

METROPOLITAN COUNCIL ENVIRONMENTAL SERVICES  
 390 NORTH ROBERT STREET  
 SAINT PAUL, MINNESOTA 55101

SURVEY OF SEWER USER DATA FOR 2017

II. GENERAL INFORMATION

A. Municipality: \_\_\_\_\_

B. 2017 Estimated Population: \_\_\_\_\_

C. 2017 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

	2016		2017	
	Connections as of 12/31/16	REC*	Connections (estimated) on 12/31/17	REC*
A. Residential				
1. Single-family dwellings				
2. Multi-family dwellings				
3. Mobile homes				
B. Institutional				
C. Commercial				
D. Industrial				
Total:				

\*Residential Equivalent Connections

1 REC = 1 SAC = 274 gpd

Municipality: \_\_\_\_\_

E. Estimated 2017 sewage flow by class of user (Million Gallons per Year)

1. Residential: \_\_\_\_\_

2. Institutional: \_\_\_\_\_

3. Commercial: \_\_\_\_\_

4. Industrial: \_\_\_\_\_

F. Estimated 2018 Sewer Connections

CONNECTIONS

1. Residential\* \_\_\_\_\_

2. Institutional \_\_\_\_\_

3. Commercial \_\_\_\_\_

4. Industrial \_\_\_\_\_

**TOTAL (1 through 4)** \_\_\_\_\_

\*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  
12/31/16

Community-wide  
Total  
CONNECTIONS  
AS OF  
12/31/17

1. Residential\* \_\_\_\_\_

2. Institutional \_\_\_\_\_

3. Commercial \_\_\_\_\_

4. Industrial \_\_\_\_\_

**TOTAL (1 through 4)** \_\_\_\_\_

\*Number of dwelling units \_\_\_\_\_

B. Municipal Water Sold in 2017

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
1. Residential					
2. Commercial/ Institutional/ Industrial					

**TOTAL FOR YEAR** \_\_\_\_\_

5. Unit of Measurement (e.g. cu. ft., 100's cu. ft., gals., MG): \_\_\_\_\_

6. Estimated Population served by municipal water supply: \_\_\_\_\_

C. Provide the number of total sewer connections that are furnished with flow from private water supplies and the estimated flow for 2017.

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

D. 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?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

E. 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

F. If yes to either question above, please list programs currently used to identify and remove these connections from the sanitary sewer system. (Point of sale inspection, water meter change out inspection, public education, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Municipality: \_\_\_\_\_

V. DATA REGARDING ON-SITE SEWAGE DISPOSAL SYSTEM

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): \_\_\_\_\_

**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): \_\_\_\_\_

Municipality: \_\_\_\_\_

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

Please Return the Completed Survey To:

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

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