

**Water Asset Management Council  
Wastewater 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 Permit No.: \_\_\_\_\_ N/A

**B. SYSTEM OWNERSHIP**

B.1 Do you own or operate your own wastewater system ?  
Treatment \_\_\_\_\_ Own \_\_\_\_\_ Operate \_\_\_\_\_ Neither \_\_\_\_\_  
Collection \_\_\_\_\_ Own \_\_\_\_\_ Operate \_\_\_\_\_ Neither \_\_\_\_\_

B.2 Do you send your wastewater to another municipality, multi-jurisdictional system, or regional system?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
System Name: \_\_\_\_\_

B.3 Do you provide wastewater treatment to other municipalities/Systems?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, how many: \_\_\_\_\_

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**C. SYSTEM INVENTORY**

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

C.2 Is your System Separated or Combined  
 Separated  
 Separated but with Connected Footing Drains  
 Partially Combined  % of System Combined  
 Combined

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

Sanitary Sewer Size (inches)	Sanitary 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.4 Please indicate the total age of pipe installed.  
*Includes gravity pipes but does not include forcemains or lateral service lines.*

Installation Date	Sanitary 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.5 Please indicate the number of the following assets in your system:

Wastewater Treatment Plant: \_\_\_\_\_

Manholes/Chambers/Vaults: \_\_\_\_\_

Lift/Pump Stations: \_\_\_\_\_

Equalization Basins (EQ): \_\_\_\_\_

Retention Treatment Basins (RTBs): \_\_\_\_\_

Treated CSO Discharge Points: \_\_\_\_\_

Untreated CSO Discharge Points: \_\_\_\_\_

SSO Discharge Points: \_\_\_\_\_

Billing Meters to/from other systems: \_\_\_\_\_

Length of Forcemain (ft): \_\_\_\_\_

Grinder Pump Station Systems: \_\_\_\_\_

Other: \_\_\_\_\_ Describe: \_\_\_\_\_

Other: \_\_\_\_\_ Describe: \_\_\_\_\_

**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)						

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

\_\_\_\_\_ N/A

\_\_\_\_\_ Pipe Condition

\_\_\_\_\_ Sewer Blockage History

\_\_\_\_\_ Sewer Capacity

\_\_\_\_\_ Age of Pipe

\_\_\_\_\_ Other Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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)						

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

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

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
<b>Lift/Pump Stations:</b>		
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"/>
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"/>
<b>Equalization Basins (EQ):</b>		
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"/>
<b>Retention Treatment Basins (RTBs):</b>		
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"/>
<b>Other:</b>		
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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D.7 Please indicate the POF and COF ratings for each overall process at the Wastewater Treatment Plant:

Process:			
Process:			
Process:			
Process:			
Process:			
Process:			

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**E. CAPITAL FUNDING FOR WASTEWATER**

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

Wastewater Treatment Plant:		
Collection System:		
Lift/Pump Stations:		
Equalization Basins (EQ):		
Retention Treatment Basins (RTBs):		
Treated CSO Discharge Points:		
Untreated CSO Discharge Points:		
SSO Discharge Points:		
Billing Meters to/from other systems:		
Length of Forcemain (ft):		
Grinder Pump Station Systems:		
Other:		Describe: <input type="text"/>
Other:		Describe: <input type="text"/>
<b>Total:</b>		

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

	Annual Avg over next 5 years
Percent of System (%)	
Budget (\$)	

E.3 Please indicate the footage of Pipe you plan to replace/rehabilitate

	Annual Avg over next 5 years
Footage (ft)	
Budget (\$)	

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

	Annual Avg over next 5 years
CIP Budget (\$)	

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

	Annual Avg over next 5 years
O&M Budget (\$)	

E.6 Please indicate your anticipated wastewater revenue

	Annual Avg over next 5 years
Revenue (\$)	

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

	Annual Avg over next 5 years
Investment (\$)	

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**F. LEVEL OF SERVICE (LOS)**

F.1 Have you developed LOS goals for your wastewater system targets in order of importance to your system?

Treatment	<input type="text"/>	Yes	<input type="text"/>	No	<input type="text"/>	N/A
Collection	<input type="text"/>	Yes	<input type="text"/>	No	<input type="text"/>	N/A

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

	Treatment	Collection
Reliability/Resiliency	<input type="text"/>	<input type="text"/>
Responsiveness	<input type="text"/>	<input type="text"/>
Safety	<input type="text"/>	<input type="text"/>
Capacity	<input type="text"/>	<input type="text"/>
Environmental Impact	<input type="text"/>	<input type="text"/>
Affordability	<input type="text"/>	<input type="text"/>
Compliance	<input type="text"/>	<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"/>	specify <input type="text"/>
Limited Funds	<input type="text"/>	
Training	<input type="text"/>	
Other	<input type="text"/>	

**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   
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](#)