METROPOLITAN COUNCIL ENVIRONMENTAL SERVICES

390 NORTH ROBERT STREET

SAINT PAUL, MINNESOTA 55101

UNMETERED CONNECTIONS CERTIFICATION

PERIOD COVERING DECEMBER 31, 2019 – DECEMBER 31, 2020

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

\*\*The following information will be used for billing purposes. Failure to submit this certification or the submission of incorrect information could result in future cost adjustments to the city.\*\*

1. NUMBER AND TYPE OF SEWER CONNECTIONS WHICH SANITARY FLOWS ARE UNMETERED **TO** ANOTHER COMMUNITY

 Community receiving unmetered flow:

Type 12/31/19 12/31/20

Residential \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
Institutional \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
Commercial \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
Industrial \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
Other \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Are any of these areas covered under a joint powers agreement that specifies treatment cost reimbursement to the receiving community? If so, please specify.

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

Community receiving unmetered flow:

Type 12/31/19 12/31/20

Residential \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
Institutional \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
Commercial \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
Industrial \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
Other \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Are any of these areas covered under a joint powers agreement that specifies treatment cost reimbursement to the receiving community? If so, please specify.

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

Community receiving unmetered flow:

Type 12/31/19 12/31/20

Residential \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
Institutional \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
Commercial \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
Industrial \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
Other \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

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

 Please attach additional sheets as necessary. Survey must be signed by city official: **(City Manager, Public Works Director, Finance Director, etc.)**

 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, Minnesota 55101-1805

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

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