> Water Ponding or Surfacing	<u> </u> System Overflow
<u> </u> Sluggish Drains	<u> </u> Waste Water Backing into Building
<u> </u> Odors	<input checked="" type="checkbox"/> Other <u>DRY GRASS AT DRAINAGE FIELD</u>

Are above conditions seasonal or year-round ? NEIGHBORS AT 1004 SAY GROUND GETS WET NEAR FENCE. (NEAR 1002 DRAINAGE FIELD.)

Last time observed?

Has system been pumped out? (Y/N) Y How often? 2 YRS. Last time 1 YR

If pumped, was it inspected for cracks? (Y/N) Y What part?

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

WALTER SHEROTA

(Resident's Name, Please Print)

(Date)

10/06/2007

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather SUNNY Surveyor DAVE LAFFERTY

Name JOHN BERBERICH Address 1000 DESANTIS DR. (50-40-28.1)
Phone 610-486-6349 Number Residents 3 Owner ☒ Renter ☐

Lot Size 1.49 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth feet Well Cased (Y/N)
Distance between Well and Drain Field feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) How Treated
Water Tested (Y/N) When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 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"/> Other <u> </u>		

Age of Sewage System APPROX. 30 Permitted ? (Y/N) N When ?

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal or year-round ?

Last time observed?

Has system been pumped out? (Y/N) Y How often? 2 YRS. Last time LAST YEAR

If pumped, was it inspected for cracks? (Y/N) What part?
Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N
Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

John L. Berberich
(Resident's Signature)

10/6/07
(Date)

John Berberich
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather OVERCAST Surveyor DAVE LAFFERTY

Name JOHN UDINSKI Address 1001 DE SANTIS DR. (SU-4Q-65)
Phone 610-247-9451 Number Residents Owner ☒ Renter

Lot Size 0.64 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both

Water Source (check) Public ☒ Well Spring Cistern Other
Well Type (check) Dug Drilled Depth feet Well Cased (Y/N)
Distance between Well and Drain Field feet. Well Uphill (check) or Downhill
Water Treated (Y/N) How Treated
Water Tested (Y/N) When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<u> </u> Community Sewer
<u> </u> Cesspool	<u> </u> In-ground Trench	<u> </u> Storm Sewer
<u> </u> Old Well	<u> </u> Elevated Sand Mound	<u> </u> Pipe to Ditch
<u> </u> Holding Tank	<input checked="" type="checkbox"/> Seepage Pit	<u> </u> Pipe to Stream
<u> </u> Privy	<u> </u> Bore Hole	<u> </u> Pipe to Surface
<u> </u> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<u> </u> Community Sewer
<u> </u> Cesspool	<u> </u> In-ground Trench	<u> </u> Storm Sewer
<u> </u> Old Well	<u> </u> Elevated Sand Mound	<u> </u> Pipe to Ditch
<u> </u> Holding Tank	<input checked="" type="checkbox"/> Seepage Pit	<u> </u> Pipe to Stream
<u> </u> Privy	<u> </u> Bore Hole	<u> </u> Pipe to Surface
<u> </u> Other <u> </u>		

Age of Sewage System APPROX. 30 Permitted ? (Y/N) Y When ? APPROX. 30 YRS.

Observations about Sewage System: (Check all that Apply)

<u> </u> Green Lush Grass	<u> </u> Wetness or Spongy Areas
<u> </u> Water Ponding or Surfacing	<u> </u> System Overflow
<u> </u> Sluggish Drains	<u> </u> Waste Water Backing into Building
<u> </u> Odors	<u> </u> Other <u> </u>

Are above conditions seasonal or year-round ?

Last time observed?

Has system been pumped out? (Y/N) Y How often? 1 YR Last time CHRISTMAS EVE

If pumped, was it inspected for cracks? (Y/N) What part?

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

(Date)

John Udinski
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather OVERCAST Surveyor DAVE CAFFERTY

Name CITRESE KELLER Address 1903 ESCORT DR. (SO-4Q-67)
Phone 610-486-6692 Number Residents 5 Owner ☒ Renter ☐

Lot Size 0.49 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both -

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground Trench	<input checked="" 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 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground Trench	<input checked="" 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 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"/> Other <input type="checkbox"/>		

Age of Sewage System APPROX. 27 Permitted ? (Y/N) ? When ? ?

Observations about Sewage System: (Check all that Apply)

MAY NOT BE @ FIELD. → ☒ Green Lush Grass 3 MALE SPOTS. ☐ Wetness or Spongy Areas
☐ Water Ponding or Surfacing ☐ System Overflow
☐ Sluggish Drains ☐ Waste Water Backing into Building
☐ Odors ☐ Other ☐

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) Y How often? 1 YR. Last time LAST YEAR (DUE THIS MONTH)

If pumped, was it inspected for cracks? (Y/N) Y What part? ENTIRE TANK

Tank repaired/replaced (Y/N) N Line repaired/replaced Y Drain Field repaired/replaced ☐

Other observations: PIPE REPAIRED, BUFFER ? HARBINE CRACK, PIPE REPLACED

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Citresse Keller
(Resident's Signature)

10/26/07
(Date)

Citresse Keller
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather OVERCAST Surveyor DAVE CAFFERTY

Name STEVE DEHAVEN Address 1904 ESCORT DR. (50-4Q-48)
Phone 610-486-6776 Number Residents 4 Owner ☒ Renter ☐

Lot Size 0.48 Number Dwelling Units 1 Number Sewage Systems
Residential Use (Y/N) Y Commercial Use N Both

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth feet Well Cased (Y/N)
Distance between Well and Drain Field feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) How Treated
Water Tested (Y/N) When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank <u>1 TANK</u>	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound	<input type="checkbox"/> Pipe to Ditch
<input checked="" 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound	<input type="checkbox"/> Pipe to Ditch
<input checked="" 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"/> Other <u> </u>		

Age of Sewage System APPR. 28 Permitted ? (Y/N) ? When ? ?

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input checked="" type="checkbox"/> Waste Water Backing into Building <u>ONCE BUT PIPE REPAIRED</u>
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal or year-round ?

Last time observed?

Has system been pumped out? (Y/N) Y How often? 3-4 yrs. Last time 3-4 yrs

If pumped, was it inspected for cracks? (Y/N) ? What part? ?

Tank repaired/replaced (Y/N) N Line repaired/replaced Y Drain Field repaired/replaced N

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N)

SDM
(Resident's Signature)

10-6-07
(Date)

Steve Dehaven
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather OVERCAST Surveyor DAVE CAFFERTY

Name JOE RICHES Address 1906 ESCOURT DR. (SO-4Q-49)
Phone 610-486-6874 Number Residents 3 Owner ☒ Renter ☐

Lot Size 0.55 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both —

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth — feet Well Cased (Y/N) ☐
Distance between Well and Drain Field — feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated —
Water Tested (Y/N) ☐ When ? — Contamination (Y/N) What ? —

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank <u>2</u>	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound	<input type="checkbox"/> Pipe to Ditch
<input checked="" 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"/> Other <u>—</u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank <u>2</u>	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound	<input type="checkbox"/> Pipe to Ditch
<input checked="" 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"/> Other <u>—</u>		

Age of Sewage System APP. 24 YRS. Permitted ? (Y/N) Y When ? 8 1983 & 1987
SECOND TANK 19 YRS.

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input checked="" type="checkbox"/> Sluggish Drains <u>ONE DURING 1994 WINTER. PROBABLY NOT EVEN SEPTIC</u>	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u>—</u>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? 1994

Has system been pumped out? (Y/N) Y How often? 2 YRS. Last time LAST YEAR

If pumped, was it inspected for cracks? (Y/N) ? What part? ?

Tank repaired/replaced (Y/N) N Line repaired/replaced Y Drain Field repaired/replaced N

Other observations: ONLY SECOND TANK ADDITION, RE-SEALED ORIGINAL LINE

Do I have your permission to confirm this information by looking at the lot? (Y/N) —

Joe H. Riches
(Resident's Signature)

10-6-2007
(Date)

JOSEPH H. RICHES
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-124.2H

no answer

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/20/07 No answer Weather Sunny, 60° Surveyor Chris Whitman

Name Goad, Michael Address 1020 Hunt Dr.
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-130.1

no answer

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/20/07 No answer
10/13/07 Weather Sunny, 60°F Surveyor Chris Whitman

Name _____ Address 1829 W. Strasburg
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Resident wanted to

see letter which was

sent out - did not want

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-130.2

no answer

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny, 60° Surveyor Chris W.

Name _____ Address 1827 W. Strasburg
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____

Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____

Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____

Water Treated (Y/N) _____ How Treated _____

Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

50-5-124.2L

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny, 60°F Surveyor Chris W.

Name Martin May Address 1014 Hunt Dr.
Phone 610-486-0411 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1.08 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐

Well Type (check) Dug ☐ Drilled ☒ Depth 363 feet Well Cased (Y/N) ☒

Distance between Well and Drain Field >100 feet. Well Uphill (check) ☐ or Downhill ☒

Water Treated (Y/N) N How Treated once or twice in last 35 yrs.

Water Tested (Y/N) Y Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 checked="" type="checkbox"/> Pipe to Surface <u>30 yrs.</u>
<input type="checkbox"/> Other		

Age of Sewage System 32 Permitted? (Y/N) Y When? 1975

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input checked="" type="checkbox"/> Other <u>NO symptoms</u>

Are above conditions seasonal ☐ or year-round ☐? N/A

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? 3-4 yrs Last time 2005

If pumped, was it inspected for cracks? (Y/N) Y What part? tank

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Martin May
(Resident's Signature)

10-13-2007
(Date)

M D MAY
(Resident's Name, Please Print)

50-5-124.2K

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny, 60°F Surveyor Chris Whitman
Name Grillo Robert J Address 1016 Hunt
Phone 610-486-6355 Number Residents 3 Owner ☒ Renter ☐

Lot Size 1.02 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 80 feet Well Cased (Y/N) ☒
Distance between Well and Drain Field >100 feet. Well Uphill (check) ☐ or Downhill ☒
Water Treated (Y/N) N How Treated N
Water Tested (Y/N) Y When? 5 yrs Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other <u>pump to drainfield</u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other		

Age of Sewage System 6 Permitted? (Y/N) Y When? 2001 ←

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input checked="" type="checkbox"/> Other <u>NO symptoms</u>

Are above conditions seasonal N/A or year-round ☐?

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? every 2 yrs Last time 2005

If pumped, was it inspected for cracks? (Y/N) N What part?

Tank repaired/replaced (Y/N) ☐ Line repaired/replaced ☐ Drain Field repaired/replaced ☐

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) X

Sandra E. Grillo
(Resident's Signature)

10/13/07
(Date)

Sandra E. Grillo
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-124
Dwelling Vacant

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather _____ Surveyor Chris W.

Name _____ Address 1006 Hunt Dr.
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-124.2M

try later

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/20/07 - no answer 10/13/07 Weather Sunny, 60°F Surveyor Chris Whitman
Name Smith, Ralph Address 1012 Hunt Dr.
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

10/20/07 - no one
available w/ info -
"talk to foreman on Monday"

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

~~50-5-129~~
50-5-129

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

(closed

Date 10/13/07 Weather Sunny, 60°F Surveyor Chris Whitman

@
12pm?)

Name Armstrong Address 1841 W Strasburg
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 28.65 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use X Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-124.2A

~~NO ANSWER~~

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/20/07 ~~NO ANSWER~~
Date 10/13/07 Weather Sunny, 60°F Surveyor Chris Whitman
Name Worley Kurt Address 1019 Hunt Dr.
Phone 610 480 6738 Number Residents 2 Owner ☒ Renter ☐

Lot Size .95 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) Y Commercial Use _____ Both _____

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other _____
Well Type (check) Dug ☐ Drilled ☒ Depth 300 feet Well Cased (Y/N) ☒
Distance between Well and Drain Field 700 feet. Well Uphill (check) ☐ or Downhill flat
Water Treated (Y/N) N How Treated charcoal filter not longer in use
Water Tested (Y/N) Y When? 1980's Contamination (Y/N) What? No

Sewage System on Lot: (Check all that Apply) to 5 yrs. ago longer contaminated
☒ Septic Tank ☒ In-ground Bed _____ Community Sewer
☐ Cesspool ☐ In-ground Trench _____ Storm Sewer
☐ Old Well ☐ Elevated Sand Mound _____ Pipe to Ditch
☐ Holding Tank ☐ Seepage Pit _____ Pipe to Stream
☐ Privy ☐ Bore Hole _____ Pipe to Surface
☐ Other _____

Laundry and/or Sink Water Disposal: (Check all that Apply)
☒ Septic Tank ☒ In-ground Bed _____ Community Sewer
☐ Cesspool ☐ In-ground Trench _____ Storm Sewer
☐ Old Well ☐ Elevated Sand Mound _____ Pipe to Ditch
☐ Holding Tank ☐ Seepage Pit _____ Pipe to Stream
☐ Privy ☐ Bore Hole _____ Pipe to Surface
☐ Other _____

Age of Sewage System original Permitted? (Y/N) ? When? 1975

Observations about Sewage System: (Check all that Apply)
☐ Green Lush Grass ☐ Wetness or Spongy Areas
☐ Water Ponding or Surfacing ☐ System Overflow
☐ Sluggish Drains ☒ Waste Water Backing into Building
☐ Odors ☐ Other _____

Are above conditions seasonal _____ or year-round 1 x/yr. if not pumped
Last time observed? July 2007
Has system been pumped out? (Y/N) Y How often? 1/yr. Last time 2007
If pumped, was it inspected for cracks? (Y/N) _____ What part? _____
Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N
Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

Kurt Worley
(Resident's Signature)

10/20/07
(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-124.2N
def later

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/20/07
10/13/07 Weather Sunny, 60° Surveyor Chris Whitman

Name Flynn, Harry Address 1010 Hunt Dr.
Phone 610-486-0414 Number Residents 3 Owner ☒ Renter ☐

Lot Size 1.85 per owner / deed Number Dwelling Units 1 Number Sewage Systems 2
Residential Use (Y/N) Y Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 70 feet Well Cased (Y/N) ☒
Distance between Well and Drain Field >100 feet. Well Uphill (check) ☒ or Downhill ☐
Water Treated (Y/N) N How Treated N/A
Water Tested (Y/N) Y When? early 80's to 90's Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other		

Age of Sewage System original from 1975 Permitted? (Y/N) Y When? new system in '90's

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas	<u>- Bull Run Valve</u>
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow	<u>to switch b/w</u>
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building	
<input type="checkbox"/> Odors	<input type="checkbox"/> Other	

Are above conditions seasonal original system got soggy or year-round new system functioning fine

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? every 2-3 yrs Last time? ?

If pumped, was it inspected for cracks? (Y/N) ? What part? ?

Tank repaired/replaced (Y/N) ? Line repaired/replaced ? Drain Field repaired/replaced ?

Other observations: ?

Do I have your permission to confirm this information by looking at the lot? (Y/N) ?

Harry V. Flynn
(Resident's Signature)

10/19/07
(Date)

HARRY V. FLYNN
(Resident's Name, Please Print)

* Doesn't want public sewer

50-5-124.2B

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny, 60° Surveyor Chris Whitman

Name Doran Laurie Address 1015 Hunt Dr.
Phone 610-486-1014 Number Residents 4 Owner ☒ Renter ☐

Lot Size 1.07 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth ? feet Well Cased (Y/N) ☒
Distance between Well and Drain Field 100 ft feet. Well Uphill (check) ☒ or Downhill ☐
Water Treated (Y/N) N How Treated
Water Tested (Y/N) Y When? 1994 Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u></u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u></u>		

Age of Sewage System ? Permitted? (Y/N) ? When? ?

may be original (house built in 1975)

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	Other <u>NO Symptoms</u>

Are above conditions seasonal N/A or year-round ?

Last time observed?

Has system been pumped out? (Y/N) Y

How often? every 3-4 yrs. Last time Summer 2007

If pumped, was it inspected for cracks? (Y/N) ? What part?

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations:

Do you have your permission to confirm this information by looking at the lot? (Y/N) Y

Laurie S Doran
(Resident's Signature)

10/13/07
(Date)

Laurie S Doran
(Resident's Name, Please Print)

50-5-124.2C

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny, 60° Surveyor Chris W.
Name Barnes, Mark Address 1017 Hunt Dr.
Phone 610-486-6996 Number Residents 4 Owner ☒ Renter ☐

Lot Size 287 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 250 feet Well Cased (Y/N) ☒
Distance between Well and Drain Field 2100 feet. Well Uphill (check) ☒ or Downhill ☐
Water Treated (Y/N) ☒ How Treated Filtration
Water Tested (Y/N) ☒ When? 2001 Contamination (Y/N) What? ?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other		

Age of Sewage System ? Permitted? (Y/N) ☐ When? may be original system

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input checked="" type="checkbox"/> Other <u>pipe clogged and fixed - NO other problems</u>

Are above conditions seasonal N/A or year-round ☐?

Last time observed? N/A

Has system been pumped out? (Y/N) ☒ How often? every yr. Last time 2007

If pumped, was it inspected for cracks? (Y/N) ☒ What part? ?

Tank repaired/replaced (Y/N) ☐ Line repaired/replaced ☒ Drain Field repaired/replaced ☐

Other observations: ?

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

Mark A. Barnes Sr.
(Resident's Signature)

10/13/07
(Date)

MARK A. BARNES SR.
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-124.2D

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny, 60° Surveyor Chris Whitman

Name Evans, James Address 1021 Hunt Dr.
Phone 610-486-0910 Number Residents 2 Owner ☒ Renter ☐

Lot Size _____ Number Dwelling Units 1 Number Sewage Systems 2 (bull run valve)
Residential Use (Y/N) Y Commercial Use _____ Both _____

Water Source (check) Public _____ Well ☒ Spring _____ Cistern _____ Other _____

Well Type (check) Dug _____ Drilled ☒ Depth 120 feet Well Cased (Y/N) ☒

Distance between Well and Drain Field 100 feet. Well Uphill (check) ☒ or Downhill _____

Water Treated (Y/N) N How Treated _____

Water Tested (Y/N) Y When? 2002 Contamination (Y/N) What? N (within limits of

Sewage System on Lot: (Check all that Apply) (both systems) DEP criteria)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System original 1975 Permitted? (Y/N) Y When? 1987

Observations about Sewage System: (Check all that Apply) (has copy of permit for new system)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input checked="" type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

owner had 5 children
Are above conditions seasonal _____ or year-round _____?

Last time observed? before new system put in

Has system been pumped out? (Y/N) Y How often? every 2 yrs. Last time 2007

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced Y Drain Field repaired/replaced _____

Other observations: *before new system put in

Do I have your permission to confirm this information by looking at the lot? (Y/N) (Y)

Marc Evans
(Resident's Signature)

10/13/07
(Date)

Marc Evans
(Resident's Name, Please Print)

50-5-124.2# 9

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny, 60° Surveyor Chris Whitman

Name Kerr, Harry Address 1022 Hunt Dr.
Phone 610-486-0662 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1.01 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth ? feet Well Cased (Y/N) ☒
Distance between Well and Drain Field ? feet. Well Uphill (check) ☐ or Downhill ☒
Water Treated (Y/N) ☒ How Treated _____
Water Tested (Y/N) ☒ When? early 80's Contamination (Y/N) What? TCE

Sewage System on Lot: (Check all that Apply) ?

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply) ?

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System 33 Permitted? (Y/N) ☒ When? 1974

Observations about Sewage System: (Check all that Apply) system installed when house built

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u>no symptoms</u>

Are above conditions seasonal N/A or year-round ☐ ?

Last time observed? _____

Has system been pumped out? (Y/N) ☒ How often? never Last time _____

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

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

Harry R. Kern, Jr

(Resident's Name, Please Print)

10/13/07
(Date)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-124.2E

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny, 60°F Surveyor Chris W.
Name Telozo, Nestor Address 1025 Hunt
Phone 610-486-0967 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1.31 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 60 feet Well Cased (Y/N) ☒
Distance between Well and Drain Field 100 feet. Well Uphill (check) ☐ or Downhill ☒
Water Treated (Y/N) ☒ How Treated owners use bottled water
Water Tested (Y/N) ☒ When? approx. 30 yrs Contamination (Y/N) What? ?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other		

Age of Sewage System 32 Permitted? (Y/N) ☒ When? 1975 ←

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	Other <u>NO symptoms</u>

Are above conditions seasonal W/A or year-round ☐ ?

Last time observed? every 10 yrs

Has system been pumped out? (Y/N) ☒ How often? every 10 yrs Last time 2007

If pumped, was it inspected for cracks? (Y/N) ☒ What part? ?

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: -

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

(Resident's Signature)

(Date)

NESTOR M. DELOZO
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-125E

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny, 60° Surveyor Chris Whitman
Name Lin George (Pastor) Address 1859 W. Strasburg
Phone 610-486-0189 Number Residents — Owner — Renter —

Lot Size 4.70 Number Dwelling Units — Number Sewage Systems 1
Residential Use (Y/N) — Commercial Use — Both Institutional

Water Source (check) Public — Well ✓ Spring — Cistern — Other —
Well Type (check) Dug — Drilled — Depth — feet Well Cased (Y/N) ? (buried)
Distance between Well and Drain Field — feet. Well Uphill (check) ✓ or Downhill —
Water Treated (Y/N) N How Treated N/A
Water Tested (Y/N) Y When ? Contamination (Y/N) What N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u>—</u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u>—</u>		

Age of Sewage System 1975 Permitted ? (Y/N) ? When —

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	Other <u>No Symptoms</u>

Are above conditions seasonal — or year-round — ?

Last time observed? ?

Has system been pumped out? (Y/N) Y How often? ? Last time 7 yrs. ago

If pumped, was it inspected for cracks? (Y/N) — What part? —

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: —

Do I have your permission to confirm this information by looking at the lot? (Y/N) Yes - JLG.

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

* "Needs are being met"

did not want to sign -
thought this should be done
by a trustee.

George Supplee
called URS on
10/25 to follow up -
expressed hope
that Twp. would
run sewers - also
mentioned that
church may be
building an
addition

50-5-127

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny, 60° Surveyor Chris Whitman

Name Freeman Ronald Address 1847 W. Strasburg
Phone 610-486-0128 Number Residents 2 Owner ☒ Renter ☐

Lot Size 0.85 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 300 feet Well Cased (Y/N) ☒
Distance between Well and Drain Field feet. Well Uphill (check) ☐ or Downhill ☒
Water Treated (Y/N) ☒ How Treated N/A
Water Tested (Y/N) ☒ When? 1980's Contamination (Y/N) What? ?

Sewage System on Lot: (Check all that Apply)
☒ Septic Tank ☒ In-ground Bed ☐ Community Sewer
☐ Cesspool ☐ In-ground Trench ☐ Storm Sewer
☐ Old Well ☐ Elevated Sand Mound ☐ Pipe to Ditch
☐ Holding Tank ☐ Seepage Pit ☐ Pipe to Stream
☐ Privy ☐ Bore Hole ☐ Pipe to Surface
☒ Other Metal tank

Laundry and/or Sink Water Disposal: (Check all that Apply)
☒ Septic Tank ☒ In-ground Bed ☐ Community Sewer
☐ Cesspool ☐ In-ground Trench ☐ Storm Sewer
☐ Old Well ☐ Elevated Sand Mound ☐ Pipe to Ditch
☐ Holding Tank ☐ Seepage Pit ☐ Pipe to Stream
☐ Privy ☐ Bore Hole ☐ Pipe to Surface
☐ Other

Age of Sewage System ? Permitted? (Y/N) ? When?
original system (1970's)

Observations about Sewage System: (Check all that Apply)
☐ Green Lush Grass ☐ Wetness or Spongy Areas
☐ Water Ponding or Surfacing ☒ System Overflow
☐ Sluggish Drains ☐ Waste Water Backing into Building
☐ Odors ☐ Other

Are above conditions seasonal ☐ or year-round ☒?
Last time observed? every 4 months
Has system been pumped out? (Y/N) Y How often? every 4 months Last time 2007 (4 months ago)
If pumped, was it inspected for cracks? (Y/N) Y What part?
Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N
Other observations: roots causing problem?

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Sean Freeman 10/13/07
(Resident's Signature) (Date)
Sean Freeman
(Resident's Name, Please Print)

50-5-124.2 F

(in) answer

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny, 60° Surveyor Chris Whitman
Name Sokolek, Joseph Address 1024 Hunt Dr.
Phone 486-6740 (610) Number Residents 2 Owner ☒ Renter ☐

Lot Size 1.1 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 150 feet Well Cased (Y/N) ☒
Distance between Well and Drain Field feet Well Uphill (check) ☐ or Downhill ☒
Water Treated (Y/N) ☒ How Treated N/A (filter was in use, by passed)
Water Tested (Y/N) ☒ When? tested multiple times in 1980s Contamination (Y/N) What?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank (<u>2 x 1,000</u>)	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Age of Sewage System original Permitted? (Y/N) ? When? 1974-1975

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u>NO symptoms</u>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed?

Has system been pumped out? (Y/N) ☒ How often? 1/yr. Last time 3 months ago

If pumped, was it inspected for cracks? (Y/N) ☒ What part?

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☐ Drain Field repaired/replaced ☐

Other observations: 2nd septic tank added in 1996 due to addition

Do I have your permission to confirm this information by looking at the lot? (Y/N)

Chris Sokolek
(Resident's Signature)

10/13/07
(Date)

Chris Sokolek
(Resident's Name, Please Print)

50-5-124.25

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny, 60° Surveyor Chris W.
Name D. Doherty, Danielle Address 1018 Hunt Dr
Phone 484-247-8034 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1.12 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth ? feet Well Cased (Y/N) ☒
Distance between Well and Drain Field ? feet. Well Uphill (check) ☐ or Downhill ☒
Water Treated (Y/N) ☒ How Treated N/A UV light
Water Tested (Y/N) ☒ When? Nov. 06 Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other		

Age of Sewage System ? Permitted? (Y/N) ? When? ?

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u>NO symptoms</u>

Are above conditions seasonal N/A or year-round ?

Last time observed? ?

Has system been pumped out? (Y/N) ☒ How often? once Last time July '07

If pumped, was it inspected for cracks? (Y/N) ☒ What part? ?

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: ?

Do I have your permission to confirm this information by looking at the lot? (Y/N) ?

Dana A. Daniele
(Resident's Signature)

10/13/07
(Date)

Dana A. Daniele
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-128.1

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny, 60° Surveyor Chris Whitman

Name Potter, Phil Address 1843 W. Strasburg
Phone 610-486-0458 Number Residents 2 Owner ☒ Renter ☐

Lot Size .70 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 20+ feet Well Cased (Y/N) ☒ (not visible)
Distance between Well and Drain Field >100 feet. Well Uphill (check) ☒ or Downhill ☐
Water Treated (Y/N) ☒ How Treated old charcoal filter removed
Water Tested (Y/N) ☒ When? 11/yr Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 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"/> Other		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 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"/> Other		

Age of Sewage System 45 yrs. Permitted? (Y/N) ? When? original system

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input checked="" type="checkbox"/> Other <u>NO Symptoms</u>

Are above conditions seasonal N/A or year-round ?

Last time observed? N/A

Has system been pumped out? (Y/N) ☒ How often? 1/yr Last time 9/07

If pumped, was it inspected for cracks? (Y/N) ☒ What part? tank

Tank repaired/replaced (Y/N) ☐ Line repaired/replaced ☐ Drain Field repaired/replaced ☐

Other observations: blockage b/w tank & pit cleared

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☐

(Resident's Signature)

Philip A. Potter
(Resident's Name, Please Print)

(Date)

10/13/07

50-5-128.2

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 12/13/07 Weather Sunny, 60°F Surveyor Chris Whitman

RAYMOND Name P. DOROTHY C. TAYLOR Address 1841 W. STRASBURG RD.
Phone 610-466-0463 Number Residents 2 Owner X Renter

Lot Size Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use Both

Water Source (check) Public Well X Spring Cistern Other
Well Type (check) Dug Drilled X Depth feet Well Cased (Y/N) Y
Distance between Well and Drain Field 180 feet. Well Uphill (check) or Downhill X
Water Treated (Y/N) N How Treated
Water Tested (Y/N) X When? 2006 Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other <u>PRAIRIE FIELD PUMP SYSTEM</u>		

Age of Sewage System 12 YRS Permitted? (Y/N) Y When? JUNE 06 - 95

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u>NONE OF THE ABOVE</u>

Are above conditions seasonal or year-round ?

Last time observed?

Has system been pumped out? (Y/N) Y How often? Each YR. Last time JUNE 06

If pumped, was it inspected for cracks? (Y/N) What part?

Tank repaired/replaced (Y/N) Line repaired/replaced Drain Field repaired/replaced

Other observations: NEW SYSTEM

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

RAYMOND P. TAYLOR & DOROTHY C. TAYLOR
(Resident's Signature)

9/26/07
(Date)

RAYMOND P. TAYLOR & DOROTHY C. TAYLOR
(Resident's Name, Please Print)

** DOES NOT WANT SEWER*

50-5-130

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny, 60°F Surveyor Chris Whitman
Name Wilson, Margaret Address 1831 W. Strasburg
Phone 610-486-6068 Number Residents 1 Owner ☒ Renter ☐
Lot Size 1.21 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐
Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth ? feet Well Cased (Y/N) ☒
Distance between Well and Drain Field ? feet. Well Uphill (check) ☒ or Downhill ☐
Water Treated (Y/N) N How Treated ?
Water Tested (Y/N) ☒ When? 15 yrs ago Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Age of Sewage System 31 yrs Permitted? (Y/N) Y When?

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	Other <u>NO symptoms</u>

Are above conditions seasonal N/A or year-round ?

Last time observed?

Has system been pumped out? (Y/N) Y How often? 3 times since 1985 Last time 15 yrs ago

If pumped, was it inspected for cracks? (Y/N) ? What part?

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: new cover on tank

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Margaret Wilson
(Resident's Signature)

10/13/07
(Date)

MARGARET A. WILSON
(Resident's Name, Please Print)

50-5-129.1

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

*new owner just
bought house at
auction - doesn't know
anything*

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny, 60° Surveyor Chris Whitman
Name McMahon, Robert Address 1833 W. Strasburg
Phone _____ Number Residents 2 Owner _____ Renter _____

Lot Size 1.99 Number Dwelling Units 1 Number Sewage Systems _____
Residential Use (Y/N) Y Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

*visual inspection of
apparent area
of sewage
system gave
no indications*

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

Robert J. McMahon
(Resident's Signature)

10/13/07
(Date)

ROBERT J. MCMAHON
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-124.1

adobe
prop. contains house and
separate mobile home)

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny, 60° Surveyor Chris W.

Name Case Harrington Address 1011 Hunt Dr
Phone 610-486-0745 Number Residents 2 Owner ☒ Renter ☐

Lot Size 2.17 Number Dwelling Units 2 Number Sewage Systems 2
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 12 feet Well Cased (Y/N) ☒ (both) 1st in '51
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☒ How Treated hard carbon filter
Water Tested (Y/N) ☒ When? 1996 Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank (2)	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input checked="" type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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 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"/> Other		

* house well 400'
MH well 135'

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 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"/> Other		

(no laundry for MH)

Age of Sewage System

Permitted? (Y/N) Y

When? ?

House - 1963 (44 yrs old) MH (1987)

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u>NONE FOR BOTH SYSTEMS</u>

Are above conditions seasonal N/A or year-round ☐ ?

Last time observed? ?

Has system been pumped out? (Y/N) Y

How often? every 4-5 yrs

Last time this summer

If pumped, was it inspected for cracks? (Y/N) ?

What part? ?

Tank repaired/replaced (Y/N) N

Line repaired/replaced N

Drain Field repaired/replaced N

Other observations: ?

Do I have your permission to confirm this information by looking at the lot? (Y/N) ?

(Resident's Signature)

H. Mandy Case

(Resident's Name, Please Print)

(Date)

10/13/07

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-124.2
Ed Lett

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Sunny 65° Surveyor Chris Whitman

Name Pierce, James/Joan Address 1008 Hunt Dr.
Phone 610-486-0348 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1.33 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 2 feet Well Cased (Y/N) ☒
Distance between Well and Drain Field 80 feet +/- Well Uphill (check) ☒ or Downhill ☐
Water Treated (Y/N) ☒ How Treated
Water Tested (Y/N) ☒ When? 1980's Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Age of Sewage System 1974 Permitted? (Y/N) ? When?

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u>NO symptoms</u>

Are above conditions seasonal N/A or year-round ?

Last time observed?

Has system been pumped out? (Y/N) ☒ How often? every 5 yrs Last time 2002

If pumped, was it inspected for cracks? (Y/N) ☒ What part?

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N)

Joan Pierce
(Resident's Signature)

10-13-07
(Date)

JOAN PIERCE
(Resident's Name, Please Print)

★ neighbor at 1010
Hunt says seasonal
wetness - seems
to have dried
up in
recent
years

50-4Q-31

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 ¹⁰⁻²⁰⁻⁰⁷ Weather Sunny Surveyor AJ ¹⁰⁻²⁰⁻⁰⁷ 2ND ATTEMPT DAVE LAFERT

Name Gallagher, John Address 1916 Berue
Phone 610-486-6842 Number Residents Owner ☒ Renter ☐

Lot Size 0.79 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth feet Well Cased (Y/N) ☐
Distance between Well and Drain Field feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated
Water Tested (Y/N) ☐ When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 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"/> Other <u> </u>		

Age of Sewage System 27 Permitted ? (Y/N) ? When ? ?

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed?

Has system been pumped out? (Y/N) Y How often? 2 YRS Last time 2 YRS

If pumped, was it inspected for cracks? (Y/N) Y What part? BAFFLES, WATER WALLS

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N)

(Resident's Signature)

(Date) 10/19/07

(Resident's Name, Please Print) John Gallagher

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-4Q-30

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny Surveyor AJ (10-20-07 2ND ATTEMPT, NO ANSWER D.L.)
Name Keith, Blair Address 1918 Berue
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 0.80 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-40-29

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny Surveyor AJ (10-20-07 - 2ND ATTEMPT NO ANSWER D.L.)
Name Kofeldt, Francis Address 1920 Berue
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 1.40 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

50-4Q-28

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny Surveyor AJ (10-20-07 - 2ND ATTEMPT - NO ANSWER D.L.)

Name Barnes, Daniel Address 1925 Berue
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 1.32 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

50-42-37

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather sunny, warm Surveyor Andrea Jakubowski

Name Lucas, Frank Address 1904 Beacon
Phone 610-786-0332 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1 acre Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth feet Well Cased (Y/N)
Distance between Well and Drain Field feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) How Treated
Water Tested (Y/N) When? Contamination (Y/N) What?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Age of Sewage System 30 yrs Permitted? (Y/N) Y When? 1975

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input checked="" type="checkbox"/> Sluggish Drains	<input checked="" type="checkbox"/> Waste Water Backing into Building
<input checked="" type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal or year-round ? occasional

Last time observed? couple years

Has system been pumped out? (Y/N) Y How often? over 500 gallons Last time 2006

If pumped, was it inspected for cracks? (Y/N) N What part?

Y Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N
Other observations: outlet from tank is old & replaced

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Frank V. Lucas
(Resident's Signature)

10/6/07
(Date)

FRANK V. LUCAS
(Resident's Name, Please Print)

50-42-40

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny, warm Surveyor Andrew Scholtz

Name Donna L. Sandoe Address 1018 Ericsson Dr.
Phone _____ Number Residents 2 Owner ☒ Renter ☐

Lot Size 0.30 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other _____
Well Type (check) Dug ☐ Drilled ☐ Depth _____ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field _____ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated _____
Water Tested (Y/N) ☐ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System ~30 yrs Permitted ? (Y/N) ☒ When ? 1976

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ? no

Last time observed? _____

Has system been pumped out? (Y/N) ☒ How often? once a year Last time Feb 2006

If pumped, was it inspected for cracks? (Y/N) ☒ What part? _____

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

Donna L. Sandoe
(Resident's Signature)

10-06-07
(Date)

DONNA L. SANDOE
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-4Q-41

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather sunny, warm Surveyor A.J.

Name William Dunn Address 1016 Eriksen
Phone 610-796-1187 Number Residents 4 Owner ☒ Renter ☐

Lot Size ~.75 Number Dwelling Units 1 Number Sewage Systems 2
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System ~10 yrs Permitted ? (Y/N) ☒ When ? 1997

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains <u>N^o</u>	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) ☒ How often? ☐ Last time 8 months ago

If pumped, was it inspected for cracks? (Y/N) ☒ What part? elsewhere, etc.

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced new one 10 yrs ago

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

William Dunn
(Resident's Signature)

10/6/07
(Date)

William J Dunn Jr.
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-4Q-39

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny, warm Surveyor AJ

Name Kevin Bernhard Address 1900 Berne Dr.
Phone 610-926-6436 Number Residents 5 Owner ☒ Renter ☐

Lot Size ~.50 ± Number Dwelling Units 1 Number Sewage Systems 1 2 tanks
Residential Use (Y/N) ☒ Commercial Use N Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When? ☐ Contamination (Y/N) What? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 4 yrs Permitted? (Y/N) ☒ When? 2003

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input checked="" type="checkbox"/> Odors <u>sometimes</u>	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☐ or year-round ☐? periodic

Last time observed? all the time

Has system been pumped out? (Y/N) ☒ How often? ☐ Last time 2 yrs ago

If pumped, was it inspected for cracks? (Y/N) ☒ What part? ☐

Tank repaired/replaced (Y/N) ☐ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☐

Kevin Bernhard
(Resident's Signature)

10/6/07
(Date)

Kevin Bernhard
(Resident's Name, Please Print)

50-42-38

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny, warm Surveyor A.S.

Name Stacey Coates Address 1902 Beech Dr.
Phone 610.986.6757 Number Residents 7 Owner ☒ Renter ☐

Lot Size 0.58 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 30 yrs. Permitted ? (Y/N) ☒ When ? 1978

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains <u>NC</u>	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☐ or year-round ☒ ? NO

Last time observed? 2/14

Has system been pumped out? (Y/N) ☒ How often? every year Last time 6 mo. / yr.

If pumped, was it inspected for cracks? (Y/N) ☒ What part? ☐

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒
Other observations: no s/s added

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

Stacey Coates
(Resident's Signature)

10/6/07
(Date)

Stacey Coates
(Resident's Name, Please Print)

50-42-36

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny, warm Surveyor AT

Name Kevin McGovern Address 1906 Berne
Phone 610.936.6867 Number Residents 3 Owner ☒ Renter ☐

Lot Size 0.75 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 3 years Permitted ? (Y/N) ☒ When ? 1977

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains <u>no</u>	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☐ or year-round ☒ ?

Last time observed? no

Has system been pumped out? (Y/N) ☒ How often? once a year Last time 2006

If pumped, was it inspected for cracks? (Y/N) ☒ What part? ☐

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

Kevin McGovern
(Resident's Signature)

10/06/07
(Date)

KEVIN J. MCGOVERN
(Resident's Name, Please Print)

50-4Q-35

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny, warm Surveyor AJ

Name Diane Paul Address 1908 Berce
Phone 610.986.0586 Number Residents 2 Owner ☒ Renter ☐

Lot Size 0.50+ Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 30 yrs Permitted ? (Y/N) ☒ When ? 1977

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input checked="" type="checkbox"/> Waste Water Backing into Building --cree
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☐ or year-round 20
Last time observed? 2006

Has system been pumped out? (Y/N) ☒ How often? once a year Last time 2006

If pumped, was it inspected for cracks? (Y/N) ☒ What part? ☐

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒
Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

Diane Paul
(Resident's Signature)

10/06/07
(Date)

Diane Paul
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-4Q-34

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny, warm Surveyor AT

Name Ray Scott Address 1910 Berne
Phone 610-486-6729 Number Residents 5 Owner ☒ Renter ☐

Lot Size 0.75 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

☒ Septic Tank ☒ In-ground Bed ☐ Community Sewer
☐ Cesspool ☐ In-ground Trench ☐ Storm Sewer
☐ Old Well ☐ Elevated Sand Mound ☐ Pipe to Ditch
☐ Holding Tank ☐ Seepage Pit ☐ Pipe to Stream
☐ Privy ☐ Bore Hole ☐ Pipe to Surface
☐ Other ☐

Laundry and/or Sink Water Disposal: (Check all that Apply)

☒ Septic Tank ☒ In-ground Bed ☐ Community Sewer
☐ Cesspool ☐ In-ground Trench ☐ Storm Sewer
☐ Old Well ☐ Elevated Sand Mound ☐ Pipe to Ditch
☐ Holding Tank ☐ Seepage Pit ☐ Pipe to Stream
☐ Privy ☐ Bore Hole ☐ Pipe to Surface
☐ Other ☐

Age of Sewage System at least 12 yrs Permitted ? (Y/N) ☒ When ? ?

Observations about Sewage System: (Check all that Apply)

☐ Green Lush Grass ☐ Wetness or Spongy Areas
☐ Water Ponding or Surfacing ☐ System Overflow
☐ Sluggish Drains ☒ Waste Water Backing into Building
☐ Odors ☐ Other ☐

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? NO

Has system been pumped out? (Y/N) ☒ How often? every 2 yrs Last time 2005

If pumped, was it inspected for cracks? (Y/N) ☒ What part? ☐

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

50-4Q-33

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather sunny, warm Surveyor AJ

Name Susan Roseberry Address 1912 Bruce
Phone 610-966-6383 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1 acre Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System > 15 yrs Permitted ? (Y/N) ☐ When ? ☐

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input checked="" type="checkbox"/> Odors	<input type="checkbox"/> Other <u>septic treated</u>

when it rains

Are above conditions seasonal ☒ or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) ☒ How often? every 2 yrs Last time 2006

If pumped, was it inspected for cracks? (Y/N) ☒ What part? ☐

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

(Resident's Signature)

Susan Roseberry
(Resident's Name, Please Print)

(Date)

10-6-07

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-4Q-32

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny, warm Surveyor A.J.

Name Kim Wilson Address 1914 Berne
Phone 610.486.0939 Number Residents 4 Owner ☒ Renter ☐

Lot Size 0.75 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System > 11 yrs Permitted ? (Y/N) ☒ When ? ☐

Observations about Sewage System: (Check all that Apply)

<input checked="" type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☐ or year-round ☒ ?

Last time observed? ☐

Has system been pumped out? (Y/N) ☒ How often? twice a yr Last time 2007

If pumped, was it inspected for cracks? (Y/N) ☒ What part? ☐

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

50-5-172.21

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date _____ Weather _____ Surveyor _____

Name _____ Address 1113 Overlook
Phone 610 986 6941 Number Residents 3 Owner ☒ Renter ☐

Lot Size 1.1 Number Dwelling Units 1 Number Sewage Systems 2
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other _____
Well Type (check) Dug ☐ Drilled ☒ Depth _____ feet Well Cased (Y/N) ☒
Distance between Well and Drain Field 2100 feet. Well Uphill (check) ☒ or Downhill _____
Water Treated (Y/N) ☒ How Treated _____
Water Tested (Y/N) ☒ When? 2006 Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System 34 Permitted? (Y/N) ☒ When? 1973
new bed about 20 years ago

Observations about Sewage System: (Check all that Apply)

<input checked="" type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____? constant

Last time observed? _____

Has system been pumped out? (Y/N) ☒ How often? 15 mos Last time 2007

If pumped, was it inspected for cracks? (Y/N) ☒ What part? _____

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced 2010
Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

Anthony J. Mazzucchi
(Resident's Signature)

10.13.07
(Date)

ANTHONY J. MAZZUCCHI
(Resident's Name, Please Print)

50-5-120022

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date _____ Weather _____ Surveyor H11

Name _____ Address 1111 Oak
Phone 610 496 0743 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1.35 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other _____
Well Type (check) Dug ☐ Drilled ☒ Depth _____ feet Well Cased (Y/N) ☒
Distance between Well and Drain Field 2100 feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☒ How Treated _____
Water Tested (Y/N) ☒ When? 2004 Contamination (Y/N) What? n

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System 34 Permitted? (Y/N) ☒ When? 1973

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____?

Last time observed? _____

Has system been pumped out? (Y/N) ☒ How often? every 3 yrs Last time 2000

If pumped, was it inspected for cracks? (Y/N) ☐ What part? _____

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☐

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

Robert W. Clark Oct 13 07
(Resident's Signature) (Date)

ROBERT CLARK
(Resident's Name, Please Print)

50-5-127.23

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date _____ Weather _____ Surveyor _____

Name _____ Address 1109 Oak
Phone 486-0220 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1.75 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both _____

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth _____ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field 60 feet. Well Uphill (check) ☒ or Downhill ☐
Water Treated (Y/N) N How Treated _____
Water Tested (Y/N) Y When? 20043 Contamination (Y/N) What? _____

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System 34 Permitted? (Y/N) Y When? 1973

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal NO or year-round NO?

Last time observed? _____

Has system been pumped out? (Y/N) Y How often? every 3 yrs Last time 2007

If pumped, was it inspected for cracks? (Y/N) Y What part? all

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

(Date)

ROBERT W. EDGE
(Resident's Name, Please Print)

50-5-122.3

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather _____ Surveyor _____

Name _____ Address 1101 Overlook
Phone 486-6099 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1.1 acre Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other _____
Well Type (check) Dug ☐ Drilled ☒ Depth 340 feet Well Cased (Y/N) ☒
Distance between Well and Drain Field >100 feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☒ How Treated _____
Water Tested (Y/N) ☒ When? _____ Contamination (Y/N) What? ☒

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System 32 yrs Permitted? (Y/N) ☒ When? 1975

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

NO

Are above conditions seasonal NO of year found _____?

Last time observed? N/A

Has system been pumped out? (Y/N) ☒ How often? every 3 yrs Last time 2005

If pumped, was it inspected for cracks? (Y/N) ☒ What part? all

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

LeRoy H. Swisher
(Resident's Signature)

10/13/07
(Date)

LeRoy H. Swisher
(Resident's Name, Please Print)

50-5-122.19

Romansville Area
West Bradford Township, Chester County 50-5-122.19
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 9-30 Weather dry Surveyor _____
Name Kim Showers Address 117 Overlook Dr Romansville
Phone 610 486 0574 Number Residents 4 Owner ☒ Renter _____
Lot Size 1 acre Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both _____
Water Source (check) Public _____ Well ☒ Spring 100 Cistern _____ Other _____
Well Type (check) Dug _____ Drilled ☒ Depth 30 feet Well Cased (Y/N) ☒
Distance between Well and Drain Field > 100 feet Well Uphill (check) ☒ or Downhill _____
Water Treated (Y/N) Y How Treated UV light system
Water Tested (Y/N) ☒ When? ✓ Contamination (Y/N) What? iron, coliforms

Sewage System on Lot: (Check all that Apply)

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

Laundry and/or Sink Water Disposal: (Check all that Apply)

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

Age of Sewage System 31 Permitted? (Y/N) Y When? 1976

Observations about Sewage System: (Check all that Apply)

_____ Green Lush Grass	_____ Wetness or Spongy Areas
_____ Water Ponding or Surfacing	_____ System Overflow
_____ Sluggish Drains	_____ Waste Water Backing into Building
_____ Odors	_____ Other _____

Are above conditions seasonal _____ or year-round _____?

Last time observed? Everyday

Has system been pumped out? (Y/N) ☒

How often? 2 yrs Last time '06

If pumped, was it inspected for cracks? (Y/N) Y What part? house to tank Auto tank

Tank repaired/replaced (Y/N) N Line repaired/replaced Y Drain Field repaired/replaced N

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Kim Showers
(Resident's Signature)

10/5/07
(Date)

Drew Showers
(Resident's Name, Please Print)

50-5-122.18

Romansville Area West Bradford Township, Chester County Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date _____ Weather _____ Surveyor _____

Name _____ Address 1119 Overlook
Phone 610-986-0279 Number Residents 5 Owner ☒ Renter ☐

Lot Size 1.5 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both -

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other _____
Well Type (check) Dug ☐ Drilled ☒ Depth _____ feet Well Cased (Y/N) Y
Distance between Well and Drain Field 100 feet. Well Uphill (check) ☒ or Downhill _____
Water Treated (Y/N) Y How Treated Carbon Filter
Water Tested (Y/N) Y When? Spring 2001 Contamination (Y/N) What? _____

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System 31 Permitted? (Y/N) Y When? 1973

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal ☐ or year-round ☐?
Last time observed? _____
Has system been pumped out? (Y/N) Y How often? every 2 yrs Last time 2005
If pumped, was it inspected for cracks? (Y/N) - What part? _____
Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N
Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Kenneth J. Mason
(Resident's Signature)

10/13/07
(Date)

Kenneth J. Mason
(Resident's Name, Please Print)

50-5-122, 17

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date _____ Weather _____ Surveyor _____

Name _____ Address 1121 Overlook
Phone 610.986.0966 Number Residents 4 Owner ☒ Renter _____

Lot Size 1.1 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both _____

Water Source (check) Public _____ Well ☒ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled ☒ Depth 2 feet Well Cased (Y/N) ☒
Distance between Well and Drain Field _____ feet. Well Uphill (check) ☒ or Downhill _____
Water Treated (Y/N) ☒ How Treated sodium pH, sulfur
Water Tested (Y/N) ☒ When? 1998 Contamination (Y/N) What? lead

Sewage System on Lot: (Check all that Apply)

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

Laundry and/or Sink Water Disposal: (Check all that Apply)

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

Age of Sewage System 35 Permitted? (Y/N) ☒ When? 1973

Observations about Sewage System: (Check all that Apply)

_____ Green Lush Grass	_____ Wetness or Spongy Areas
_____ Water Ponding or Surfacing <u>NO</u>	_____ System Overflow
_____ Sluggish Drains	_____ Waste Water Backing into Building
_____ Odors	_____ Other _____

Are above conditions seasonal _____ or year-round _____?

Last time observed? NO

Has system been pumped out? (Y/N) ☒ How often? 6 yrs Last time 2005

If pumped, was it inspected for cracks? (Y/N) ☒ What part? _____

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

Troy Campbell
(Resident's Signature)

13 OCT 07
(Date)

Troy Campbell
(Resident's Name, Please Print)

50-5-12216

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date _____ Weather _____ Surveyor _____

Name _____ Address ~~1868 Strasburg~~ 1123 D. Strickland
Phone 610-950-6916 Number Residents 4 Owner ☒ Renter ☐

Lot Size 1.5 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other _____
Well Type (check) Dug ☐ Drilled ☒ Depth 500 feet Well Cased (Y/N) ☒
Distance between Well and Drain Field 2100 feet. Well Uphill (check) ☒ or Downhill _____
Water Treated (Y/N) ☒ How Treated _____
Water Tested (Y/N) ☒ When? 2005 Contamination (Y/N) What? _____

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System 35 Permitted? (Y/N) ☒ When? 1972

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing NO	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____?

Last time observed? _____

Has system been pumped out? (Y/N) ☒ How often? every 2 yrs Last time 2005

If pumped, was it inspected for cracks? (Y/N) ☒ What part? all

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

Tracey Pusy
(Resident's Signature)

10/3/07
(Date)

Tracey Pusy
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-122.9
50-5-122.9

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY Surveyor MIKE FESLER

Name _____ Address 1020 OVERLOOK
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well X Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

NOT
HOME
2:00

60-5-122.10

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 01307 Weather SUNNY Surveyor MIKE FLOSLER

Name _____ Address 1722 OVERLOOK
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

~~NOT HOME~~
~~2002~~
NOT
HOME
2002

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date _____ Weather _____ Surveyor MIKE FEGLER

Name _____ Address 1124 OVERLOOK
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____

Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____

Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____

Water Treated (Y/N) _____ How Treated _____

Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

2:10
NOT
1-17ME

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date _____ Weather _____ Surveyor 1123 OVERLOOK

Name _____ Address _____
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) _____

(Date) _____

(Resident's Name, Please Print) _____

30-5-122,25

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/20/07 Weather SUNNY Surveyor MIKE FESLER

Name _____ Address 1105 Clark
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

50-5-1227

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/20/07 Weather SUNNY Surveyor MIRF FESSLER

Name LINDA HEIM Address 1116 OVERLOOK DR COATESVILLE PA
Phone 610-486-6317 Number Residents 2 Owner X Renter 1932

Lot Size 1 AC Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Commercial Use Both

Water Source (check) Public Well X Spring Cistern Other Well Cased (Y/N)
Well Type (check) Dug Drilled X Depth 125 feet Well Cased (Y/N)
Distance between Well and Drain Field 100+ feet. Well Uphill (check) or Downhill level
Water Treated (Y/N) How Treated Water Tested (Y/N) When? 2000 Contamination (Y/N) What?

Sewage System on Lot: (Check all that Apply)
X Septic Tank X In-ground Bed Community Sewer
Cesspool In-ground Trench Storm Sewer
Old Well Elevated Sand Mound Pipe to Ditch
Holding Tank Seepage Pit Pipe to Stream
Privy Bore Hole Pipe to Surface
Other

Laundry and/or Sink Water Disposal: (Check all that Apply)
X Septic Tank X In-ground Bed Community Sewer
Cesspool In-ground Trench Storm Sewer
Old Well Elevated Sand Mound Pipe to Ditch
Holding Tank Seepage Pit Pipe to Stream
Privy Bore Hole Pipe to Surface
Other

Age of Sewage System 35 yrs Permitted? (Y/N) When? 1972

Observations about Sewage System: (Check all that Apply)
none Green Lush Grass Wetness or Spongy Areas
Water Ponding or Surfacing System Overflow
Sluggish Drains Waste Water Backing into Building
Odors Other

N/A Are above conditions seasonal or year-round?
N/A Last time observed? Has system been pumped out? (Y/N) How often? ONCE Last time 1980
If pumped, was it inspected for cracks? (Y/N) What part? Tank repaired/replaced (Y/N) Line repaired replaced NO Drain Field repaired/replaced NO
Other observations: Other

Do I have your permission to confirm this information by looking at the lot? (Y/N)

(Resident's Signature) 9-23-08
LINDA HEIM (Date)
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5122.7

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY Surveyor MIKE FESSLER

Name _____ Address 1116 OVERLOOK
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

NOT
HOME
1:56

50-5-122.5
122.5

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-12-07 Weather SUNNY Surveyor MILE FISSLEY

NOT HOME
139
Name SEAN Address 1112 OVERLOOK
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date _____ Weather _____ Surveyor _____

Name _____ Address 1107 Overlook
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well ☒ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

50-5-122, 26

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-20 Weather SUNNY Surveyor MIKE FESSLER

Name McMONIGLE Address 1103 Oak Lake
Phone 610 486 0457 Number Residents 4 Owner ☒ Renter ☐

Lot Size 1.1 ACRES Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☐ Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 300 feet Well Cased (Y/N) Y
Distance between Well and Drain Field 200 feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) N How Treated NEUTRALIZED
Water Tested (Y/N) Y When? 5 YEARS AGO Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other		

Age of Sewage System 1973 Permitted? (Y/N) Y When? 1973

Observations about Sewage System: (Check all that Apply)

None

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other

Are above conditions seasonal ☐ or year-round ☐?

Last time observed?

Has system been pumped out? (Y/N) Y

How often? EVERY TEN YEARS Last time 10 YEARS AGO

If pumped, was it inspected for cracks? (Y/N) Y What part? EVERYTHING

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

(Date)

McMONIGLE
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-1228

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY Surveyor MIKE FESSLER

Name _____ Address 1118 OVERLOOK
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

NOT
HOME
1258

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-122,20

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date _____ Weather _____ Surveyor _____

Name _____ Address 1115 Don't need to complete
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY/WINDY Surveyor MIKE FESSLER

Name FRED BOON Address 1106 OVERLOOK
Phone 610 486 0586 Number Residents 13 Owner ☒ Renter ☐

Lot Size 1 1/2 Acres Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth DNK feet Well Cased (Y/N) N
Distance between Well and Drain Field feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) N How Treated
Water Tested (Y/N) DNK When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u></u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u></u>		

Age of Sewage System 26+ Permitted ? (Y/N) Y When ?

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u></u>

Are above conditions seasonal ☐ or year-round ☐?

Last time observed?

Has system been pumped out? (Y/N) Y How often? 4/6 3 YR Last time 2004

If pumped, was it inspected for cracks? (Y/N) Y What part?

Tank repaired/replaced (Y/N) Y Line repaired/replaced Y Drain Field repaired/replaced Y

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Fred Boon
(Resident's Signature)

10-13-07
(Date)

FRED BOON
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY Surveyor MIKE FESSLER

Name STEVE MAHLIG Address 1114 OWENWOOD
Phone 610 466 6991 Number Residents 3 Owner ☒ Renter ☐

Lot Size 1 ACRE Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 475' feet Well Cased (Y/N) ☒
Distance between Well and Drain Field 150' feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☒ How Treated FILTER
Water Tested (Y/N) ☒ When? 2003 Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other		

Age of Sewage System 40 yrs Permitted? (Y/N) ☒ When? WHEN HOUSE WAS BUILT

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other

Are above conditions seasonal ☐ or year-round ☒?

Last time observed?

Has system been pumped out? (Y/N) ☒ How often? EVERY 2 Last time 2005

If pumped, was it inspected for cracks? (Y/N) ☒ What part? TANK

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

(Resident's Signature)

10-13-07
(Date)

STEVEN MAHLIG
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Clear 65° Surveyor STAN CORRETT

Name MARYANNE GALLUCCI Address 1830 W. STASBURG RD.
Phone 610 486 0142 Number Residents 1 Owner ☒ Renter ☐

Lot Size 1 ACRE Number Dwelling Units 1 Number Sewage Systems 2 *
Residential Use (Y/N) ☒ Commercial Use N Both N

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth ? feet Well Cased (Y/N) ☒
Distance between Well and Drain Field 100+ feet. Well Uphill (check) ☒ or Downhill ☐
Water Treated (Y/N) N How Treated ☐
Water Tested (Y/N) ☒ When? 2006 Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other		

Age of Sewage System 1 1/2 YRS Permitted? (Y/N) ☒ When? 2006

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other

Are above conditions seasonal N/A or year-round N/A?

Last time observed? N/A

Has system been pumped out? (Y/N) N How often? EVERY 2 YRS. EXISTED Last time

If pumped, was it inspected for cracks? (Y/N) N/A What part? —

* Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: * NEW SYSTEM INSTALLED 2006

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

Maryanne Gallucci
(Resident's Signature)

10/13/07
(Date)

MARYANNE GALLUCCI
(Resident's Name, Please Print)

* NEW SYSTEM INSTALLED 2006 W/ BALL-RUN VALVE TO 30 YR OLD ABS. AREA, STILL USED

Romansville Area
West Bradford Township, Chester County
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Date 10/13/07 Weather Clear 65° Surveyor Stan Corbett

Name MARSHALL Lee BUSBY JR Address 1842 W. STRASBURG RD. COATESVILLE PA 19320
Phone 610-486-0440 Number Residents 1 Owner ☒ Renter ☐

Lot Size 1 Acre Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☒ How Treated ☐
Water Tested (Y/N) ☒ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 43 Permitted ? (Y/N) ☒ When ? 62-1963

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) ☒ How often? 2 Years Last time 06

If pumped, was it inspected for cracks? (Y/N) ☒ What part? ☐

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

Marshall Lee Busby Jr
(Resident's Signature)

10/13/07
(Date)

MARSHALL Lee BUSBY JR
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

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Date 10/13/07 Weather Clear, 65° Surveyor STAN CORSETT

Name MARK CALHOUN Address 1044 W STRASBURG
Phone 610 496 0535 Number Residents 2 Owner Renter ✓

Lot Size 1.75 ACRES Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

* Water Source (check) Public Well ✓ Spring Cistern Other
Well Type (check) Dug Drilled Depth feet Well Cased (Y/N)
Distance between Well and Drain Field UNKNOWN feet. Well Uphill (check) or Downhill
Water Treated (Y/N) How Treated
Water Tested (Y/N) When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply) * ABSORPTION AREA UNKNOWN

<u>✓</u> Septic Tank	<u> </u> In-ground Bed	<u> </u> Community Sewer
<u> </u> Cesspool	<u> </u> In-ground Trench	<u> </u> Storm Sewer
<u> </u> Old Well	<u> </u> Elevated Sand Mound	<u> </u> Pipe to Ditch
<u> </u> Holding Tank	<u> </u> Seepage Pit	<u> </u> Pipe to Stream
<u> </u> Privy	<u> </u> Bore Hole	<u> </u> Pipe to Surface
<u> </u> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply) (SAME AS SEWAGE)

<u>✓</u> Septic Tank	<u> </u> In-ground Bed	<u> </u> Community Sewer
<u> </u> Cesspool	<u> </u> In-ground Trench	<u> </u> Storm Sewer
<u> </u> Old Well	<u> </u> Elevated Sand Mound	<u> </u> Pipe to Ditch
<u> </u> Holding Tank	<u> </u> Seepage Pit	<u> </u> Pipe to Stream
<u> </u> Privy	<u> </u> Bore Hole	<u> </u> Pipe to Surface
<u> </u> Other <u> </u>		

Age of Sewage System 20 YRS Permitted ? (Y/N) Y When ? ± 1987

Observations about Sewage System: (Check all that Apply)

<u> </u> Green Lush Grass	<u> </u> Wetness or Spongy Areas
<u> </u> Water Ponding or Surfacing	<u> </u> System Overflow
<u> </u> Sluggish Drains	<u> </u> Waste Water Backing into Building
<u> </u> Odors	<u> </u> Other <u> </u>

Are above conditions seasonal or year-round ?

Last time observed?

Has system been pumped out? (Y/N) Y How often? 2-3 YRS Last time UNKNOWN

If pumped, was it inspected for cracks? (Y/N) UNKNOWN What part?

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature) Mark Calhoun

10/13/07
(Date)

(Resident's Name, Please Print) MARK CALHOUN

* SERVED BY COMMUNITY WELL ON # 50-5-182.4

Romansville Area
West Bradford Township, Chester County
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Date 10/13/07 Weather 62° CLEAR Surveyor STAN CORBETT

Name FRED SMITH Address 1848 W STRASBURG
Phone 610 486 6716 Number Residents 2 Owner Renter ☒

Lot Size 1 ACRE Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

★ Water Source (check) Public Well ☒ Spring Cistern Other
Well Type (check) Dug Drilled ☒ Depth feet Well Cased (Y/N) Y
Distance between Well and Drain Field 100 + feet. Well Uphill (check) or Downhill ☒
Water Treated (Y/N) UNKNOWN How Treated
Water Tested (Y/N) Y When ? UNKNOWN Contamination (Y/N) What ? UNKNOWN

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<u> </u> In-ground Bed	<u> </u> Community Sewer
<u> </u> Cesspool	<input checked="" type="checkbox"/> In-ground Trench	<u> </u> Storm Sewer
<u> </u> Old Well	<u> </u> Elevated Sand Mound	<u> </u> Pipe to Ditch
<u> </u> Holding Tank	<u> </u> Seepage Pit	<u> </u> Pipe to Stream
<u> </u> Privy	<u> </u> Bore Hole	<u> </u> Pipe to Surface
<u> </u> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<u> </u> Community Sewer
<u> </u> Cesspool	<u> </u> In-ground Trench	<u> </u> Storm Sewer
<u> </u> Old Well	<u> </u> Elevated Sand Mound	<u> </u> Pipe to Ditch
<u> </u> Holding Tank	<u> </u> Seepage Pit	<u> </u> Pipe to Stream
<u> </u> Privy	<u> </u> Bore Hole	<u> </u> Pipe to Surface
<u> </u> Other <u> </u>		

Age of Sewage System 20 YRS Permitted ? (Y/N) Y When ? 1987

Observations about Sewage System: (Check all that Apply)

<u> </u> Green Lush Grass	<u> </u> Wetness or Spongy Areas
<u> </u> Water Ponding or Surfacing	<u> </u> System Overflow
<u> </u> Sluggish Drains	<u> </u> Waste Water Backing into Building
<u> </u> Odors	<u> </u> Other <u> </u>

Are above conditions seasonal N/A or year-round N/A ?

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? UNKNOWN Last time 2006

If pumped, was it inspected for cracks? (Y/N) Y What part? TANK

Tank repaired/replaced (Y/N) N Line repaired/replaced Y Drain Field repaired/replaced N

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Fred A. Smith
(Resident's Signature)

10/13/07
(Date)

(Resident's Name, Please Print)

★ COMMUNITY WELL ALSO SERVES PARCEL NOS. 52-5-182.5, 182.4, AND 182.3

Romansville Area
West Bradford Township, Chester County
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Date 10/13/07 Weather Clear 60° Surveyor STAN CORBETT

Name JESSICA FALCO Address 996 LEIDS RD
Phone 484 886 4003 Number Residents 3 Owner Renter ✓

Lot Size 0.96 ACRE Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public Well ✓ Spring Cistern Other
Well Type (check) Dug Drilled ✓ Depth ? feet Well Cased (Y/N) ✓
Distance between Well and Drain Field 100+ feet. Well Uphill (check) or Downhill
Water Treated (Y/N) ? How Treated
Water Tested (Y/N) ? When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply) * ABSORPTION AREA UNKNOWN
✓ Septic Tank In-ground Bed Community Sewer
 Cesspool In-ground Trench Storm Sewer
 Old Well Elevated Sand Mound Pipe to Ditch
 Holding Tank Seepage Pit Pipe to Stream
 Privy Bore Hole Pipe to Surface
 Other

Laundry and/or Sink Water Disposal: (Check all that Apply) (SEE ABOVE)
✓ Septic Tank In-ground Bed Community Sewer
 Cesspool In-ground Trench Storm Sewer
 Old Well Elevated Sand Mound Pipe to Ditch
 Holding Tank Seepage Pit Pipe to Stream
 Privy Bore Hole Pipe to Surface
 Other

Age of Sewage System UNKNOWN Permitted ? (Y/N) When

Observations about Sewage System: (Check all that Apply)
 Green Lush Grass Wetness or Spongy Areas
 Water Ponding or Surfacing System Overflow
 Sluggish Drains Waste Water Backing into Building
 Odors Other

Are above conditions seasonal or year-round ?

Last time observed?

Has system been pumped out? (Y/N) Y How often? UNKNOWN Last time 2007

If pumped, was it inspected for cracks? (Y/N) UNKNOWN What part?

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: (1) TENANT ONLY KNOWS LAST 1 1/2 YR HISTORY
(2) WELL - DRAINFIELD DISTANCE ESTIMATED BASED ON TANK LOCATION & SLOPE

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

J. Falco
(Resident's Signature)

10/13/07
(Date)

JESSICA FALCO
(Resident's Name, Please Print)

[Handwritten signature/initials]

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

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Date 10/13/07 Weather CLEAR 60° Surveyor STAN CORBETT

Name RHONDA MACK Address 992 LEIDS RD.
Phone 610 466 0893 Number Residents 4 Owner Renter ☒

Lot Size 1.03 ACRES Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public Well ☒ Spring Cistern Other
Well Type (check) Dug Drilled ☒ Depth feet Well Cased (Y/N) Y
Distance between Well and Drain Field 100 + feet. Well Uphill (check) or Downhill ☒
Water Treated (Y/N) N How Treated
Water Tested (Y/N) Y When ? UNKNOWN Contamination (Y/N) What ? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<u> </u> In-ground Bed	<u> </u> Community Sewer
<u> </u> Cesspool	<u> </u> In-ground Trench	<u> </u> Storm Sewer
<u> </u> Old Well	<u> </u> Elevated Sand Mound	<u> </u> Pipe to Ditch
<u> </u> Holding Tank	<u> </u> Seepage Pit	<u> </u> Pipe to Stream
<u> </u> Privy	<u> </u> Bore Hole	<u> </u> Pipe to Surface
<u> </u> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<u> </u> In-ground Bed	<u> </u> Community Sewer
<u> </u> Cesspool	<u> </u> In-ground Trench	<u> </u> Storm Sewer
<u> </u> Old Well	<u> </u> Elevated Sand Mound	<u> </u> Pipe to Ditch
<u> </u> Holding Tank	<u> </u> Seepage Pit	<u> </u> Pipe to Stream
<u> </u> Privy	<u> </u> Bore Hole	<u> </u> Pipe to Surface
<u> </u> Other <u> </u>		

Age of Sewage System 20 YRS Permitted ? (Y/N) Y When ? I 1987

Observations about Sewage System: (Check all that Apply)

<u> </u> Green Lush Grass	<u> </u> Wetness or Spongy Areas
<u> </u> Water Ponding or Surfacing	<u> </u> System Overflow
<input checked="" type="checkbox"/> Sluggish Drains	<u> </u> Waste Water Backing into Building
<u> </u> Odors	<u> </u> Other <u> </u>

Are above conditions seasonal or year-round ☒ ?

Last time observed? WITHIN LAST MONTH

Has system been pumped out? (Y/N) UNKNOWN How often? UNKNOWN Last time UNKNOWN

If pumped, was it inspected for cracks? (Y/N) UNKNOWN What part?

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Rhonda Mack
(Resident's Signature)

10/13/07
(Date)

RHONDA MACK
(Resident's Name, Please Print)

~~145 P.M. NO RESPONSE~~

Romansville Area
West Bradford Township, Chester County
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Date 10/13/07 Weather CLEAR 62° Surveyor STAN CORBETT

Name FRANCIS BATTLE Address 994 LEIDS RA
Phone 610 486 0363 Number Residents 2 Owner Renter ☒

Lot Size 1.18 ACRES Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

* Water Source (check) Public Well ☒ Spring Cistern Other
Well Type (check) Dug Drilled ☒ Depth feet Well Cased (Y/N) ☒
Distance between Well and Drain Field UNKNOWN feet. Well Uphill (check) or Downhill
Water Treated (Y/N) N How Treated
Water Tested (Y/N) Y When ? 2006 Contamination (Y/N) What ? UNKNOWN

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<u> </u> Community Sewer
<u> </u> Cesspool	<u> </u> In-ground Trench	<u> </u> Storm Sewer
<u> </u> Old Well	<u> </u> Elevated Sand Mound	<u> </u> Pipe to Ditch
<u> </u> Holding Tank	<u> </u> Seepage Pit	<u> </u> Pipe to Stream
<u> </u> Privy	<u> </u> Bore Hole	<u> </u> Pipe to Surface
<u> </u> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<u> </u> Community Sewer
<u> </u> Cesspool	<u> </u> In-ground Trench	<u> </u> Storm Sewer
<u> </u> Old Well	<u> </u> Elevated Sand Mound	<u> </u> Pipe to Ditch
<u> </u> Holding Tank	<u> </u> Seepage Pit	<u> </u> Pipe to Stream
<u> </u> Privy	<u> </u> Bore Hole	<u> </u> Pipe to Surface
<u> </u> Other <u> </u>		

Age of Sewage System ± 20 YRS. Permitted ? (Y/N) Y When ? ± 1987

Observations about Sewage System: (Check all that Apply)

<u> </u> Green Lush Grass	<u> </u> Wetness or Spongy Areas
<u> </u> Water Ponding or Surfacing	<u> </u> System Overflow
<u> </u> Sluggish Drains	<u> </u> Waste Water Backing into Building
<u> </u> Odors	<u> </u> Other <u> </u>

Are above conditions seasonal N/A or year-round N/A ?

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? UNKNOWN Last time 2006

If pumped, was it inspected for cracks? (Y/N) UNKNOWN What part?

Tank repaired/replaced (Y/N) ? Line repaired/replaced ? Drain Field repaired/replaced ?

Other observations: * RESIDENT INSURE IF COMMUNITY WELL - NO WELL CASING OBSERVED ON PROPERTY

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

* Francis D. Battle
(Resident's Signature)

10/13/07
(Date)

FRANCIS BATTLE
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
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Date 10/13/07 Weather CLEAR 60° Surveyor STAN CORBETT

Name CHAD CONSTABLE Address 990 LEIP'S RD.
Phone 610 486 6824 Number Residents 4 Owner ☒ Renter ☐

Lot Size APPRX 1 ACRE Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth feet Well Cased (Y/N) Y
Distance between Well and Drain Field 125+ feet. Well Uphill (check) ☐ or Downhill ☒
Water Treated (Y/N) Y How Treated CARTRIDGE FILTER
Water Tested (Y/N) When? Contamination (Y/N) What?

Sewage System on Lot: (Check all that Apply) UNKNOWN

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply) SAME AS SEWAGE SYSTEM

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Age of Sewage System 18-20 YRS. Permitted? (Y/N) Y When? ± 1988

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal N/A or year-round N/A?

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? UNKNOWN Last time 2005

If pumped, was it inspected for cracks? (Y/N) UNKNOWN What part?

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

x Chad Constable
(Resident's Signature)

10/13/07
(Date)

CHAD CONSTABLE
(Resident's Name, Please Print)

50-5-184.1

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

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Date 10/13/07 Weather CLEAR 60° Surveyor STAN CORRETT

Name ANTHONY BILLELA Address 1825 W. STRASBURG
Phone 484 266 0716 Number Residents 4 Owner Renter ☒

Lot Size 1.37 ACRES Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public Well ☒ Spring Cistern Other
Well Type (check) Dug Drilled ☒ Depth unknown feet Well Cased (Y/N) Y
Distance between Well and Drain Field feet. Well Uphill (check) or Downhill
Water Treated (Y/N) Y How Treated CATRIDGE FILTER
Water Tested (Y/N) unknown When? N/A Contamination (Y/N) What? N/A

Sewage System on Lot: (Check all that Apply) UNKNOWN

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply) SAME AS SEWAGE SYSTEM

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Age of Sewage System UNKNOWN Permitted? (Y/N) When?

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input checked="" type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input checked="" type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal ☒ or year-round ?

Last time observed? APPROX 1 1/2 YRS AGO

Has system been pumped out? (Y/N) unknown How often? Last time

If pumped, was it inspected for cracks? (Y/N) What part?

Tank repaired/replaced (Y/N) Line repaired/replaced Y Drain Field repaired/replaced Y

Other observations: HOUSE IS 200 YRS OLD TYPE OF SEWAGE SYSTEM UNKNOWN!
NO EVIDENCE OF MALFUNCTION OBSERVED BY SURVEY

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

50-5-184

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Clear 60° Surveyor STAN CORBETT

Name ROBERT CARNWATH Address 1021 W. STRASBURG
Phone 610 486 6645 Number Residents 3 Owner ☒ Renter ☐

Lot Size 1.3 ACRES Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 125 feet Well Cased (Y/N) Y
Distance between Well and Drain Field 125 feet Well Uphill (check) ☐ or Downhill ☒
Water Treated (Y/N) N How Treated _____
Water Tested (Y/N) Y When? 2007 Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System 16 yrs Permitted? (Y/N) Y When? 1991

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal N/A or year-round N/A?

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? 1x SINCE NEW Last time 2002

If pumped, was it inspected for cracks? (Y/N) UNKNOWN What part? _____

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Clear 60° Surveyor Stan Corbett

Name John Gregory Address 1006 Leeds Rd
Phone 610 486 0581 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1.51 AC Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth feet Well Cased (Y/N) Y
Distance between Well and Drain Field 100+ feet. Well Uphill (check) ☐ or Downhill ☒
Water Treated (Y/N) N How Treated
Water Tested (Y/N) Y When ? 2492 Contamination (Y/N) What ? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other <u> </u>		

Age of Sewage System 1 1/2 yrs Permitted ? (Y/N) Y When ? 2006

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal N/A or year-round N/A ?

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? 1X SINCE NEW Last time 5/07

If pumped, was it inspected for cracks? (Y/N) Y What part? TANK

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

50-5-131.2
50-5-132

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Clear 60° Surveyor Stan Corbett

Name MARK MCGRANAHAN Address 1010 LEIDS RD.
Phone 610 931 6638 Number Residents 2 Owner ☒ Renter ☐

Lot Size 0.94 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 2 feet Well Cased (Y/N) Y
Distance between Well and Drain Field 100+ feet. Well Uphill (check) ☐ or Downhill ☒
Water Treated (Y/N) Y How Treated SOFTENER & FILTRATION
Water Tested (Y/N) Y When? 2005 Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other		

Age of Sewage System 2 1/2 YRS Permitted? (Y/N) Y When? 2005

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other

Are above conditions seasonal N/A or year-round N/A?

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? EVERY 2 YRS Last time 6/07

If pumped, was it inspected for cracks? (Y/N) UNKNOWN What part?

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: A PARCEL 50-5-132 SAME OWNERSHIP, NC RESIDENCE

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Mark McGranahan
(Resident's Signature)

10/13/07
(Date)

MARK MCGRANAHAN
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Clear 60° Surveyor STAN CORBETT

Name KRIS BRYNILDSEN Address 1016 LEIPS RD.
Phone 610 486 6836 Number Residents 3 Owner ☒ Renter ☐

Lot Size 1.13 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth ? feet Well Cased (Y/N) Y
Distance between Well and Drain Field 100 + feet. Well Uphill (check) ☒ or Downhill ☐
Water Treated (Y/N) Y How Treated WATER SOFTENER
Water Tested (Y/N) Y When? 6/07 Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other		

Age of Sewage System 29 YRS Permitted? (Y/N) Y When? 1978

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other

Are above conditions seasonal N/A or year-round N/A?

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? TWICE IN PAST 5 YRS Last time 2006

If pumped, was it inspected for cracks? (Y/N) Y What part? TANK

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: * SATISFACTORY PSMA INSP. 4-5 YRS. AGO

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Kristin Brynildsen
(Resident's Signature)

10.13.07
(Date)

KRISTIN BRYNILDSEN
(Resident's Name, Please Print)

50-5-183
~~1025~~

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/20/07 ~~10/13/07~~ Weather CLEAR 60° Surveyor STAN CORFETI

Name KEN SMITH Address 998 LEIDS RD.
Phone 610 486 0317 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1.42 ACRE Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 105 feet Well Cased (Y/N) Y
Distance between Well and Drain Field 100+ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) N How Treated ☐
Water Tested (Y/N) Y When? APPROX. 2001 Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)
☒ Septic Tank ☒ In-ground Bed ☐ Community Sewer
☐ Cesspool ☐ In-ground Trench ☐ Storm Sewer
☐ Old Well ☐ Elevated Sand Mound ☐ Pipe to Ditch
☐ Holding Tank ☐ Seepage Pit ☐ Pipe to Stream
☐ Privy ☐ Bore Hole ☐ Pipe to Surface
☐ Other ☐

Laundry and/or Sink Water Disposal: (Check all that Apply)
☒ Septic Tank ☒ In-ground Bed ☐ Community Sewer
☐ Cesspool ☐ In-ground Trench ☐ Storm Sewer
☐ Old Well ☐ Elevated Sand Mound ☐ Pipe to Ditch
☐ Holding Tank ☐ Seepage Pit ☐ Pipe to Stream
☐ Privy ☐ Bore Hole ☐ Pipe to Surface
☐ Other ☐

Age of Sewage System 17 YRS Permitted? (Y/N) Y When? 1990

Observations about Sewage System: (Check all that Apply)
☒ Green Lush Grass ☐ Wetness or Spongy Areas
☐ Water Ponding or Surfacing ☐ System Overflow
☐ Sluggish Drains ☐ Waste Water Backing into Building
☐ Odors ☐ Other ☐

Are above conditions seasonal ☒ or year-round ☐?
Last time observed? CURRENT - DROUGHT CONDITIONS ONLY NOTICEABLE
Has system been pumped out? (Y/N) Y How often? 2-3 YRS Last time 2006
If pumped, was it inspected for cracks? (Y/N) Y What part? TANK
Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N
Other observations: A NEW SYSTEM INSTALLED 1990, NO REPAIRS SINCE

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y
Kenneth E. Smith 10/20/07
(Resident's Signature) (Date)

(Resident's Name, Please Print) 12:05 P.M. NO RESPONSE

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Clear 60° Surveyor Stan Corbett

Name _____ Address 986 Lewis Rd
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 0.77 acres Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well ☒ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled ☒ Depth _____ feet Well Cased (Y/N) Y
Distance between Well and Drain Field _____ feet Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) _____

(Date) _____

(Resident's Name, Please Print) _____

1.35 P.M. NO RESPONSE

50-5-133.1

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Clear 60° Surveyor STAN CORSETT

Name _____ Address 1014 LEIDS RD.
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 1.14 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well ☒ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) ☒ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

NO RESPONSE 10:40 A.M.

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Clear, 65° Surveyor STAN CORBETT

Name _____ Address 1846 W. STRASBURG RD.
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 1.0 ACFE Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) _____

(Date) _____

(Resident's Name, Please Print) _____

3:00 P.M. NO RESPONSE

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather Clear 65° Surveyor STAN CORRETT

Name _____ Address 1838 W. STRASSBURG
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 0.95 ACRES Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

3:30 P.M. NO RESPONSE

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather CLEAR 65° Surveyor STAN CORRETT

Name _____ Address 1834 W. STRASSBURG RD
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 0.95 ACRES Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

3:40 PM NO RESPONSE

Romansville Area West Bradford Township, Chester County Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather PART SUN Surveyor MIKE FESLER

Name DEBBIE WICKERSTAM Address 1017 ERICSON
Phone 410 496 0720 Number Residents 2 Owner ☒ Renter ☐

Lot Size 0.75 ACRES Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both _____

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth _____ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field _____ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated _____
Water Tested (Y/N) ☐ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u>_____</u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u>_____</u>		

Age of Sewage System 20 Permitted ? (Y/N) ☒ When ? WHEN BUILT 88

Observations about Sewage System: (Check all that Apply)

<input checked="" type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u>_____</u>

Are above conditions seasonal ☒ or year-round ☐ ?
Last time observed? SUMMER / SPRING
Has system been pumped out? (Y/N) ☒ How often? 2+ Year Last time 2005
If pumped, was it inspected for cracks? (Y/N) ☒ What part? _____
Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☐ Drain Field repaired/replaced ☐
Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒
Debbie Wickerstam 10.6.07
(Resident's Signature) (Date)

DEBBIE WICKERSTAM
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather PART SUN Surveyor MILE FESSLER

Name FLINT, DEBBIE Address 1511 ERICSON
Phone 610 486 6010 Number Residents 3 Owner X Renter

Lot Size 1/3 ACRE Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both

Water Source (check) Public X Well Spring Cistern Other
Well Type (check) Dug Drilled Depth feet Well Cased (Y/N)
Distance between Well and Drain Field feet. Well Uphill (check) or Downhill
Water Treated (Y/N) How Treated
Water Tested (Y/N) When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u></u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u></u>		

Age of Sewage System 25 Permitted ? (Y/N) Y When ? 25 Y

Observations about Sewage System: (Check all that Apply)

NO PROBLEM

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u></u>

→ Are above conditions seasonal or year-round ?

— Last time observed?

Has system been pumped out? (Y/N) Y How often? EVERY 2 Last time 2005

If pumped, was it inspected for cracks? (Y/N) Y What part? ACCESS PIPE

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: GREAT, FUNCTIONS FLAWLESSLY, DON'T NEED PUBLIC SERVICE

Do I have your permission to confirm this information by looking at the lot? (Y/N) N

Debbie Flint
(Resident's Signature)

10-6-07
(Date)

DEBBIE FLINT
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather PART SUN Surveyor MIKE FESSLER

Name BATTEN Address 1103 ERICSSON
Phone 610 466 6655 Number Residents 4 Owner ☒ Renter ☐

Lot Size 0.5 ACRE Number Dwelling Units 1 Number Sewage Systems 2 - REAR
- FRONT
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System FRONT - 76 BACK - 66 Permitted ? (Y/N) ☒ When ? 86

Observations about Sewage System: (Check all that Apply)

NO ☐ Green Lush Grass ☐ Wetness or Spongy Areas
☐ Water Ponding or Surfacing ☐ System Overflow
☐ Sluggish Drains ☐ Waste Water Backing into Building
☐ Odors ☐ Other ☐

☐ Are above conditions seasonal ☐ or year-round ☐ ?

☐ Last time observed? ☐

Has system been pumped out? (Y/N) ☒ How often? EVERY 2/3 Last time 2006

☒ If pumped, was it inspected for cracks? (Y/N) ☐ What part? ☐

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

GRAVITY

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather PART SUN Surveyor MIKE FESSLER

Name JAMES KELLY Address 1009 ERICSSON
Phone 610 496 0130 Number Residents 2 Owner ☒ Renter ☐

Lot Size 0.5 ACRE Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both —

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 30 YEARS Permitted ? (Y/N) Y When ? WHEN BUILT

Observations about Sewage System: (Check all that Apply)

None

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

— Are above conditions seasonal ☐ or year-round ☐ ?

— Last time observed? ☐

Has system been pumped out? (Y/N) Y How often? ONCE A YEAR Last time 2005

If pumped, was it inspected for cracks? (Y/N) N What part? ☐

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: NA

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

James P. Kelly
(Resident's Signature)

☐
(Date)

☐
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather OVERCAST Surveyor MIKE FESSLER

Name EILEEN FARRAR Address 1005 ERICSSON
Phone 616 982 2224 Number Residents 3 Owner ☒ Renter ☐

Lot Size 0.5 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both —

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 20 years Permitted ? (Y/N) N/A When ? ☐

Observations about Sewage System: (Check all that Apply)

NO

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) Y How often? 1+ YEARS Last time ☐

If pumped, was it inspected for cracks? (Y/N) NO What part? ☐

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Eileen Farrar
(Resident's Signature)

10-6-07
(Date)

EILEEN FARRAR
(Resident's Name, Please Print)

NO OTHER OF FILE 2

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather OVERCAST Surveyor MINEFESLER

Name RON KENDRA Address 1003 ERICSSON
Phone 610 486 0556 Number Residents 3 Owner ☒ Renter ☐

Lot Size 1/2 ACRES Number Dwelling Units 1 Number Sewage Systems 2
Residential Use (Y/N) Y Commercial Use N Both —

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 20 YEAR Permitted ? (Y/N) Y When ? WHEN BUILT

Observations about Sewage System: (Check all that Apply)

<input checked="" type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) Y How often? EVERY 2 Last time 1 1/2 AGO

If pumped, was it inspected for cracks? (Y/N) Y What part? EVERYTHING FINE

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather OVERCAST Surveyor MIKE FESLER

Name HOPE & TIM MCANALLY Address 1001 ERICSSON
Phone 610 486 6969 Number Residents 4 Owner X Renter

Lot Size .75 ACRES Number Dwelling Units 1 Number Sewage Systems 2
Residential Use (Y/N) X Commercial Use N Both

Water Source (check) Public X Well Spring Cistern Other
Well Type (check) Dug Drilled Depth feet Well Cased (Y/N)
Distance between Well and Drain Field feet. Well Uphill (check) or Downhill
Water Treated (Y/N) How Treated
Water Tested (Y/N) When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

2 X Septic Tank In-ground Bed Community Sewer
 Cesspool In-ground Trench Storm Sewer
 Old Well Elevated Sand Mound Pipe to Ditch
 Holding Tank Seepage Pit Pipe to Stream
 Privy Bore Hole Pipe to Surface
 Other

Laundry and/or Sink Water Disposal: (Check all that Apply)

Y Septic Tank In-ground Bed Community Sewer
 Cesspool In-ground Trench Storm Sewer
 Old Well Elevated Sand Mound Pipe to Ditch
 Holding Tank Seepage Pit Pipe to Stream
 Privy Bore Hole Pipe to Surface
 Other

Age of Sewage System DK Permitted ? (Y/N) When ?

Observations about Sewage System: (Check all that Apply)

 Green Lush Grass Wetness or Spongy Areas
 Water Ponding or Surfacing System Overflow
 Sluggish Drains Waste Water Backing into Building
 Odors Other

Are above conditions seasonal or year-round ?

Last time observed?

Has system been pumped out? (Y/N) Y How often? ONCE YR Last time MAY 07

If pumped, was it inspected for cracks? (Y/N) DK What part?

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: OPOR EVERY ONCE IN AWHILE, DON'T KNOW WHEN

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather OVERCAST Surveyor MIKE FESSLER

Name CHRISTINE NELSON Address 999 ERISSON
Phone 610 466 6773 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1 ACRE Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both -

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 23 YEARS Permitted ? (Y/N) Y When ? 23 YEARS AGO

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) Y How often? EVERY 3 YR Last time 9/06

If pumped, was it inspected for cracks? (Y/N) Y What part? ☐

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N
Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Christine Nelson
(Resident's Signature)

10/6/07
(Date)

Christine D. Nelson
(Resident's Name, Please Print)

"No"

50-4Q-79

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date _____ Weather _____ Surveyor _____

Name Robert + Susan Berkheimer Address 1019 Ericsson Drive
Phone 610-486-6630 Number Residents 3 Owner ☒ Renter _____

Lot Size 1/2 Acre Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Yes Commercial Use _____ Both _____

Water Source (check) Public ☒ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

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

Laundry and/or Sink Water Disposal: (Check all that Apply)

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

Age of Sewage System 31 yrs. Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input checked="" type="checkbox"/> Green Lush Grass	_____ Wetness or Spongy Areas
_____ Water Ponding or Surfacing	_____ System Overflow
_____ Sluggish Drains	_____ Waste Water Backing into Building
_____ Odors	_____ Other _____

Are above conditions seasonal ☒ or year-round _____ ?

Last time observed? Summer

Has system been pumped out? (Y/N) Yes How often? every 2 yrs. Last time 06/07

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced ☒ Drain Field repaired/replaced _____

Other observations: New Plastic pipe installed betw. Septic Tank + Drain

Field Apprx 17-18 yrs. Ago

Do I have your permission to confirm this information by looking at the lot? (Y/N) Yes

Roger A. Berkheimer
(Resident's Signature)

09/23/07
(Date)

Roger A. Berkheimer
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather CLOUDY, PARTLY Surveyor MIKE FESSLER

Name ROGER & SUSAN BERKHEIMER Address 1019 ERICSSON
Phone 610 486 6630 Number Residents 3 Owner ☒ Renter ☐

Lot Size 1/2 ACRE Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use ☐ Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 31 YEARS Permitted ? (Y/N) ? When ? ☐

Observations about Sewage System: (Check all that Apply)

<input checked="" type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☒ or year-round ☐ ?

Last time observed? SUMMER

Has system been pumped out? (Y/N) Y How often? EVERY 2 Last time 06/07

If pumped, was it inspected for cracks? (Y/N) ☐ What part? ☐

Tank repaired/replaced (Y/N) ☐ Line repaired/replaced ☐ Drain Field repaired/replaced ☐

Other observations: NEW PLASTIC PIPE INSTALLED BTW SEPTIC TANK & DOWN DRAIN

FIELD APPROX 17-18 YEARS AGO

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Roger Berkheimer
(Resident's Signature)

10/06/07
(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/16/07 Weather Sunny 78° Surveyor STAN CORRETT

Name _____ Address 1004 WEIBLE
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size .91 AC. Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

10:50 A.M. NO RESPONSE

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-4-91.10F

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/06/07 Weather SUNNY 78° Surveyor STAN CORBETT

Name _____ Address 1000 WEIBLE DR.
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 1.05 AC. Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

11:00 A.M. NO RESPONSE

50-4-91.10 ~~423~~
H

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/16/07 Weather SUNNY 70° Surveyor STAN CORRETT

Name _____ Address 997 WEIBLE
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 0.97 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

11:10 A.M. NO RESPONSE

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Clear 80° Surveyor Stan Corbett

Name _____ Address 1007 WEIBLE DR.
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 3.02 AC. Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

11:35 A.M. NO RESPONSE

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Clear 80° Surveyor STAN CORBETT

Name _____ Address 1001 WEIBLE
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 3.4 ac. Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

11:30 A.M. NO RESPONSE

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Clear 80° Surveyor Stan Corbett

Name PATRICIA JENKINS Address 1899 BERVE
Phone 610 486 6159 Number Residents 3 Owner ☒ Renter ☐

Lot Size APPROX. 1.5 AC. Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 21 YRS. Permitted ? (Y/N) Y When ? 1986

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal N/A or year-round N/A?

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? 2 YRS. Last time ☐

If pumped, was it inspected for cracks? (Y/N) UNKNOWN What part? ☐

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Patricia Jenkins
(Resident's Signature)

10/6/07
(Date)

Patricia Jenkins
(Resident's Name, Please Print)

50-4-91.10J

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather SUNNY 80° Surveyor STAN CORRETT

Name MIKE MONTGOMERY Address 999 WEIBLE DR.
Phone 610 486 0686 Number Residents 6 Owner ☒ Renter ☐

Lot Size 1.69 AC Number Dwelling Units 2 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 16 MOS. Permitted ? (Y/N) Y When ? 2006

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal N/A or year-round N/A?

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? YEARLY Last time 9/07

If pumped, was it inspected for cracks? (Y/N) Y What part? TANK

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y


(Resident's Signature)

OCT 6 - 2007
(Date)

Mike Montgomery
(Resident's Name, Please Print)

50-4-91.10G

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny, 70° Surveyor STAN CORBET

Name EARL & BRENDA TAYLOR Address 996 WEIBLE DR.
Phone 610 486 6684 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1.02 AC. Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 20 YRS Permitted ? (Y/N) Y When ? 1987

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal N/A or year-round N/A ?

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? 3 YRS Last time 8/07

If pumped, was it inspected for cracks? (Y/N) Y What part? unknown

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Brenda Taylor
(Resident's Signature)

10/6/07
(Date)

BRENDA TAYLOR
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather SWAMY 78° Surveyor STAN CORBETT

Name LEE KRUG Address 1008 WEIBLE DR.
Phone 610 486-6664 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1.15 AC. Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☒

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 19 YRS Permitted ? (Y/N) ☒ When ? APPROX 1908

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input checked="" type="checkbox"/> Odors - NEAR TANK ONLY	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☒ or year-round ☐ ?

Last time observed? OCCASIONAL

Has system been pumped out? (Y/N) ☒ How often? TWICE SINCE NEW Last time 2002

If pumped, was it inspected for cracks? (Y/N) ☒ What part? ☐

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

Lee A. Krug
(Resident's Signature)

10/6/07
(Date)

Lee A. Krug
(Resident's Name, Please Print)

50-46-81

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather SUNNY 78° Surveyor STAN CORBETT

Name MICHAEL O'CONNOR Address 1898 BERVE DR
Phone 610 486-0385 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1.2 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use BN Both N

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 20 YRS. Permitted ? (Y/N) Y When ? ± 1987

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal N/A or year-round N/A?

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? 2 YRS. Last time 9/07

If pumped, was it inspected for cracks? (Y/N) Y What part? TANK

Tank repaired/replaced (Y/N) Y Line repaired/replaced Y Drain Field repaired/replaced N

Other observations: MINOR TANK REPAIR AT SAME TIME OUTLET PIPE FROM TANK REPAIRED

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

M. J. O'Connor
(Resident's Signature)

10.6.07
(Date)

MICHAEL J. O'CONNOR
(Resident's Name, Please Print)

50-4-91.10Q

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather SUNNY 75° Surveyor STAN CORRETT

Name JOAN ANGIULO Address 1890 BERNE DR.
Phone 610 486-6552 Number Residents 3 Owner ☒ Renter ☐

Lot Size 1.64 AC. Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 20 YRS. Permitted ? (Y/N) Y When ? 1987

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal N/A or year-round N/A ?

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? 2 YRS Last time 2006

If pumped, was it inspected for cracks? (Y/N) Y What part? TANK

Tank repaired/replaced (Y/N) Y Line repaired/replaced N Drain Field repaired/replaced N

Other observations: CRACKED HD REPAIRED

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Joan C Angulo
(Resident's Signature)

10/6/07
(Date)

Joan C Angulo
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather SUNNY 75° Surveyor STAN CORBETT

Name CRAIG KAYFIELD Address 1886 BERVE DR.
Phone Number Residents 2 Owner ☒ Renter ☐

Lot Size 1.04 AC. Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth feet Well Cased (Y/N) ☐
Distance between Well and Drain Field feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated
Water Tested (Y/N) ☐ When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Age of Sewage System 17 YRS Permitted ? (Y/N) Y When ? APPROX. 1990

Observations about Sewage System: (Check all that Apply)

<input checked="" type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal ☒ or year-round ☐ ?

Last time observed? UNKNOWN

Has system been pumped out? (Y/N) Y How often? YEARLY Last time 11 MOS. AGO

If pumped, was it inspected for cracks? (Y/N) UNKNOWN What part? N/A

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N
Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

(Date)

CRAIG KAYFIELD
(Resident's Name, Please Print)

50-4-91-10N

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather SUNNY 75° Surveyor STAN CORRETT

Name ~~NEWTON~~ NEWTON MORGAN Address 1885 BERVE DR.
Phone 610 486-6575 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1.6 AC. Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 20 YRS. Permitted ? (Y/N) Y When ? 1987

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal N/A or year-round N/A?

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? 2 YRS. Last time 4-5 MOS. AGO

If pumped, was it inspected for cracks? (Y/N) Y What part? TANK

Tank repaired/replaced (Y/N) N Line repaired/replaced Y Drain Field repaired/replaced N

Other observations: LINE REPAIR DUE TO DAMAGE DURING FENCE INSTALLATION

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Newton H. Morgan Jr.
(Resident's Signature)

10-6-2007
(Date)

Newton H. Morgan Jr.
(Resident's Name, Please Print)

★ OWNER FAVORS PUBLIC SEWAGE

50-4-91.8

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather Sunny Surveyor Cleve Price

Name Robt Russch Address 1930 W. Strasburg
Phone 610 486 0297 Number Residents 3 Owner ☒ Renter ☐

Lot Size 1.00 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☒ Drilled ☐ Depth feet Well Cased (Y/N) ☐
Distance between Well and Drain Field 2100 feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☒ How Treated
Water Tested (Y/N) ☒ When ? 20 Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Age of Sewage System 1972 Permitted ? (Y/N) ☐ When ?

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed?

Has system been pumped out? (Y/N) ☒ How often? 2 yrs Last time 2 yrs

If pumped, was it inspected for cracks? (Y/N) ☒ What part? inlet

Tank repaired/replaced (Y/N) ☐ Line repaired/replaced ☐ Drain Field repaired/replaced ☒ 20 yrs

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

A. A. Buile
(Resident's Signature)

10-6-07
(Date)

(Resident's Name, Please Print)

804 265 8530

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather Sunny Surveyor Clare PriceName TRACI DREW Address 2000 W. Strasburg Rd
Phone _____ Number Residents _____ Owner _____ Renter ☒Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____Water Source (check) Public ☐ Well ☐ Spring ☐ Cistern ☐ Other _____
Well Type (check) Dug ☐ Drilled ☐ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) ☐ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) _____

(Date) _____

(Resident's Name, Please Print) _____

30-4-81

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather Sunny Surveyor Cleue Price

Name George Birch Address 1986 W. Strasburg Rd
Phone _____ Number Residents 3 Owner ☒ Renter ☐

Lot Size 10ACS Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use _____ Both _____

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other _____
Well Type (check) Dug ☐ Drilled ☒ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field 200 feet. Well Uphill (check) ☒ or Downhill _____
Water Treated (Y/N) ☒ How Treated NO
Water Tested (Y/N) Y When ? 3yr Contamination (Y/N) What ? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System 10 Permitted ? (Y/N) Y When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) Y How often? 3y Last time 1.5yr

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

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

George P Birch
(Resident's Signature)

10-6-07
(Date)

George P Birch
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather Sunny Surveyor Chere Price

Name Donald + Cyrena Seiple Address 1925 W. Strasburg Rd
Phone 610 486 6761 Number Residents 1 Owner Renter

Lot Size 1.6 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use Both

Water Source (check) Public Well ☒ Spring Cistern Other
Well Type (check) Dug Drilled ☒ Depth feet Well Cased (Y/N)
Distance between Well and Drain Field 700 feet. Well Uphill (check) ☒ or Downhill
Water Treated (Y/N) How Treated
Water Tested (Y/N) Y When ? 1-2 yr Contamination (Y/N) What ? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<u> </u> Community Sewer
<u> </u> Cesspool	<u> </u> In-ground Trench	<u> </u> Storm Sewer
<u> </u> Old Well	<u> </u> Elevated Sand Mound	<u> </u> Pipe to Ditch
<u> </u> Holding Tank	<u> </u> Seepage Pit	<u> </u> Pipe to Stream
<u> </u> Privy	<u> </u> Bore Hole	<u> </u> Pipe to Surface
<u> </u> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<u> </u> Septic Tank	<u> </u> In-ground Bed	<u> </u> Community Sewer
<u> </u> Cesspool	<u> </u> In-ground Trench	<u> </u> Storm Sewer
<u> </u> Old Well	<u> </u> Elevated Sand Mound	<u> </u> Pipe to Ditch
<u> </u> Holding Tank	<u> </u> Seepage Pit	<u> </u> Pipe to Stream
<u> </u> Privy	<u> </u> Bore Hole	<u> </u> Pipe to Surface
<u> </u> Other <u> </u>		

Age of Sewage System 1972 Permitted ? (Y/N) ? When ?

Observations about Sewage System: (Check all that Apply)

<u> </u> Green Lush Grass	<u> </u> Wetness or Spongy Areas
<u> </u> Water Ponding or Surfacing	<u> </u> System Overflow
<u> </u> Sluggish Drains	<u> </u> Waste Water Backing into Building
<u> </u> Odors	<u> </u> Other <u> </u>

Are above conditions seasonal or year-round ?

Last time observed?

Has system been pumped out? (Y/N) Y How often? 2 yr Last time ?

If pumped, was it inspected for cracks? (Y/N) What part?

Tank repaired/replaced (Y/N) Line repaired/replaced Drain Field repaired/replaced

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Cyrena A. Seiple
(Resident's Signature)

10-6-07
(Date)

Cyrena A. Seiple
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather Sunny Surveyor Cleve Price

Name Jim McCreth Address 1921
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 1.2 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use _____ Both _____

Water Source (check) Public _____ Well ☒ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled ☒ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field >100 feet. Well Uphill (check) ☒ or Downhill _____
Water Treated (Y/N) Y How Treated pH + Sediment
Water Tested (Y/N) Y When? 2004 Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

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

Laundry and/or Sink Water Disposal: (Check all that Apply)

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

Age of Sewage System 1971 Permitted? (Y/N) _____ When? _____

Observations about Sewage System: (Check all that Apply)

_____ Green Lush Grass	_____ Wetness or Spongy Areas
_____ Water Ponding or Surfacing	_____ System Overflow
_____ Sluggish Drains	_____ Waste Water Backing into Building
_____ Odors	_____ Other _____

Are above conditions seasonal _____ or year-round _____?

Last time observed? _____

Has system been pumped out? (Y/N) Y How often? 2YR Last time 6/07

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

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced Fixed
Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

James J. McCreth III
(Resident's Signature)

10/6/07
(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6 Weather Sunny Surveyor Cleuc Price

Name George Wanko Address 1933 W Strasburg Rd
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public ☐ Well ☐ Spring ☐ Cistern ☐ Other _____
Well Type (check) Dug ☐ Drilled ☐ Depth _____ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field _____ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated _____
Water Tested (Y/N) ☐ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

DID NOT WANT TO PARTICIPATE
(Resident's Signature)

10-6-07
(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather Sunny Surveyor Chene Price

Name John Patton Address 1941 W Strasburg Rd
Phone 610 486 0940 Number Residents 3 Owner ☒ Renter ☐

Lot Size 1.2 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 23 Permitted ? (Y/N) Y When ? 83

Observations about Sewage System: (Check all that Apply)

<input checked="" type="checkbox"/> Green Lush Grass	<input checked="" type="checkbox"/> Wetness or Spongy Areas
<input checked="" type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☐ or year-round ☒ ?

Last time observed? 10-6-07

Has system been pumped out? (Y/N) Y How often? ☐ Last time 5 yrs

If pumped, was it inspected for cracks? (Y/N) N What part? ☐

Tank repaired/replaced (Y/N) N Line repaired/replaced ☐ Drain Field repaired/replaced ☐

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

John Patton
(Resident's Signature)

10/6/07
(Date)

JOHN PATTON
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather Sunny Surveyor Cleve Price

Name DAVID STUMP Address 1945 W Strasburg Rd
Phone 610 486-1084 Number Residents 5 Owner ☒ Renter ☐

Lot Size .91 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) Y Commercial Use _____ Both _____

Water Source (check) Public ☒ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System 1979 Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) Y How often? 4-6 mo Last time 7-07

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

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

David M. Stump
(Resident's Signature)

10-6-07
(Date)

DAVID M. STUMP
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather Sunny Surveyor Cleve Pace

Name Candi Christy Address 1101 Sunset Dr / 1951 W. Strasburg Rd
Phone _____ Number Residents _____ Owner _____ Renter ☒

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public ☐ Well ☐ Spring ☐ Cistern ☐ Other _____

Well Type (check) Dug ☐ Drilled ☐ Depth _____ feet Well Cased (Y/N) ☐

Distance between Well and Drain Field _____ feet. Well Uphill (check) ☐ or Downhill ☐

Water Treated (Y/N) ☐ How Treated _____

Water Tested (Y/N) ☐ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) ☐ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? _____

Has system been pumped out? (Y/N) ☐ How often? _____ Last time _____

If pumped, was it inspected for cracks? (Y/N) ☐ What part? _____

Tank repaired/replaced (Y/N) ☐ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☐

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

EMPTY
DECEIST

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather Sunny Surveyor Cleve Price

Name ERNEST ROBINSON Address 1924 W. Strasburg Rd
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____

Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____

Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____

Water Treated (Y/N) _____ How Treated _____

Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/20/07 CW Weather _____ Surveyor Cleue Price

Name ERIN O'BRIEN Address 1980 W. Strasburg Rd
Phone 484-786-8252 Number Residents _____ Owner ☒ Renter ☐

Lot Size 3 acres Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use _____ Both _____

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other _____
Well Type (check) Dug ☐ Drilled ☒ Depth ? feet Well Cased (Y/N) ? (not visible)
Distance between Well and Drain Field 100 feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☒ How Treated N/A
Water Tested (Y/N) ☒ When ? 18 months ago Contamination (Y/N) What ? NO

Sewage System on Lot: (Check all that Apply)
☒ Septic Tank ☐ In-ground Bed ? ☐ Community Sewer
☒ Cesspool ☐ In-ground Trench ☐ Storm Sewer
☐ Old Well ☐ Elevated Sand Mound ☐ Pipe to Ditch
☐ Holding Tank ☐ Seepage Pit ☐ Pipe to Stream
☐ Privy ☐ Bore Hole ☐ Pipe to Surface
☐ Other just bought 1 yr. ago

Laundry and/or Sink Water Disposal: (Check all that Apply)
☒ Septic Tank ☐ In-ground Bed ? ☐ Community Sewer
☐ Cesspool ☐ In-ground Trench ☐ Storm Sewer
☐ Old Well ☐ Elevated Sand Mound ☐ Pipe to Ditch
☐ Holding Tank ☐ Seepage Pit ☐ Pipe to Stream
☐ Privy ☐ Bore Hole ☐ Pipe to Surface
☐ Other _____

Age of Sewage System ? Permitted? (Y/N) _____ When? _____

Observations about Sewage System: (Check all that Apply)
☐ Green Lush Grass ☐ Wetness or Spongy Areas
☐ Water Ponding or Surfacing ☐ System Overflow
☐ Sluggish Drains ☐ Waste Water Backing into Building
☐ Odors ☐ Other NO symptoms

Are above conditions seasonal N/A or year-round ? (all had inspection done)
Last time observed? _____
Has system been pumped out? (Y/N) N How often? _____ Last time _____
If pumped, was it inspected for cracks? (Y/N) N/A What part? _____
Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N
Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

[Signature]
(Resident's Signature)

10/20/07
(Date)

Fred Stent Jr.
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-4-87.3

NO RESPONSE

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/20/07 Weather Sunny Surveyor Cleve Price

Name _____ Address 1988 W. Strasburg Rd.
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

10/20/07 - No one available
w/ information -
parents in California

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-4-87.2

NO RESPONSE

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather Sunny Surveyor Cleve Price

Name _____ Address 1984 W. Straisburg
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/20/07 No Answer CW Weather Sunny Surveyor Cleve Price

Name Shirley Benson Address _____
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

07-1-373

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

10/22/07 NO Answer CW
Date 10-6-07 Weather Sunny Surveyor Cleve Price

Name Jan Chilla Address 1122 Romansville Rd
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 1.6 Number Dwelling Units 1 Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

4:15pm

RESIDENT DID NOT WANT TO DO SURVEY. TOO EARLY. Come back in the pm

Survey completed by
Chris W. on 10/20/07

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather Sunny Surveyor Cleve Price

Name Mark Wiegand Address 1937 W. Strasburg Rd
Phone 610-486-6535 Number Residents 4 Owner ☒ Renter ☐

Lot Size 2.5 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐ 6.00 for 2.1 yrs.

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐

Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐

Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐

Water Treated (Y/N) ☐ How Treated ☐

Water Tested (Y/N) ☐ When? ☐ Contamination (Y/N) What? ☐

* has well but only used for irrigation
Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 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"/> Other <input type="checkbox"/>		

Age of Sewage System 50+ yrs Permitted? (Y/N) ☐ When? ☐

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u>NO Symptoms</u>

Are above conditions seasonal N/A or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) ☒ How often? 1/yr Last time Summer '07

If pumped, was it inspected for cracks? (Y/N) ☐ What part? ☐

Tank repaired/replaced (Y/N) ☐ Line repaired/replaced ☐ Drain Field repaired/replaced ☐

Other observations: new building sewer due to addition

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☐

Wendy Wiegand
(Resident's Signature)

10-20-07
(Date)

Wendy Wiegand
(Resident's Name, Please Print)

10/20/07 - NO ANSWER

50-4-58

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-20-07 ^{10/20/07} Weather SUNNY Surveyor Chris Whitman
Cleve Peke

Name _____ Address _____
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

10/20/07 - No one
available w/ info
(parents not home)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-6-07 Weather _____ Surveyor Cleve Price

Name Edward G. Gouz Address 1917 W. Strasburg Rd
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 1.03 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) _____

(Date) _____

(Resident's Name, Please Print) _____

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-42-60
house for sale,
appears vacant

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny Surveyor Chris Whitman

2ND ATTEMPT
10-20-07 NO
ANSWER

Name Barbara Newman Address 1921 Berne
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-412-56
No Answer

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny Surveyor Chris Whitman ^{2ND ATTEMPT}
Name Kline, Kenneth Address 1913 Berue ^{DAVE LAFFERTY}
Phone 610-486-6741 Number Residents 2 Owner ☒ Renter ☐
10-20-07

Lot Size 0.46 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☒

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 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"/> Other <input type="checkbox"/>		

Age of Sewage System 2 Permitted ? (Y/N) ? When ? ?
LIKELY ORIGINAL TANK
NEW FIELD INSTALLED

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) ☒ How often? 1-2 YRS Last time 4 mo. (spring)

If pumped, was it inspected for cracks? (Y/N) ☒ What part? ☐

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

Kathy J. Kline
(Resident's Signature)

10/20/07
(Date)

KATHY & Kenneth Kline
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-42-55

NO Answer

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny Surveyor Chris Whitman 2ND ATTEMPT
DAVE LAFFERT
10-20-07

Name Wilson, Martin Address 1911 Berue
Phone 610-486-0258 Number Residents 3 Owner ☒ Renter ☐

Lot Size 0.45 Number Dwelling Units 1 Number Sewage Systems 1 SYSTEM 2 DRAW
Residential Use (Y/N) Y Commercial Use N Both N FIELDS

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound	<input type="checkbox"/> Pipe to Ditch
<input checked="" type="checkbox"/> Holding Tank	<input checked="" type="checkbox"/> Seepage Pit <u>2</u>	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground Trench	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Old Well	<input type="checkbox"/> Elevated Sand Mound	<input type="checkbox"/> Pipe to Ditch
<input checked="" 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"/> Other <input type="checkbox"/>		

Age of Sewage System ? APPROX. Permitted ? (Y/N) ? When ? ?
15 YRS

NOT THE ORIGINAL SYSTEM
Observations about Sewage System: (Check all that Apply)

<input checked="" type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☒ or year-round ☐ ?

Last time observed? ? USUALLY DURING DROUGHTS

Has system been pumped out? (Y/N) Y How often? 2 YRS Last time ?

If pumped, was it inspected for cracks? (Y/N) N What part? ?

Tank repaired/replaced (Y/N) Y Line repaired/replaced ☐ Drain Field repaired/replaced ☐

Other observations: REPAIR DONE ON PUMP TO REAR DRAW FIELD FROM TANK

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Martin J. Wilson
(Resident's Signature)

10/20/07
(Date)

MARTIN J. WILSON
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-4Q-51

No Answer

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny Surveyor Chris Whitman ^{2ND ATTEMPT}
Name Luongo, Nancy Address 1901 Berue ^{DAVE LAFFERTY}
Phone _____ Number Residents _____ Owner _____ Renter _____ ^{10-2007 NO ANSWER}

Lot Size 0.54 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) _____

(Date) _____

(Resident's Name, Please Print) _____

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-4Q-52
No answer

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny Surveyor Chris Whitman DWS ATTEMPT
Name Whitehair, Arthur Address 1903 Berne DAVE LAFERTY
Phone _____ Number Residents _____ Owner _____ Renter _____ 10-20-07
NO ANSWER

Lot Size 0.49 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) _____

(Date) _____

(Resident's Name, Please Print) _____

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

NOT HOME

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather PART SUN Surveyor MIKE FESSLER ^{2ND ATTEMPT} DAVE LAFFERTY 10-20-07 NO ANSWER
Name FREDERICK C. MONSON Address 1015 ERICSSON DR
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 0.48 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

NOT HOME
10:50AM

Date 10/6/07 Weather PART SUN Surveyor MIKE FESSLER ^{2ND ATTEMPT} DAVE LAFFERTY 10-20-07

Name AUDREY WEST Address 1007 ERISSON
Phone NO Number Residents 4 Owner ☒ Renter ☐

Lot Size 0.46 Number Dwelling Units 1 Number Sewage Systems 1 SYSTEM 2 DRAINAGE FIELDS
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When? ☐ Contamination (Y/N) What? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 checked="" type="checkbox"/> Seepage Pit <u>2</u>	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 checked="" type="checkbox"/> Seepage Pit <u>2</u>	<input type="checkbox"/> Pipe to Stream
<input type="checkbox"/> Privy	<input type="checkbox"/> Bore Hole	<input type="checkbox"/> Pipe to Surface
<input type="checkbox"/> Other <input type="checkbox"/>		

Age of Sewage System ? Permitted? (Y/N) Y When? ? POSSIBLY 20 YRS. AGO
LIKELY ORIGINAL SYSTEM, BUT NEW FIELD

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input checked="" type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input checked="" type="checkbox"/> Other <u>PUMP TO SECOND FIELD FAILED</u>

Are above conditions seasonal ☐ or year-round ☐? ONE TIME

Last time observed? 2 YEARS AGO

Has system been pumped out? (Y/N) ☐ How often? ☐ Last time ☐

If pumped, was it inspected for cracks? (Y/N) ☐ What part? ☐

Tank repaired/replaced (Y/N) ☐ Line repaired/replaced ☐ Drain Field repaired/replaced ☐

Other observations: PUMP REPLACED

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

Audrey West
(Resident's Name, Please Print)

(Date)

10/20/07

Romansville Area
West Bradford Township, Chester County

Sewage Needs Survey

WIFE COULD NOT ANSWER QUESTIONS, BUT REQUESTED WE CALL HER HUSBAND DURING WEEK. NO SURVEY

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather OVERCAST Surveyor MIKE ESSEN 2ND ATTEMPT
PAVE LAFFERTY
10-20-07

Name RONALD PRZYCHODZIEN SR. Address 1004 ERISSON
Phone 610-486-6343 Number Residents Owner Renter

Lot Size 0.65 Number Dwelling Units Number Sewage Systems
Residential Use (Y/N) Commercial Use Both

Water Source (check) Public ☒ Well Spring Cistern Other
Well Type (check) Dug Drilled Depth feet Well Cased (Y/N)
Distance between Well and Drain Field feet. Well Uphill (check) or Downhill
Water Treated (Y/N) How Treated
Water Tested (Y/N) When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Age of Sewage System Permitted ? (Y/N) When ?

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal or year-round ?

Last time observed?

Has system been pumped out? (Y/N) How often? Last time

If pumped, was it inspected for cracks? (Y/N) What part?

Tank repaired/replaced (Y/N) Line repaired/replaced Drain Field repaired/replaced

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N)

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather QUICKCAST Surveyor MIKE FEEBLES / 2ND ATTEMPT
DAVE LAFFERTY
10-20-07
NOT AVAILABLE

Name JANE BUTLER Address 1002 GRICSSON
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 0.58 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

NOT
HOME
11:35

50-40-83

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

NOT HOME

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather OVERCAST Surveyor MIKE FESLER ^{2ND ATTEMPT}
DAVE LAFFERTY
10-20-07

Name MICHAEL J. MARISTCH Address 1500 ERICSON
Phone 610-486-0617 Number Residents 5 Owner ☒ Renter ☐

Lot Size 0.98 ~~ACRES~~ OVER 1 ACRE ^{1/4} Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☒

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 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"/> Other	<u>EMERGENCY SPILLWAY ON PROPERTY</u>	

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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 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"/> Other	<input type="checkbox"/>	

Age of Sewage System 23 Permitted ? (Y/N) Y When ? 1984

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) Y How often? 2 YRS Last time LAST SPRING

If pumped, was it inspected for cracks? (Y/N) Y What part? TANK

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced Y

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☐

Michael J. Maristch
(Resident's Signature)

10-20-07
(Date)

Michael J. MARISTCH
(Resident's Name, Please Print)

50-4-91.10.M

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather SUNNY 75° Surveyor STAN CORBETT

Name _____ Address 1889 BERUE DR.
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 1.35 AC. Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

9:20 AM - NO RESPONSE

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather SUNNY 75° Surveyor STAN CORBETT

Name _____ Address 1894 BERGE DR.
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 1.19 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) _____

(Date) _____

(Resident's Name, Please Print) _____

10:15 A.M. - NO RESPONSE

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-4Q-57
(Survey form left
on door)

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny, 75° Surveyor Chris Whitman

Name Daniel Giegel Address 1915 Berne Dr.
Phone 610-486-6097 Number Residents 4 Owner ☒ Renter ☐

Lot Size _____ Number Dwelling Units One Number Sewage Systems One
Residential Use (Y/N) Y Commercial Use N Both _____

Water Source (check) Public ☒ Well _____ Spring _____ Cistern _____ Other _____

Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____

Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____

Water Treated (Y/N) _____ How Treated _____

Water Tested (Y/N) _____ When? _____ Contamination (Y/N) What? _____

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System 30 Permitted? (Y/N) Y When? 1977

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____?

Last time observed? _____

Has system been pumped out? (Y/N) Y How often? EVERY 2 yrs. Last time ABout 2 yrs.

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

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) W

(Resident's Signature)

Daniel Giegel

(Resident's Name, Please Print)

(Date)

Oct-4-07

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-42-58

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Cloudy, 80° Surveyor Chris Whitman

Name Smith, Kim Address 1917 Berue
Phone 610-486-6026 Number Residents 4 Owner ☒ Renter ☐

Lot Size .51 Number Dwelling Units 1 Number Sewage Systems 2
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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 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"/> Other <input type="checkbox"/>		

Age of Sewage System ☐ Permitted ? (Y/N) ☒ When ? 1997

old system: 35 yrs. new system: 10 yrs

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input checked="" type="checkbox"/> Other <u>NO symptoms</u>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) ☒ How often? once Last time 2002

If pumped, was it inspected for cracks? (Y/N) ☐ What part? ☐

Tank repaired/replaced (Y/N) ☐ Line repaired/replaced ☐ Drain Field repaired/replaced ☐

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

valve
to switch
flow from
old system
to new
system

50-42-59

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Cloudy, 80°F Surveyor Chris Whitman

Name Provost, Rob Address 1919 Berne
Phone 610-466-6468 Number Residents 5 Owner ☒ Renter ☐

Lot Size .53 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 6 Permitted ? (Y/N) Y When ? 2001

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input checked="" type="checkbox"/> Other <u>NO SYMPTOMS</u>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) Y How often? every 1.5 yrs. Last time 1 yr.

If pumped, was it inspected for cracks? (Y/N) ☐ What part? ☐

Tank repaired/replaced (Y/N) ☐ Line repaired/replaced ☐ Drain Field repaired/replaced ☐

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☐

Robert Provost
(Resident's Signature)

10/6/07
(Date)

Robert Provost
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-40-61
(vacant parcel)

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny Surveyor Chris Whitman

Name _____ Address _____
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

50-4Q-42

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Sunny, 80°F Surveyor Chris Whitman
Name Kelly Address 1214 Ericsson
Phone 610-486-6748 Number Residents 5 Owner ☒ Renter ☐

Lot Size .46 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use No Both N/A

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 25 Permitted ? (Y/N) ☐ When ? ☐

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u>NO symptoms</u>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) Y How often? ☐ Last time 3yrs ago, then 2yrs prior

If pumped, was it inspected for cracks? (Y/N) ☐ What part? ☐

Tank repaired/replaced (Y/N) ☐ Line repaired/replaced ☐ Drain Field repaired/replaced ☐

Other observations: installed inspection port when house bought 3 yrs. ago

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Christine Kelly
(Resident's Signature)

10-6-07
(Date)

Christine Kelly
(Resident's Name, Please Print)

50-4Q-43

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather 80°F Surveyor Chris Whitman

Name Carl J. Joseph Address 1012 Ericsson
Phone 610-486-5595 Number Residents 2 Owner ☒ Renter ☐

Lot Size .46 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 29 Permitted ? (Y/N) ☐ When ? ☐

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) ☒ How often? every 5 yrs. Last time 5 yrs.

If pumped, was it inspected for cracks? (Y/N) ☐ What part? ☐

Tank repaired/replaced (Y/N) ☐ Line repaired/replaced ☐ Drain Field repaired/replaced ☐

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☐

Joseph J. Carlin
(Resident's Signature)

10-6-07
(Date)

JOSEPH J. CARLIN
(Resident's Name, Please Print)

50-4Q-44

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Cloudy, 75° Surveyor Chris Whitman
Name Dean Michael Address 1010 Ericsson
Phone 610-426-6320 Number Residents 3 Owner ☒ Renter ☐

Lot Size .46 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 30 Permitted ? (Y/N) ☐ When ? ☐

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input checked="" type="checkbox"/> Other <u>NO symptoms</u>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) ☒ How often? every 2 yrs Last time 2 yrs ago

If pumped, was it inspected for cracks? (Y/N) ☐ What part? ☐

Tank repaired/replaced (Y/N) ☐ Line repaired/replaced ☒ Drain Field repaired/replaced ☐

Other observations: line from tank to drainfield replaced 5 yrs ago.

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☐

Michael V. Dean
(Resident's Signature)

10/6/07
(Date)

Michael V. Dean
(Resident's Name, Please Print)

50-42-45

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather cloudy, 75° Surveyor Chris Whitman
Name Roseto, Nick Address 1008 Ericsson
Phone 610-486-0223 Number Residents 4 Owner ☒ Renter ☐
Lot Size .46 Number Dwelling Units 2 adults, 2 children Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐
Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 4 Permitted ? (Y/N) Y When ? 2003

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input checked="" type="checkbox"/> Other <u>NO symptoms</u>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) Y How often? every 2 yrs Last time 10/3/07

If pumped, was it inspected for cracks? (Y/N) ☐ What part? ☐

Tank repaired/replaced (Y/N) Y Line repaired/replaced Y Drain Field repaired/replaced Y

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☐

(Resident's Signature)

Nick Roseto

(Resident's Name, Please Print)

(Date)

10/6/07

50-4Q-46

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/6/07 Weather Partly Sunny Surveyor Chris Whitman

Name NOONAN Address 1006 ERICSSON DR
Phone 610 4869441 Number Residents 2 Owner ☒ Renter ☐

Lot Size 230007 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth feet Well Cased (Y/N)
Distance between Well and Drain Field feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) N How Treated
Water Tested (Y/N) N When ? Contamination (Y/N) What ? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other <u> </u>		

Age of Sewage System 1976 Permitted ? (Y/N) Y When ?

Observations about Sewage System: (Check all that Apply)

<input checked="" type="checkbox"/> Green Lush Grass	<input checked="" type="checkbox"/> Wetness or Spongy Areas
<input checked="" type="checkbox"/> Water Ponding or Surfacing	<input checked="" type="checkbox"/> System Overflow
<input checked="" type="checkbox"/> Sluggish Drains	<input checked="" type="checkbox"/> Waste Water Backing into Building
<input checked="" type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal NA or year-round ?

Last time observed?

Has system been pumped out? (Y/N) Y How often? Every 2 YRS Last time 2006

If pumped, was it inspected for cracks? (Y/N) Y What part?

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) NO

(Resident's Signature) Timothy J. Noonan (Date) 9/23/07

TIMOTHY J. NOONAN
(Resident's Name, Please Print)

50-4-74

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY/WINDY Surveyor MIKE FESSLER

Name JOHN & MARGARET SODITUS Address 1874 S HADY SIDE
Phone 610 486 0687 Number Residents 2 Owner ☒ Renter ☐

NOT HOME
10:54

Lot Size 3/4 ACRE Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both _____

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 85 feet Well Cased (Y/N) ☒
Distance between Well and Drain Field 200 feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) N How Treated _____
Water Tested (Y/N) N When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input checked="" type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u>_____</u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input checked="" type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u>_____</u>		

Age of Sewage System _____ Permitted ? (Y/N) N When ? 1940

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u>_____</u>

NO

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? _____

Has system been pumped out? (Y/N) Y How often? EVER 3-5 Last time 3+ YEARS

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced Y Drain Field repaired/replaced _____

Other observations: _____

15+ YEARS

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

John Soditus
(Resident's Signature)

10/20/07
(Date)

JOHN SODITUS
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY/WINDY Surveyor MIKE FESLER

Name _____ Address 1876 SHADYSIDE
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

10:51
NOT FLOWING

10:20
10:19 NOT
FLOWING

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY/NNNN Surveyor MIKE FCSLER

Name _____ Address 1881 W STRASBURG
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) _____

(Date) _____

(Resident's Name, Please Print) _____

50-4-77

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY WINDY Surveyor MINERESSIAN

Name _____ Address 1863 W STRASBURG
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

NOT HOME
11:47

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY/MINDY Surveyor MIKE FESLER

Name _____ Address 1487 STRASBURG
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?
Last time observed? _____
Has system been pumped out? (Y/N) _____ How often? _____ Last time _____
If pumped, was it inspected for cracks? (Y/N) _____ What part? _____
Tank repaired/replaced (Y/N) _____ Line repaired replaced _____ Drain Field repaired/replaced _____
Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) (Date)

(Resident's Name, Please Print)

NOT
HOME
12:04

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SONNY / WINDY Surveyor MIKE FEGGLEN

Name _____ Address 1893 W STRASBURG
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

NOT
HOME
12-12

50-4-08

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY/WINDY Surveyor MIKE FLESSLM

Name _____ Address _____
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

NOT HOME
50-4-08
12-07

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?
Last time observed? _____
Has system been pumped out? (Y/N) _____ How often? _____ Last time _____
If pumped, was it inspected for cracks? (Y/N) _____ What part? _____
Tank repaired/replaced (Y/N) _____ Line repaired replaced _____ Drain Field repaired/replaced _____
Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) (Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-20-07 ~~10-13-07~~ Weather SUNNY Surveyor MIKE FESSLER

Name JOE DODDS Address 1897 SHALMSIDE
Phone 610 456 6805 Number Residents 2 Owner X Renter

Lot Size 1 ACRE Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both

Water Source (check) Public Well X Spring Cistern Other
Well Type (check) Dug Drilled X Depth 100 feet Well Cased (Y/N) Y
Distance between Well and Drain Field 150 feet. Well Uphill (check) or Downhill
Water Treated (Y/N) Y How Treated SALT SOFTENERS
Water Tested (Y/N) Y When ? 2+ YEARS Contamination (Y/N) (N) What ?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Age of Sewage System 8 YEARS Permitted ? (Y/N) Y When ? WHEN PUT IN

Observations about Sewage System: (Check all that Apply)

no

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal or year-round ?

Last time observed?

Has system been pumped out? (Y/N) Y How often? EVERY 2Y Last time THIS YEAR

If pumped, was it inspected for cracks? (Y/N) Y What part?

Tank repaired/replaced (Y/N) N Line repaired/replaced Y Drain Field repaired/replaced N

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY/WINDY Surveyor MIKE FLESSOR

Name MARK WILSON AUTO SERVICE Address 1891 W STRASBURG
Phone 610 486 0755 Number Residents Owner Renter

Lot Size Number Dwelling Units Number Sewage Systems
Residential Use (Y/N) Commercial Use Y Both

Water Source (check) Public Well Spring Cistern Other
Well Type (check) Dug Drilled Depth feet Well Cased (Y/N)
Distance between Well and Drain Field feet. Well Uphill (check) or Downhill
Water Treated (Y/N) How Treated
Water Tested (Y/N) When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Age of Sewage System Permitted ? (Y/N) When ?

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal or year-round ?

Last time observed?

Has system been pumped out? (Y/N) How often? Last time

If pumped, was it inspected for cracks? (Y/N) What part?

Tank repaired/replaced (Y/N) Line repaired/replaced Drain Field repaired/replaced

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N)

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

NOT
HOME
12-09

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY Surveyor MIKE FESSLER

Name _____ Address _____
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

NOT
HOME
11:41

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY Surveyor MIKE FESLER

Name _____ Address 1865 W STRASBURG
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____

Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____

Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____

Water Treated (Y/N) _____ How Treated _____

Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

NOT HOME
11:28

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY/WINDY Surveyor MIKE FORD

Name _____ Address _____
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

NOT HOME
11:02

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY/WINDY Surveyor MIKE FESSLER

Name _____ Address _____
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____

Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____

Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____

Water Treated (Y/N) _____ How Treated _____

Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

NOT HOME

10:22 AM

NOBODY

LIVES THERE

50-4-74-5

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

NOT HOME
10:18 AM
ROMANSVILLE
FRIENDS
MEETING

Date 10-13-07 Weather SUNNY Surveyor MIKE FESSLER

Name _____ Address _____
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?
Last time observed? _____
Has system been pumped out? (Y/N) _____ How often? _____ Last time _____
If pumped, was it inspected for cracks? (Y/N) _____ What part? _____
Tank repaired/replaced (Y/N) _____ Line repaired replaced _____ Drain Field repaired/replaced _____
Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) (Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY Surveyor MIKE LESSER

Name _____ Address _____
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) _____

(Date) _____

(Resident's Name, Please Print) _____

NOT
HOME
10:10AM

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-4-82
(owner is Griffith
on Hunt Dr.)

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather 9NN47WNN Surveyor Mme FLS

Name LUKE GEAKE Address 1895 W. Strasburg
Phone 570 656 4591 Number Residents 1 Owner Renter X

Lot Size 1/3 Acre Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both

Water Source (check) Public X Well Spring Cistern Other
Well Type (check) Dug Drilled Depth feet Well Cased (Y/N)
Distance between Well and Drain Field feet. Well Uphill (check) or Downhill
Water Treated (Y/N) How Treated
Water Tested (Y/N) When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input checked="" type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input checked="" type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Age of Sewage System Permitted ? (Y/N) When ?

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal or year-round ?

Last time observed?

Has system been pumped out? (Y/N) How often? Last time

If pumped, was it inspected for cracks? (Y/N) What part?

Tank repaired/replaced (Y/N) Line repaired/replaced Drain Field repaired/replaced

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) N

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

50-4-68.1

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY Surveyor MIKE FESSLER

Name WILLIAM & FLORENCE SUZZA Address 1893 SHADYSIDE
Phone 610 486 0790 Number Residents 2 Owner ☒ Renter ☐

Lot Size DNK Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 106 feet Well Cased (Y/N) ☒
Distance between Well and Drain Field 100 feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☒ How Treated _____
Water Tested (Y/N) ☒ When ? DNK Contamination (Y/N) What ? N

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input checked="" type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input checked="" type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System 53 Permitted ? (Y/N) N When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? _____

Has system been pumped out? (Y/N) ☒ How often? YEARLY Last time JUNE

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

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) N

Florence B. Suzzola
(Resident's Signature)

10-13-07
(Date)

FLORENCE SUZZOLA
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY/WINDY Surveyor MIKE FESSLER

Name TOM REDICK Address 1880 SHADYSIDE
Phone 610 486 0712 Number Residents 2 Owner X Renter

Lot Size 2-3 ACRES Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both

Water Source (check) Public Well X Spring Cistern Other
Well Type (check) Dug Drilled X Depth 30-40 feet Well Cased (Y/N) Y PIPE DRIVEN PUMP
Distance between Well and Drain Field 500-600 feet. Well Uphill (check) or Downhill
Water Treated (Y/N) N How Treated
Water Tested (Y/N) Y When ? DNK Contamination (Y/N) What ? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Age of Sewage System 34 Permitted ? (Y/N) Y When ?

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal or year-round ?

Last time observed?

Has system been pumped out? (Y/N) Y How often? 3 Last time 3-4 YEARS

If pumped, was it inspected for cracks? (Y/N) N What part?

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Thomas J Redick
(Resident's Signature)

10-13-07
(Date)

THOMAS J. REDICK
(Resident's Name, Please Print)

FOR WELL MAINT
100 PSI
WELL
MAINT

50-4-73

50-4-73

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY/WINDY Surveyor MIKE FESSLER

Name JAMES WALLACE ^{KELLY} BAKER Address 1878 SHADYSIDE
Phone 610 466 1293 Number Residents 4 Owner ☒ Renter ☐

Lot Size 1/2 ACRE Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 400 feet Well Cased (Y/N) ☒
Distance between Well and Drain Field 15-200 feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☒ How Treated _____
Water Tested (Y/N) ☒ When? 1997 Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System 1970 Permitted? (Y/N) ☒ When? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input checked="" type="checkbox"/> Other <u>BLOCKING OF LINE</u>

Are above conditions seasonal ☐ or year-round ☐?

Last time observed? _____

Has system been pumped out? (Y/N) ☒ How often? YEARLY Last time 6-9 MONTHS AGO

If pumped, was it inspected for cracks? (Y/N) ☒ What part? TANK

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

Kelly Baker
(Resident's Signature)

10/13/07
(Date)

KELLY BAKER
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-4-70.1

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-3-07 Weather SUNNY/WINDY Surveyor MIKE FESSLER

Name STEVE MAHRLIG Address 1901 STRASBURG
Phone 610 486 6900 Number Residents — Owner ☒ Renter ☐

Lot Size 3 ACRES Number Dwelling Units 2 Number Sewage Systems 1
Residential Use (Y/N) N Commercial Use Y Both —

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth — feet Well Cased (Y/N) Y
Distance between Well and Drain Field 300 feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) Y How Treated FILTER
Water Tested (Y/N) Y When? 2004 Contamination (Y/N) N What? N/A

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u>—</u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u>—</u>		

Age of Sewage System DNK Permitted? (Y/N) — When? —

Observations about Sewage System: (Check all that Apply)

<input checked="" type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input checked="" type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u>—</u>

Are above conditions seasonal ☐ or year-round ☒?

Last time observed? LAST TIME RAIN

Has system been pumped out? (Y/N) Y How often? 3 YRS Last time 2004

If pumped, was it inspected for cracks? (Y/N) — What part? —

Tank repaired/replaced (Y/N) N Line repaired/replaced Y Drain Field repaired/replaced N

Other observations: —

Do I have your permission to confirm this information by looking at the lot? (Y/N) —

(Resident's Signature)

(Date)

STEVE MAHRLIG
(Resident's Name, Please Print)

OWNER
NOT
THERE

11:05

50-5-122.28

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY/WINDY Surveyor MIKE FESLER

Name GEORGIA STARKWEATHER Address 1677 W STRASBURG
Phone 610 486 6594 Number Residents 2 Owner Renter X

Lot Size Number Dwelling Units 2 Number Sewage Systems 2
Residential Use (Y/N) Y Commercial Use N Both

Water Source (check) Public X Well Spring Cistern Other

Well Type (check) Dug Drilled Depth feet Well Cased (Y/N)

Distance between Well and Drain Field feet. Well Uphill (check) or Downhill

Water Treated (Y/N) How Treated

Water Tested (Y/N) When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <u> </u>		

Age of Sewage System Permitted ? (Y/N) When ?

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal or year-round ?

Last time observed?

Has system been pumped out? (Y/N) How often? Last time

If pumped, was it inspected for cracks? (Y/N) What part?

Tank repaired/replaced (Y/N) Line repaired/replaced Drain Field repaired/replaced

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) N

Georgia Starkweather
(Resident's Signature)

10-13-07
(Date)

GEORGIA STARKWEATHER
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY/WINDY Surveyor MIKE FESSLER

Name GENEVA PUGH Address 1845 W STRASBURG
Phone 610 486 0759 Number Residents 1 Owner ☒ Renter ☐

Lot Size 60 x 140' Number Dwelling Units 1 Number Sewage Systems 2
Residential Use (Y/N) ☒ Commercial Use ☐ Both ☐

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☒ Depth 80 feet Well Cased (Y/N) ☐
Distance between Well and Drain Field 60 feet. Well Uphill (check) ☐ or Downhill ☒
Water Treated (Y/N) ☐ How Treated _____
Water Tested (Y/N) ☒ When ? _____ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input checked="" type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input checked="" type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System 60 Permitted ? (Y/N) ☐ When ? 1947

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? _____

Has system been pumped out? (Y/N) ☒ How often? _____ Last time 10-12

If pumped, was it inspected for cracks? (Y/N) ☐ What part? _____

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☐ Drain Field repaired/replaced ☐

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☐

Geneva Pugh
(Resident's Signature)

(Date)

(Resident's Name, Please Print)

50-4-85

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY/WINDY Surveyor MIKE FESSLER

Name BRIAN GOLDBERG Address 1680 W STRASBURG
Phone 610 496 0402 Number Residents 2 Owner ☒ Renter ☐

Lot Size 1 1/2 ACRES Number Dwelling Units 1 Number Sewage Systems 2
Residential Use (Y/N) Y Commercial Use N Both -

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When ? ☐ Contamination (Y/N) What ? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 9 MONTHS Permitted ? (Y/N) Y When ? -

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☐ or year-round ☐ ?

Last time observed? ☐

Has system been pumped out? (Y/N) Y How often? AS NEEDED Last time W/AN AGO

If pumped, was it inspected for cracks? (Y/N) Y What part? PUMP

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: ☐

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Brian Goldberg
(Resident's Signature)

10-13-07
(Date)

BRIAN GOLDBERG
(Resident's Name, Please Print)

50-4-84

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10-13-07 Weather SUNNY/WINDY Surveyor MIKE FESSLER

Name DAN HERN Address 1890 / 1890 AP 1 1st S. Main Ave
Phone 610 986 1151 Number Residents 0 Owner X Renter

Lot Size 6/10 AC Number Dwelling Units 1 Number Sewage Systems
Residential Use (Y/N) Y Commercial Use Y Both Y

- ☒ Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other
☒ Well Type (check) Dug ☐ Drilled ☐ Depth feet Well Cased (Y/N)
☒ Distance between Well and Drain Field feet. Well Uphill (check) or Downhill
☒ Water Treated (Y/N) How Treated
☒ Water Tested (Y/N) When ? Contamination (Y/N) What ?

Sewage System on Lot: (Check all that Apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> In-ground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> In-ground 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"/> Other <u> </u> | | |

Laundry and/or Sink Water Disposal: (Check all that Apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> In-ground Bed | <input type="checkbox"/> Community Sewer |
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> In-ground 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"/> Other <u> </u> | | |

Age of Sewage System 2 MONTHS Permitted ? (Y/N) Y When ?

Observations about Sewage System: (Check all that Apply)

- | | |
|---|--|
| <input type="checkbox"/> Green Lush Grass | <input type="checkbox"/> Wetness or Spongy Areas |
| <input type="checkbox"/> Water Ponding or Surfacing | <input type="checkbox"/> System Overflow |
| <input type="checkbox"/> Sluggish Drains | <input type="checkbox"/> Waste Water Backing into Building |
| <input type="checkbox"/> Odors | <input type="checkbox"/> Other <u> </u> |

Are above conditions seasonal or year-round ?

Last time observed?

Has system been pumped out? (Y/N) N How often? Last time

If pumped, was it inspected for cracks? (Y/N) N What part?

Tank repaired/replaced (Y/N) N Line repaired/replaced Drain Field repaired/replaced

Other observations:

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-169

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather _____ Surveyor Andy J

Name _____ Address 1047 Starazer!
Phone 610.466.0376 Number Residents 6 Owner ☒ Renter _____

Lot Size 1.0 Number Dwelling Units 2 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use _____ Both _____

Water Source (check) Public _____ Well ☒ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled ☒ Depth 500 feet Well Cased (Y/N) Y
Distance between Well and Drain Field 7100 feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) N How Treated _____
Water Tested (Y/N) Y When? 2006 Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

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

Laundry and/or Sink Water Disposal: (Check all that Apply)

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

Age of Sewage System 40 yrs Permitted? (Y/N) ? When? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	_____ Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	_____ System Overflow
<input type="checkbox"/> Sluggish Drains	_____ Waste Water Backing into Building
<input type="checkbox"/> Odors	_____ Other _____

Are above conditions seasonal year-round or year-round _____?

Last time observed? _____

Has system been pumped out? (Y/N) Y How often? every 10 m Last time 2006

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

Tank repaired/replaced (Y/N) N Line repaired/replaced Y Drain Field repaired/replaced Y

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

(Resident's Name, Please Print)

(Date)

SEPTIC FIELD FILLING
- STANDING WATER, ODORS
(Visual observation by Surveyor)

50-5-177

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather _____ Surveyor Andy J

Name _____ Address 1862 Sharburg
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

10/20/07 NO RESPONSE
(PER NEIGHBOR, HOUSE
VACANT)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-173

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather _____ Surveyor Andy J

Name _____ Address 1570 Strasburg
Phone 610-496-6325 Number Residents 1 Owner X Renter _____

Lot Size 0.6 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both X

Water Source (check) Public _____ Well X Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field 33 feet. Well Uphill (check) X or Downhill _____
Water Treated (Y/N) Y How Treated softener
Water Tested (Y/N) Y When? ~10 yrs Contamination (Y/N) What? Y - iron

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input checked="" type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input checked="" type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System ~70 yrs Permitted? (Y/N) ? When? ?

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal N/A or year-round _____?

Last time observed? N/A

Has system been pumped out? (Y/N) Y How often? every year Last time 8/07

If pumped, was it inspected for cracks? (Y/N) N/A What part? _____

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

JOYCE M. PLANK

(Resident's Name, Please Print)

(Date)

10/13/2007

50-5-178

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather _____ Surveyor Andy J
Name James GRUBB Address 1860 STRASBURG RD
Phone (610) 486-6367 Number Residents 4 Owner X Renter _____

Lot Size .7 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use _____ Both _____

Water Source (check) Public _____ Well ✓ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled ✓ Depth _____ feet Well Cased (Y/N) Y
Distance between Well and Drain Field 150 feet. Well Uphill (check) ✓ or Downhill _____
Water Treated (Y/N) N How Treated _____
Water Tested (Y/N) Y When ? _____ Contamination (Y/N) What ? N

Sewage System on Lot: (Check all that Apply)

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

Laundry and/or Sink Water Disposal: (Check all that Apply)

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

Age of Sewage System 20+ yrs Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

_____ Green Lush Grass	_____ Wetness or Spongy Areas
_____ Water Ponding or Surfacing	_____ System Overflow
_____ Sluggish Drains	_____ Waste Water Backing into Building
_____ Odors <u>NO</u>	_____ Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) Y How often? ? Last time 3 yrs

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

Tank repaired/replaced (Y/N) N Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) N

James Grubb
(Resident's Signature)

10/16/07
(Date)

James Grubb
(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-178.1

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather _____ Surveyor Andy J

Name _____ Address 18⁵⁸ S. Broadburg
Phone 484 300 2673 Number Residents 2 Owner J Renter ☒

Lot Size _____ Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both _____

Water Source (check) Public ☒ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

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

Laundry and/or Sink Water Disposal: (Check all that Apply)

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

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input checked="" type="checkbox"/> Green Lush Grass	_____ Wetness or Spongy Areas
_____ Water Ponding or Surfacing	_____ System Overflow
<input checked="" type="checkbox"/> Sluggish Drains	_____ Waste Water Backing into Building
_____ Odors	_____ Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? never

Has system been pumped out? (Y/N) N How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

John Graves
(Resident's Signature)

10-13-07
(Date)

John GRAVES
(Resident's Name, Please Print)

WELL MADE OF FROM SEPTIC TANK
TWO SEPTIC TANKS
CURB STOP FOUND

50-5-179

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather _____ Surveyor Andy J

Name _____ Address 1856 Strassburg
Phone 457 277 Number Residents 2 Owner ☒ Renter _____

Lot Size 1.7 ⁶⁴⁸ Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both _____

Water Source (check) Public _____ Well ☒ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled ☒ Depth _____ feet Well Cased (Y/N) ☒
Distance between Well and Drain Field > 200 feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) ☒ How Treated 30 ft. filter
Water Tested (Y/N) ☒ When? 4 months Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

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

Laundry and/or Sink Water Disposal: (Check all that Apply)

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

Age of Sewage System 18 Permitted? (Y/N) ☒ When? _____

Observations about Sewage System: (Check all that Apply)

_____ Green Lush Grass	_____ Wetness or Spongy Areas
_____ Water Ponding or Surfacing	_____ System Overflow
_____ Sluggish Drains	_____ Waste Water Backing into Building
_____ Odors	_____ Other _____

Are above conditions seasonal 1/2 year or year-round _____?

Last time observed? _____

Has system been pumped out? (Y/N) ☒ How often? _____ Last time 1/2 year

If pumped, was it inspected for cracks? (Y/N) ☒ What part? _____

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

(Resident's Signature) _____

(Date) 10/13/07

(Resident's Name, Please Print) James J Robinson

50-0-2.2

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather _____ Surveyor Andy J
Name K. CORWISH Address 1025 STAR GAZERS RD
Phone 610-486-6697 Number Residents _____ Owner ☒ Renter _____

Lot Size 4.5 I Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use _____ Both _____

Water Source (check) Public _____ Well ☒ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled ☒ Depth 300 feet Well Cased (Y/N) ☒
Distance between Well and Drain Field 300 feet. Well Uphill (check) _____ or Downhill LEVEL
Water Treated (Y/N) ☒ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? N

Sewage System on Lot: (Check all that Apply)

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

Laundry and/or Sink Water Disposal: (Check all that Apply)

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

Age of Sewage System 17 Approx Permitted ? (Y/N) ☒ When ? AT CONSTRUCTION

Observations about Sewage System: (Check all that Apply)

_____ Green Lush Grass	_____ Wetness or Spongy Areas
_____ Water Ponding or Surfacing	_____ System Overflow
_____ Sluggish Drains	_____ Waste Water Backing into Building
_____ Odors	<input checked="" type="checkbox"/> Other <u>EXCELLENT CONDITION</u>

Are above conditions seasonal _____ or year-round _____ ? NO CONDITIONS

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) NO

K. Corwish
(Resident's Signature)

9/24/07
(Date)

K. CORWISH
(Resident's Name, Please Print)

50-5-17C.1

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather _____ Surveyor Andy J

Name _____ Address 1053 Stargazer
Phone 610-766-6865 Number Residents 4 Owner ☒ Renter _____

Lot Size 21.0 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well ☒ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled ☒ Depth _____ feet Well Cased (Y/N) Y
Distance between Well and Drain Field >100 feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) ☒ How Treated 100% removed
Water Tested (Y/N) ☒ When? yearly Contamination (Y/N) What? iron

Sewage System on Lot: (Check all that Apply)

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

Laundry and/or Sink Water Disposal: (Check all that Apply)

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

Age of Sewage System 15 yrs Permitted? (Y/N) Y When? _____

Observations about Sewage System: (Check all that Apply)

_____ Green Lush Grass	_____ Wetness or Spongy Areas
_____ Water Ponding or Surfacing	_____ System Overflow
_____ Sluggish Drains	_____ Waste Water Backing into Building
_____ Odors	_____ Other _____

Are above conditions seasonal _____ or year-round _____?

Last time observed? 10/13/07

Has system been pumped out? (Y/N) Y How often? yearly Last time 2006

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

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced ☒

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

30-5-181.1

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/20/07 Weather _____ Surveyor Andy J

Name JASON MYRTETUS Address 1652 Fresh...
Phone 484 247 8033 Number Residents 3 Owner ☒ Renter _____

Lot Size 0.92 ac. Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public _____ Well ☒ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled ☒ Depth 150 feet Well Cased (Y/N) Y
Distance between Well and Drain Field 100+ feet. Well Uphill (check) ☒ or Downhill _____
Water Treated (Y/N) Y How Treated UNKNOWN
Water Tested (Y/N) Y When? 2005 Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

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

Laundry and/or Sink Water Disposal: (Check all that Apply)

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

Age of Sewage System 2 1/2 YRS. Permitted? (Y/N) Y When? 2005

Observations about Sewage System: (Check all that Apply)

_____ Green Lush Grass	_____ Wetness or Spongy Areas
_____ Water Ponding or Surfacing	_____ System Overflow
_____ Sluggish Drains	_____ Waste Water Backing into Building
_____ Odors	_____ Other _____

Are above conditions seasonal _____ or year-round _____?

Last time observed? _____

Has system been pumped out? (Y/N) N How often? _____ Last time _____

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

*Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: A NEW SYSTEM INSTALLED 2005

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

x [Signature]
(Resident's Signature)

10/20/07
(Date)

(Resident's Name, Please Print)

10/20/07 No Response
12:15 P.M.

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-181

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather _____ Surveyor Andy J

Name _____ Address 1850 Strasburg
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well ☒ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

50-5-180

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather _____ Surveyor Andy J

Name _____ Address 1859 Stateburg
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/20/07 Weather CLEAR, 65° Surveyor STAN CORBETT

Name JENNIFER OLDAKER Address 1027 STARBOARD
Phone 484 2478006 Number Residents 5 Owner ✓ Renter ✓

Lot Size 0.5 ACRES Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public ✓ Well ✓ Spring ✓ Cistern ✓ Other ✓

Well Type (check) Dug ✓ Drilled ✓ Depth 75 feet Well Cased (Y/N) ✓

Distance between Well and Drain Field ± 75 feet. Well Uphill (check) ✓ or Downhill ✓

Water Treated (Y/N) N How Treated ✓

Water Tested (Y/N) Y When? 2004 Contamination (Y/N) What? N

(UNSURE - POSSIBLY HIGH NITRATES)

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input checked="" type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input checked="" type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other		

Age of Sewage System 50+ YRS Permitted? (Y/N) N When? —

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input checked="" type="checkbox"/> Wetness or Spongy Areas
<input checked="" type="checkbox"/> Water Ponding or Surfacing	<input checked="" type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other

* Are above conditions seasonal — or year-round ✓?

Last time observed? ± 1 MONTH

Has system been pumped out? (Y/N) Y How often? UNKNOWN Last time 2004

If pumped, was it inspected for cracks? (Y/N) — What part? —

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: CESSPOOL OVERFLOW AFTER LAUNDRY &/OR RAIN

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-166

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather _____ Surveyor Andy J

Name _____ Address 1031 Stargazer
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 0.51 Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) _____

(Date) _____

(Resident's Name, Please Print) _____

10/13/07 NO RESPONSE

10/20/07 NO RESPONSE 10:25 A.M.

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

80-5-167

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather _____ Surveyor Andy J

Name _____ Address 1033 S. Ferga 205
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 0.53 ACRE Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) _____

(Date) _____

(Resident's Name, Please Print) _____

10/13/07 NO RESPONSE
10/20/07 NO RESPONSE
(10:30 A.M.)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/20/07 Weather CLEAR, 65° Surveyor SIÂN CORBETT

Name FRED SINTON Address 1037 STARGAZER
Phone 610 486 1133 Number Residents 2 Owner ☒ Renter ☐

Lot Size 0.44 Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) ☒ Commercial Use ☒ Both ☒

Water Source (check) Public ☐ Well ☒ Spring ☐ Cistern ☐ Other ☐

Well Type (check) Dug ☐ Drilled ☒ Depth 78 feet Well Cased (Y/N) ☒

Distance between Well and Drain Field 803 feet. Well Uphill (check) ☒ or Downhill ☒

Water Treated (Y/N) ☒ How Treated

Water Tested (Y/N) ☒ When? 2006 Contamination (Y/N) What? N

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input checked="" type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other	<u>★ PERFORATED PIPES FROM CESSPOOL</u>	

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input checked="" type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other	<u> </u>	

Age of Sewage System ± 40 YRS Permitted? (Y/N) ☒ When?

Observations about Sewage System: (Check all that Apply)

<input checked="" type="checkbox"/> Green Lush Grass	<input checked="" type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input checked="" type="checkbox"/> System Overflow <u>★</u>
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input checked="" type="checkbox"/> Odors	<input type="checkbox"/> Other <u> </u>

Are above conditions seasonal ☐ or year-round ☒?

Last time observed? SPRING 2007

Has system been pumped out? (Y/N) ☒ How often? ONCE Last time 2002

If pumped, was it inspected for cracks? (Y/N) ☐ What part?

Tank repaired/replaced (Y/N) ☒ Line repaired/replaced ☒ Drain Field repaired/replaced ☒

Other observations: ★ OVERFLOW NOTED ONLY AFTER HEAVY RAIN

Do I have your permission to confirm this information by looking at the lot? (Y/N) ☒

(Resident's Signature)

(Date)

(Resident's Name, Please Print)

50-5-176

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/20/07 Weather Clear 65° Surveyor Andy J. Stan Corbett

Name Howard Collins Address 1864 Strasburg
Phone 412 406 0515 Number Residents 3 Owner ☒ Renter ☐

Lot Size 3 ACRES Number Dwelling Units 1 Number Sewage Systems 1
Residential Use (Y/N) Y Commercial Use N Both N

Water Source (check) Public ☒ Well ☐ Spring ☐ Cistern ☐ Other ☐
Well Type (check) Dug ☐ Drilled ☐ Depth ☐ feet Well Cased (Y/N) ☐
Distance between Well and Drain Field ☐ feet. Well Uphill (check) ☐ or Downhill ☐
Water Treated (Y/N) ☐ How Treated ☐
Water Tested (Y/N) ☐ When? ☐ Contamination (Y/N) What? ☐

Sewage System on Lot: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> In-ground 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"/> Other <input type="checkbox"/>		

Age of Sewage System 7 YRS Permitted? (Y/N) Y When? 2000

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other <input type="checkbox"/>

Are above conditions seasonal ☐ or year-round ☐?
Last time observed? ☐

Has system been pumped out? (Y/N) Y How often? 2 YRS Last time 6/07

If pumped, was it inspected for cracks? (Y/N) Y What part? TANK

Tank repaired/replaced (Y/N) N Line repaired/replaced N Drain Field repaired/replaced N

Other observations: NO REPAIRS SINCE NEW SYSTEM INSTALLED 2000

Do I have your permission to confirm this information by looking at the lot? (Y/N) Y

Howard Collins
(Resident's Signature)

10/20/07
(Date)

(Resident's Name, Please Print)

10/20/07 NO RESPONSE
(11:35 A.M.)

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

50-5-175

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather _____ Surveyor Andy J

Name _____ Address 1866 Strawberry
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size 0.35 ACRES Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?
Last time observed? _____
Has system been pumped out? (Y/N) _____ How often? _____ Last time _____
If pumped, was it inspected for cracks? (Y/N) _____ What part? _____
Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____
Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) _____ (Date) _____

(Resident's Name, Please Print) _____

~~A PROXIMATE, HOUSE ADJACENT~~

10/20/07 NO RESPONSE

50-3-170.1A

Romansville Area
West Bradford Township, Chester County
Sewage Needs Survey

A survey is being conducted on behalf of West Bradford Township to determine if there are any sewage problems and/or any related water supply concerns in this area. Survey results will not be used for enforcement actions.

Date 10/13/07 Weather _____ Surveyor Andy J

Name _____ Address 1051 S. Jagers
Phone _____ Number Residents _____ Owner _____ Renter _____

Lot Size _____ Number Dwelling Units _____ Number Sewage Systems _____
Residential Use (Y/N) _____ Commercial Use _____ Both _____

Water Source (check) Public _____ Well _____ Spring _____ Cistern _____ Other _____
Well Type (check) Dug _____ Drilled _____ Depth _____ feet Well Cased (Y/N) _____
Distance between Well and Drain Field _____ feet. Well Uphill (check) _____ or Downhill _____
Water Treated (Y/N) _____ How Treated _____
Water Tested (Y/N) _____ When ? _____ Contamination (Y/N) What ? _____

Sewage System on Lot: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Laundry and/or Sink Water Disposal: (Check all that Apply)

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> In-ground Bed	<input type="checkbox"/> Community Sewer
<input type="checkbox"/> Cesspool	<input type="checkbox"/> In-ground 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"/> Other _____		

Age of Sewage System _____ Permitted ? (Y/N) _____ When ? _____

Observations about Sewage System: (Check all that Apply)

<input type="checkbox"/> Green Lush Grass	<input type="checkbox"/> Wetness or Spongy Areas
<input type="checkbox"/> Water Ponding or Surfacing	<input type="checkbox"/> System Overflow
<input type="checkbox"/> Sluggish Drains	<input type="checkbox"/> Waste Water Backing into Building
<input type="checkbox"/> Odors	<input type="checkbox"/> Other _____

Are above conditions seasonal _____ or year-round _____ ?

Last time observed? _____

Has system been pumped out? (Y/N) _____ How often? _____ Last time _____

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

Tank repaired/replaced (Y/N) _____ Line repaired/replaced _____ Drain Field repaired/replaced _____

Other observations: _____

Do I have your permission to confirm this information by looking at the lot? (Y/N) _____

(Resident's Signature) _____

(Date) _____

(Resident's Name, Please Print) _____