METROPOLITAN COUNCIL ENVIRONMENTAL SERVICES

390 NORTH ROBERT STREET

SAINT PAUL, MINNESOTA 55101

SURVEY OF SEWER USER DATA FOR 2020

# II. GENERAL INFORMATION

## Municipality:

## 2020 Estimated Population:

## 2020 Estimated Sewered Population:

## 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2019 | | 2020 | |
| Connections as of 12/31/19 | REC\* | Connections (estimated) on 12/31/20 | 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

## Estimated 2020 sewage flow by class of user (Million Gallons per Year)

### Residential:

### Institutional:

### Commercial:

### Industrial:

## Estimated 2021 Sewer Connections

## CONNECTIONS

### Residential\*

### Institutional

### Commercial

### 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 Community-wide  
 Total Total

CONNECTIONS CONNECTIONS

AS OF AS OF

12/31/19 12/31/20

1. Residential\*

2. Institutional

3. Commercial

4. Industrial

**TOTAL** **(1 through 4)**

\*Number of dwelling units

B. Municipal Water Sold in 2020

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

**TOTAL FOR YEAR**

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

4. 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 2020.

CONNECTIONS VOLUME (MG)

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

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

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

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

D. Does your community have an existing ordinance that prohibits the installation of, and requires 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 requires 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.).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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."

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

Survey Completed By: **(Please complete)**  
  
   
 Name  
  
   
 Title  
  
   
 Phone Number

Please Return the Completed Survey To:

Walter Atkins

Wastewater Planning and Community Programs

Metropolitan Council Environmental Services

390 North Robert Street

Saint Paul, MN 55101-1805

e-mail: walter.atkins@metc.state.mn.us

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