

**Chenango County Well & Septic Replacement Survey 2018**

1. Name: \_\_\_\_\_ (Optional) Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
2. Address: \_\_\_\_\_ County \_\_\_\_\_
3. Do you own a single family home or a mobile home: Estimated year built \_\_\_\_\_
4. Do you own the land where your mobile home is located: Yes  No  N/A
5. Is this your permanent residence: Yes  No
6. Do you have a mortgage: Yes  No
7. Are there any liens or judgments on your home or property? Yes  No
8. Number of persons in your household \_\_\_\_\_
9. Is the head of household Male  Female
10. Is anyone in the household over the age of 62 years? Yes  No
11. Is anyone in the household handicapped? Yes  No  Disabled? Yes  No
12. Is anyone in the house a minority? Yes  No  If yes, please refer to composition data below:

**Racial/Ethnic Composition**

- White  Black/African American  Asian American  Indian/Alaskan Native  Native Hawaiian/Other Pacific Islander   
American Indian/Alaskan Native  White Asian and White  Black/African American and White   
American Indian/Alaskan Native & Black/African American  Other Multi-Racial  Hispanic  Other  \_\_\_\_\_

\*\*HUD has designated Hispanic as an ethnic group, which is applicable to all races. A household or person may be identified as both a member of a racial group and an ethnic group.

13. What is your estimated household gross income (what you make before any deductions are taken out) for all occupants.  
Estimated gross income for household \_\_\_\_\_
14. What type of septic system do you have?  
 Sand Filter  Leach Field  Holding Tank  None  Other (Please describe) \_\_\_\_\_
15. Are you currently having problems with your septic system? Yes  No  Estimated age of system? \_\_\_\_\_  
If yes, please describe? \_\_\_\_\_
16. What type of water source do you have? Dug Well  Drilled Well  Spring  Other  \_\_\_\_\_
17. Are you currently having problems with your well? Yes  No  Estimated age of system? \_\_\_\_\_

If yes, please check all that applies:

- Inadequate water supply  Contamination  Mechanical Failure  High sodium, iron or mineral content  
 Inadequate water supply during certain seasons  Other (Please describe) \_\_\_\_\_

18. Please describe the general condition of the home and list any major defects known at this time. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. If funded, would you be willing to participate in the program if you met all of the program conditions? Yes  No

PLEASE RETURN COMPLETED SURVEYS TO:  
Opportunities for Chenango, Inc.  
Mobile Home Survey  
44 West Main Street  
Norwich, NY 13815

Surveys are available at the address above  
Or go online to [www.ofcinc.org](http://www.ofcinc.org) to print out a survey  
If you have questions, please call 607-334-7114