



SURVEY OF SEWER USER DATA FOR 2009

Metropolitan Council Environmental Services (MCES)
390 North Robert Street
St. Paul, MN 55101

II. General Information

A. Municipality: _____

B. 2009 Estimated Population: _____

C. 2009 Estimated Sewered Population: _____

D. Total Length of Sewer System: _____
(Furnish Updated Sewer Map)

E. Does your municipality have a computerized sewer system map?

Yes _____ No _____

1. If yes, when was the last update? _____

2. If no, are there any plans to develop a computerized sewer system map in the future: Yes _____ No _____. If yes, when will it be available? _____

III. Sanitary Sewer Use Information Based on Connections and Dwelling Units

	2008			2009		
	Connections as of 12/31/08	Dwelling Units	REC*	Connections (estimated) on 12/31/09	Dwelling Units	REC*
A. Residential						
1. Single-family dwellings						
2. Multi-family dwellings						
3. Mobile homes						
B. Institutional		X			X	
C. Commercial		X			X	
D. Industrial		X			X	
Total:						

*Residential Equivalent Connections 1 rec = 1 sac = 274 gpd

E. Estimated 2009 sewage flow by class of user (Million Gallons per Year)

1. Residential: _____
2. Institutional: _____
3. Commercial: _____
4. Industrial: _____

Municipality: _____

F. Estimated 2010 Sewer Connections

	<u>CONNECTIONS</u>	<u>FOR COUNCIL USE</u>
1. Residential*	_____	_____
2. Institutional	_____	_____
3. Commercial	_____	_____
4. Industrial	_____	_____
TOTAL	_____	_____

*Please indicate number of dwelling units: _____

IV. Municipal and Private Water Use Information

A. Indicate the number of connections to municipal water supply.

	Community-wide Total CONNECTIONS AS OF <u>12/31/08</u>	Community-wide Total CONNECTIONS AS OF <u>12/31/09</u>
1. Residential	_____	_____
2. Institutional	_____	_____
3. Commercial	_____	_____
4. Industrial	_____	_____
TOTAL (1 through 4)	_____	_____
5. Dwelling Units*	_____	_____

* Please indicate number of dwelling units provided with municipal water supply included in the residential connection count in Number 1 above, (e.g., 1 residential connection may contain multiple dwelling units; duplex, apartments, etc.)

B. Municipal Water Sold in 2009

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	TOTAL
1. Residential					
2. Institutional					
2. Commercial					
4. Industrial					

TOTAL FOR YEAR _____

5. Unit of Measurement: _____ (e.g., cu. ft., 100s cu. ft., gals, MG)
 6. Estimated Population provided service by Municipal Water supply: _____

C. Total Municipal Water Pumped in 2009

First Quarter: _____
 Second Quarter: _____
 Third Quarter: _____
 Fourth Quarter: _____
TOTAL: _____
 Unit of Measurement: _____ (e.g., cu. ft., 100s cu. ft., gals, MG)

D. Provide number of total sewer connections that are furnished with flow from private water supplies and estimated flow for 2009.

	<u>CONNECTIONS</u>	<u>VOLUME (MG)</u>
1. Residential	_____	_____
2. Institutional	_____	_____
3. Commercial	_____	_____
4. Industrial	_____	_____

E. Does your community have an existing ordinance that prohibits the installation of, and the disconnection of, sump pump discharges and foundation drain connections, to the sanitary sewer system?

Municipality: _____

_____ Yes _____ No

F. Does your community have an existing ordinance that prohibits the installation of, and the disconnection of, rain leader connections, to the sanitary sewer system?

_____ Yes _____ No

G. If yes to either above question, please list programs currently used to identify and remove these connections from the sanitary sewer system (e.g., point-of-sale inspection, water meter change out inspection, public education, etc.). Attach additional sheets if necessary.

V. On-site Sewage Disposal System Data

A. Does your community permit the installation of these facilities?

_____ (Yes) _____ (No)

B. If these systems are permitted, please complete the attached On-Site Disposal System Survey.

Municipality: _____

VI. Community Contacts

Please fill in the following information for each contact type:

Administrator: Person who deals with community policies and regulations.

Name: _____ Title: _____
Phone: _____ Fax: _____ Email: _____
Address (if different from survey): _____

General Information: Person responsible for relaying general community information.

Name: _____ Title: _____
Phone: _____ Fax: _____ Email: _____
Address (if different from survey): _____

Liquid Waste Hauler Disposal Site: Person responsible for resolving issues with LWH disposal sites.

Name: _____ Title: _____
Phone: _____ Fax: _____ Email: _____
Address (if different from survey): _____

New Permit Notification: Person who comments on Industrial Waste Discharge Permits issued by MCES.

Name: _____ Title: _____
Phone: _____ Fax: _____ Email: _____
Address (if different from survey): _____

SAC Collection: Person who assesses and processes SAC payments from industry.

Name: _____ Title: _____
Phone: _____ Fax: _____ Email: _____
Address (if different from survey): _____

Sanitary Sewer-Eng/Design: Contact with ability to process a request for sanitary sewer maps.

Name: _____ Title: _____
Phone: _____ Fax: _____ Email: _____
Address (if different from survey): _____

Sanitary Sewer-Maintenance: Contact responsible for addressing collection system problems.

Name: _____ Title: _____
Phone: _____ Fax: _____ Email: _____
Address (if different from survey): _____

Municipality: _____

Utility Billing Information: Contact with access to water and wastewater related utility billing data for industries.

Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Address (if different from survey): _____

Survey Completed By: **(Please complete.)**

Name

Title

Phone Number

Please Return Completed Survey to:

Anna Bessel, Engineering Planning Section
Metropolitan Council Environmental Services
390 North Robert Street
St. Paul, MN 55101-1805
Phone: (651) 602-1125
Fax: (651) 602-1030
e-mail: anna.bessel@metc.state.mn.us