

Entity Name:	Effective Date:
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SEWER UTILITY	
1.	<input type="checkbox"/> Treatment Plant <input type="checkbox"/> Lift Stations <input type="checkbox"/> Pumps
2. Annual Payroll:	\$ _____
3. Number of users:	_____
4. Number of sewer miles:	Storm: _____ Sanitary: _____
5. Year the system was built:	How often is the system inspected?
Year of last upgrade?	
6. Are records kept of all repairs:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are any operations subcontracted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do the following apply:	
Are certificates of insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are subs required to carry limits of insurance equal to your limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are hold-harmless agreements required from subs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you named as an additional insured under the subcontractors policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is there a Supervisory Control and Data Acquisition (SCADA) system used in the operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. What disposal system is used for waste solids?	<input type="checkbox"/> Fertilized <input type="checkbox"/> Truck to landfill <input type="checkbox"/> Incinerated <input type="checkbox"/> Other: _____
10. Do you have a performance standard for responding to consumer complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Has the plant ever been fined or received a citation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
12. Have there been any past/present incidents of sewer backup to residential or commercial property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain?	

