

**Water Asset Management Council
Stormwater Asset Management Survey**

Please answer all questions. Not available can be used for an answer when necessary.

A. GENERAL INFORMATION

A.1 Name of Utility: _____
Please identify the specific name of your utility as used by EGLE

A.2 Responder Information
Name: _____
Title: _____
Email: _____
Phone No.: _____

A.3 System NPDES/MS4 Permit No.: _____ N/A

B. SYSTEM OWNERSHIP

B.1 Do you own or operate your own stormwater system ?
_____ Own _____ Operate _____ Neither

B.2 Do you operate a stormwater system on behalf of a drainage District?
_____ Yes _____ No
System Name: _____

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C. SYSTEM INVENTORY

C.1 Do you have a GIS database for your stormwater system?
 Yes No

C.2 Please indicate the total feet of pipe installed.
Includes gravity pipes but does not include forcemains or lateral service lines.

Storm Sewer Size (inches)	Storm Sewer Length (feet)						
	Concrete	Corrugated Metal pipe	Vitrified Clay Pipe	High Density Polyethylene	Polyvinyl Chloride	Other	Unknown Material
< 8"							
8" - 12"							
15"-18"							
21"-24"							
27"-36"							
42"-60"							
66"-78"							
84"-96"							
>=102"							
Unknown Size							

C.3 Please indicate the total age of pipe installed.
Includes gravity pipes but does not include forcemains or lateral service lines.

Installation Date	Storm Sewer Length (feet)
Prior to 1900	
1900s	
1910s	
1920s	
1930s	
1940s	
1950s	
1960s	
1970s	
1980s	
1990s	
2000s	
2010s	
2020s	
Unknown Age	

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C.4 Please indicate the number of the following assets in your system:

Catchbasins:	<input type="text"/>	
Manholes/Chambers/Vaults:	<input type="text"/>	
Lift/Pump Stations:	<input type="text"/>	
Retention/Detention Facilities:	<input type="text"/>	
Outfalls:	<input type="text"/>	
Dams:	<input type="text"/>	
Structural BMPs:	<input type="text"/>	
Natural BMPs:	<input type="text"/>	
Other:	<input type="text"/>	Describe: <input type="text"/>
Other:	<input type="text"/>	Describe: <input type="text"/>

D. SYSTEM BUSINESS RISK EXPOSURE (BRE)

D.1 Please indicate the Pipe Probability of Failure (POF) rating by footage:

Please indicate the footage of pipe that falls under each rating with 1 being the best condition and 5 being the worst

	Pipe Probability of Failure Rating					
	5 Very High	4 High	3 Moderate	2 Low	1 Very Low	Unknown
Total Footage (ft)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D.2 Please indicate which criteria were used to develop the Pipe POF:

<input type="checkbox"/>	N/A	
<input type="checkbox"/>	Pipe Condition	
<input type="checkbox"/>	Sewer Blockage History	
<input type="checkbox"/>	Sewer Capacity	
<input type="checkbox"/>	Age of Pipe	
<input type="checkbox"/>	Other	Specify: <input type="text"/>
		<input type="text"/>
		<input type="text"/>

D.3 Please indicate the Pipe Consequence of Failure (COF) rating by footage:

Please indicate the footage of pipe that falls under each rating with 1 being the best condition and 5 being the worst

	Pipe Consequence of Failure Rating					
	5 Very High	4 High	3 Moderate	2 Low	1 Very Low	Unknown
Total Footage (ft)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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D.4 Please indicate which criteria were used to develop the Pipe COF:

<input type="checkbox"/>	N/A	
<input type="checkbox"/>	Pipe Diameter	
<input type="checkbox"/>	Location In System	
<input type="checkbox"/>	Customer Impact	
<input type="checkbox"/>	Other	Specify: <input type="text"/>
		<input type="text"/>
		<input type="text"/>

D.5 Calculated BRE rating by footage:

	Total Footage
High Priority (15-25)	<input type="text"/>
Medium Priority (5-15)	<input type="text"/>
Low Priority (1-4)	<input type="text"/>

D.6 Please indicate the overall POF and COF ratings for each vertical asset:

	POF	COF
Lift/Pump Stations:		
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
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Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Retention/Detention Facilities:		
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Dams:		
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Other:		
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>

E. CAPITAL FUNDING FOR WASTEWATER

E.1 Please indicate the replacement values (in current \$) of your wastewater assets based on the following categories:

Collection System:		
Lift/Pump Stations:		
Retention/Detention Facilities:		
Outfalls:		
Dams:		
Structural BMPs:		
Natural BMPs:		
Other:		Describe: <input type="text"/>
Other:		Describe: <input type="text"/>
Total:		

E.2 Please indicate the footage of Pipe you plan to Clean and CCTV

	Annual Avg over
Percent of System (%)	
Budget (\$)	

E.3 Please indicate the number of Catchbasins you plan to Clean

	Annual Avg over
Each	
Budget (\$)	

E.4 Please indicate your anticipated Stormwater CIP Budget (in current \$)

	Annual Avg over
CIP Budget (\$)	

E.5 Please indicate your anticipated Stormwater O&M Budget

	Annual Avg over
O&M Budget (\$)	

E.6 Please indicate your anticipated Stormwater revenue

	Annual Avg over
Revenue (\$)	

E.7 If funding was available, what would your total investment in your stormwater system be?

	Annual Avg over
Investment (\$)	

E.8 Are you interested in implementing a stormwater utility?

Yes No

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F. LEVEL OF SERVICE (LOS)

F.1 Have you developed LOS goals for your stormwater system targets in order of importance to your system?
 Yes No N/A

F.2 Please indicate how far your system is toward reaching its LOS goals for each of the categories

Reliability/Resiliency	<input type="text"/>
Responsiveness	<input type="text"/>
Safety	<input type="text"/>
Capacity	<input type="text"/>
Environmental Impact	<input type="text"/>
Affordability	<input type="text"/>
Compliance	<input type="text"/>

*0 = system has NOT developed LOS goals
 1 = system has developed LOS goals but no action has been taken
 2 = system has developed LOS goals but limited action has been taken
 3 = system is halfway towards meeting the LOS goals
 4 = system has made significant progress in meeting the LOS goals.
 5 = system has reached the desired LOS goals and maintains that level.
 NA means that this information is NOT AVAILABLE*

F.3 Please rank the following impediments toward reaching your desired LOS
 (1 being Low impact, 5 being High impact.)

Staffing	<input type="text"/>
Limited Funds	<input type="text"/>
Training	<input type="text"/>
Other	<input type="text"/>

specify

G. COORDINATION

G.1 Are you currently coordinating efforts with other utilities/jurisdictions
 Yes No

G.2 With what other utilities/jurisdictions do you have ongoing efforts for coordination?

- None
- Neighboring Communities
- Utility Agencies
- Drain Commissions
- Road Agencies
- Other

specify

G.3 Please specify when do you coordinate with these agencies

- None
- During CIP Planning
- During Design
- During Construction
- Other

specify

G.4 Do you currently use the MIC project portal for coordinating activities
 Yes No

G.5 Do you plan on using the MIC project portal for coordinating activities in the future?
 Yes No

G.6 Please specify what activities are currently coordinated?

G.7 Do you plan to coordinate activities in the future? If yes, please specify

Yes No

Specify:

Thank you for taking the time to complete this Survey.

Submit