



2019 Sewer Rate Survey

Contact Information

Facility Name: _____

Street Address: _____ Mailing Address: _____

Town: _____ Zip Code: _____

Phone: _____ Fax: _____

Gen. Mgr. / Supt. Contact: _____ email: _____

Office Mgr. / Admin. Contact: _____ email: _____

System Information

FACILITY TYPE (see FAQ's and select the appropriate choice)

Municipal Sewer Sewer District Other - please specify: _____

Municipal Joint Sewer & Water Sanitary District _____

Joint Sewer & Water District

TREATMENT TYPE (select one)

Primary Secondary - Trickling Filter Lagoon - Aerated

Secondary Secondary - SBR Lagoon - Facultative

Secondary - Activated Sludge Advanced - Extended Aeration Other - please specify: _____

Secondary - RBC Advanced - Nutrient Removal _____

CONNECTIONS

of Residential Connections: _____ # of Non-residential Connections: _____

Fee Information (please check ALL fees you have now and fill in the requested information)

<u>Type</u>	<u>Residential Amount</u>	<u>Non-Residential Amount</u>
<input type="checkbox"/> Application	\$ _____	\$ _____
<input type="checkbox"/> Capacity	\$ _____	\$ _____
<input type="checkbox"/> Impact	\$ _____	\$ _____
<input type="checkbox"/> Equity Buy-in	\$ _____	\$ _____
<input type="checkbox"/> Assessment	\$ _____	\$ _____
<input type="checkbox"/> Late Payment	\$ _____ or _____ %	\$ _____ or _____ %

(if so, what is the penalty?) _____

Dumping Fees

Charge, in \$/unit volume, i.e. \$100/1,000 gals

Septage \$ _____ per _____

Holding Water \$ _____ per _____

Other - please specify: _____

_____ \$ _____ per _____

Rate Information

Date of Last Rate Increase: _____

Amount of Last Rate Increase: _____

% of Last Rate Increase: _____

Customers are billed:

Monthly Semi-Annually

Quarterly Annually

