S.O.S. – Save Our Septic® Program

with RetroFAST® Septic System Enhancement

Site Evaluation/Registration Report

This form must be filled out in its entirety and submitted to Bio-Microbics prior to any warranty taking effect between Bio-Microbics and its Authorized Distributor

Questions that must be answered by the property owner:

1. Is system at least 5 years old? ☐ YES ☐ NO
2. Is there visible ponding of sewage on the ground surface at or near the lateral field(s)? ☐ YES ☐ NO
   a. Does this ponding only take place during certain periods of the year? _____
   b. Have there been other areas of the property or adjacent properties that have ever shown evidence of standing water/ soggy ground or high ground water? ☐ YES ☐ NO If YES, explain: _____
3. Has sewage ever backed up into the home/building? ☐ YES ☐ NO
4. Has the system ever had repairs/modifications done before? ☐ YES ☐ NO If YES, explain: _____
5. How many people currently live in the home? _____
6. Does anyone in the household use pharmaceutical drugs on a regular or irregular basis? ☐ YES ☐ NO
   a. If possible, please provide the name of the drug(s): _____
7. Are water usage records available? ☐ YES ☐ NO If YES, please provide average daily flow: _____
8. Any "unusual" activities that contribute waste to the system (hot tub, home catering service, large gatherings, photo lab, etc.)? ☐ YES ☐ NO
   If YES, explain: _____
9. Has system operated for at least 5 years without issue other than previously described? ☐ YES ☐ NO
   If NO, explain: _____
10. Is an irrigation system used for effluent disposal? ☐ YES ☐ NO
11. Please explain any other aspects of the system/history that you feel are pertinent: _____
12. Are any gutters, sump pumps, swimming pool drains, or other drains directed to the septic system? ☐ YES ☐ NO
    If yes, describe: _____

The information supplied on this document is truthful and accurate to the best of my knowledge:

Property Owner: _____ Date: _____

Authorized Distributor/Dealer: _____ Date: _____

BioMicrobics Representative: _____ Date: _____

LHD OSS file for construction, maintenance, and compliant/ repairs reviewed and included with form if available.

RetroFAST® Serial Number: _____ **Date of Installation:** _____

INSTALLATION SITE

NAME	
ADDRESS	
CITY/STATE/ZIP	
PHONE/FAX	

INSTALLER

NAME	
ADDRESS	
CITY/STATE/ZIP	
PHONE/FAX	

PLEASE PROVIDE THE FOLLOWING SITE INSTALLATION PICTURES WITH EACH PRODUCT REGISTRATION

(Digital Photos should be emailed to onsite@biomicrobics.com with the above information OR Printed Photos can be mailed with this form to the attention of **BioMicrobics Field Services Department** at 16002 W. 110th Street. Lenexa, Kansas, 66219**:**

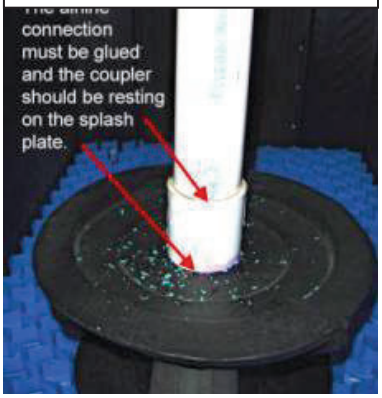
BEFORE INSTALLATION
OVERALL SITE

INSTALLATION OF
INTERNAL PARTS

OUTLET PIPE INSTALLED
INTO RETROFAST®

BLOWER PIPING
BEFORE BACKFILL

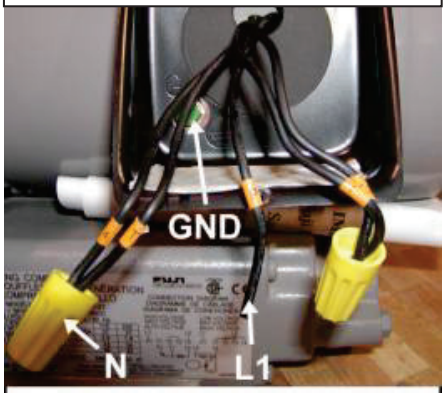
AIR LINE GLUED TO AIRLIFT
COUPLING



VENT(S)

LINER & LID ARE
SEALED TO TANK

BLOWER WIRING



AFTER INSTALLATION OVERALL SITE