

**Customer Satisfaction Survey- Septic System Program**

1. I have contacted the Vineland Health Department regarding: (check all that apply)

- A septic application involving a new system, repair, or alteration
- A septic inspection
- A Real Estate Transaction involving a septic system
- A septic complaint made to the Health Department
- General questions regarding Septic systems

2. Which staff member assisted you with the items checked above?

- Gary Lugiano
- Beckey Gordon
- Both

3. If you had any interactions with more than one inspector on this or previous issues do you find that they are consistent when completing inspections and paperwork?

- Yes
- No
- Needs improvement

4. After plans were submitted to our office, how long did it take for you to receive an approval or denial for the plans after submitted?

- \_\_\_\_\_ days for initial plans received by our Department on \_\_\_\_\_
- If applicable, \_\_\_\_ days for revised plans received on \_\_\_\_\_

5. Were required inspections completed within 24 hours from the time you made the request (excluding weekends)?

- Yes
- No

6. How would you rate your overall experience with the Vineland Septic program?

7. Were you provided septic system aftercare information? If no, see question 8.

- Yes
- No

8. **Regular service will greatly extend the life of your septic system.** Would you like to receive information on how to care for your septic system?  Yes  No  
Information is also available on our website [www.vldhealth.org](http://www.vldhealth.org).

9. If this is a replacement system, how often was your old septic system serviced?  
(Septic tank pumped, Filter cleaned)

- More often than every 5 years
- Less often than every 5 years
- If a malfunction occurs
- Never

10. Please check all that apply below:

- I own a property in the City of Vineland
- I am a Contractor/Installer
- I am an Engineer

11. If you checked yes to question #8 please fill out your information below.

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

*If you have checked needs improvement or rated your overall experience negatively please explain below and consider providing your contact information above. Understanding the issues you encountered will help us to improve our program.*

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12. If you have ever used our website for any reason:

Did you find what you were looking for?  Yes  No

If no, please tell us what you were looking for. \_\_\_\_\_

Was it easy to navigate?  Yes  No

Do you have any suggestions to improve our website? \_\_\_\_\_

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Kindly return completed survey to the Vineland Health Department, 640 E. Wood Street, Vineland, NJ 08360. Surveys are available on our website [www.vldhealth.org](http://www.vldhealth.org).