

# Benchmark

**MANAGEMENT GROUP, INC.**

1730 Park Street, Suite 214 Naperville, IL 60563  
Phone: (630) 778-7000 Fax: (630) 778-7007

## Public Entity Application Sewer/Water Utility Questionnaire E

Legal Name of Public Entity: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### A. SEWER UTILITY

1. Number of utility users: Industrial: \_\_\_\_\_ Commercial: \_\_\_\_\_ Residential: \_\_\_\_\_

2. Provide annual payroll (**less clerical**):

Plant operation: \$ \_\_\_\_\_ Construction: \$ \_\_\_\_\_ Cleaning: \$ \_\_\_\_\_

3. Provide number of sewer miles: Storm: \_\_\_\_\_ Sanitary: \_\_\_\_\_

4. What type of facility is operated?  Treatment Plant  Lift Stations  Pumps

5. If treatment plant is operated:

a. Type of plant?  Primary  Secondary  Tertiary

b. What regulatory agency is responsible for monitoring (DEC, EPA, Health Department)? \_\_\_\_\_

How often? \_\_\_\_\_

c. How is influent input monitored for toxic or hazardous waste? \_\_\_\_\_

d. How are chemicals labeled and where stored? \_\_\_\_\_

e. What is done with residual by-product/sludge? \_\_\_\_\_

f. Has plant ever been fined or received a citation? .....  Yes  No

If "yes," explain: \_\_\_\_\_

g. Are any operations contracted?.....  Yes  No

If "yes," attach Certificate of Insurance and a copy of any hold harmless agreements.

6. How old is your system? \_\_\_\_\_ Year of last upgrade? \_\_\_\_\_

7. Is regular maintenance performed? .....  Yes  No

Are records kept for all repairs? .....  Yes  No

8. Have you had any past/present incidents of sewer back-up to residential or commercial property?  Yes  No

If "yes," please explain (include dates, cause and corrective action taken): \_\_\_\_\_

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

**B. WATER UTILITY**

1. General Information

- a. Annual payroll (**less clerical**): \$ \_\_\_\_\_
  - b. Number of gallons distributed annually: \_\_\_\_\_ Maximum annual capacity: \_\_\_\_\_
  - c. Miles of pipe: \_\_\_\_\_ Total number of employees: \_\_\_\_\_
  - d. Number of users: Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_
  - e. Number of: Water treatment plants: \_\_\_\_\_ Water tanks: \_\_\_\_\_ Water towers: \_\_\_\_\_
  - f. Are all facilities fenced? .....  Yes  No
  - g. Is water provided to neighboring entities? .....  Yes  No
- If "yes," describe and provide copies of contracts: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. Source of water supply (lake, well, etc.): \_\_\_\_\_

- a. How old is your system? \_\_\_\_\_ Year of last upgrade? \_\_\_\_\_
- b. Composition of pipe?
  - Lead \_\_\_\_\_%  Cast iron \_\_\_\_\_%  Asbestos \_\_\_\_\_%
  - Plastic \_\_\_\_\_%  Clay \_\_\_\_\_%  Other \_\_\_\_\_%

3. a. Has utility completed monitoring for lead in drinking water? .....  Yes  No

- b. Date completed: \_\_\_\_\_
  - c. Test results:
    - (1) Tap water monitoring: \_\_\_\_\_
    - (2) Water quality monitoring: \_\_\_\_\_
    - (3) Lead source water monitoring: \_\_\_\_\_
  - d. If test results exceed the lead action level of 15 ppb, please comment on treatment techniques relating to (a) corrosion control, (b) source water, (c) public education, or (d) lead service line replacement as applicable:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

4. How often is water tested? \_\_\_\_\_ By which regulatory agent? \_\_\_\_\_

5. Has system ever been cited or fined for non-compliance with required standards? .....  Yes  No

If "yes," please provide details, copy of non-compliance notice(s) and action(s) taken to correct problem(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Does entity contract any part of water operations (construction, maintenance, inspection, etc.)?.....  Yes  No

If "yes," provide certificates of insurance.

7. Does entity have a written disaster plan? .....  Yes  No

8. Is there a process in place for handling customer complaints or reported problems? .....  Yes  No