

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

SURVEY OF SEWER USER DATA FOR 2020

II. GENERAL INFORMATION

- A. Municipality: _____
- B. 2020 Estimated Population: _____
- C. 2020 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

	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

Municipality: _____

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

1. Residential: _____

2. Institutional: _____

3. Commercial: _____

4. Industrial: _____

F. Estimated 2021 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 <u>12/31/19</u>	Community-wide Total CONNECTIONS AS OF <u>12/31/20</u>
1. Residential*	_____	_____
2. Institutional	_____	_____
3. Commercial	_____	_____
4. Industrial	_____	_____
TOTAL (1 through 4)	_____	_____
*Number of dwelling units	_____	_____

Municipality: _____

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.

	<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 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.).

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): _____

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Municipality: _____

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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