To All Wastewater Agencies and Interested Parties,

CALENDAR YEAR (CY) 2018 WASTEWATER USER CHARGE SURVEY; REQUEST FOR INFORMATION FROM AGENCIES RESPONSIBLE FOR COLLECTION, TRANSPORT, TREATMENT OR DISPOSAL OF WASTEWATER

The Division of Financial Assistance (DFA) is conducting a survey of sewer rates and connection (capacity) fees for CY 2018. The survey information assists us with providing communities with financing to address water quality problems throughout California and also benefits communities to better serve their constituents. In order to make the process as easy as possible, we have developed an online survey and provided a copy of the survey questionnaire to assist in gathering the information necessary to complete the online survey. The online survey should take approximately 15 minutes to complete after you gather the information. We ask that you please complete the survey at your earliest convenience. The online survey is available via the following link:

***https://www.surveymonkey.com/r/CY18DFASURVEY***

If you cannot complete the survey online, you may complete a hard copy of the survey questionnaire and return it by mail to the address below, or you may email the completed form to ***DFA-Survey@waterboards.ca.gov***.

**Mailing Address:** **State Water Resources Control Board**
**Division of Financial Assistance**
**P.O. Box 100**
**Sacramento, CA 95812-0100**

Please complete the survey no later than **December 31, 2018**. We hope to publish the survey results by **June 14, 2019**, so your timely response to the survey will assist us in meeting this timeline.

After the survey report has been completed, a link to the report will be provided to you via the email provided on the survey questionnaire.

If you have any questions concerning this letter, the enclosed forms, or wastewater user charge systems, please contact Mr. Melky Calderon at (916) 341-5646 or by email at *DFA-Survey@waterboards.ca.gov*. Thank you in advance for completing the questionnaire and participating in this year's survey.

Sincerely,

Leslie S. Laudon, Deputy Director
Division of Financial Assistance

**STATE WATER RESOURCES CONTROL BOARD**
**Calendar Year (CY) 2018 Survey for Wastewater Collection, Transport, and/or Treatment Agencies**

## I. AGENCY INFORMATION

Select agency type: ☐ Public ☐ Private

Agency: _____

Contact Name: _____ Title: _____

Address: _____

City/Town: _____ Zip Code: _____ County: _____

Phone: _____ Email: _____

**For future Surveys who should receive this survey:** ☐ Same as above.

Contact Name: _____ Title: _____

Address: _____

City/Town: _____ Zip Code: _____ County: _____

Phone: _____ Email: _____

## II. SERVICE AREA

1. Approximate population receiving wastewater service from your agency:_____

2. What is the estimated Median Household Income (MHI) of your agency's service area: $_____ (per year)

   Provide reference source below and/or explain the basis for estimating MHI.

   _____

   _____

## III. FINANCES

1. Select all that apply:

| | Billing Frequency (select one) | | | | Rate Structure (select one) | |
|---|---|---|---|---|---|---|
| | Monthly | Bimonthly | Quarterly | Annual | Flat Rate | Variable Based on Water Use |
| Single-family residence | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Multiple family (per unit) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Mobile homes (per unit) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Industrial | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Commercial | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Institutional | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

2. Please fill in the following table (Base Wastewater User Fee as of the date survey completed):

| | Number of sewer accounts | CY 2018 Wastewater User Fee ($): If variable, please specify the average. | Connection (or capacity) fees ($): If variable, please specify the average. |
|---|---|---|---|
| Single-family residence | | *(per month)* | *(per connection)* |
| Multiple family (per unit) | | *(per month)* | *(per connection)* |
| Mobile homes (per unit) | | *(per month)* | *(per connection)* |
| Industrial | | *(per month)* | *(per connection)* |
| Commercial | | *(per month)* | *(per connection)* |
| Institutional | | *(per month)* | *(per connection)* |

3. Sources of revenue (check all that apply; and please provide the approximate percentage of total revenue provided by each of the following sources):

☐ Sewer service charge_____% ☐ Sewer connection fees_____% ☐ Industrial waste fees_____%

☐ Ad valorem (property) taxes_____% ☐ Interest _____% ☐ Other _____% (describe)_____

4. Is loading considered when setting rates? ☐ Yes ☐ No

If yes, please check all loading types that apply.

☐ Biochemical Oxygen Demand (BOD) ☐ Chemical Oxygen Demand (COD) ☐ Suspended Solids (SS)

☐ Other, please specify: _____

5. Wastewater debt service (bonds, loans, Certificate of Participation, etc.) is included in (check all that apply):

☐ The wastewater user fee

☐ Other wastewater-related charges to the customer (e.g., property taxes)

☐ Neither of the above, the agency has no debt

6. Are connection fees used for anything other than capital expansion (or replacement)? ☐ Yes ☐ No ☐ N/A

7. a. Agency's CY 2018 wastewater operation and maintenance budget is: $ _____

b. Agency's CY 2018 wastewater debt service budget is: $ _____

c. Agency's CY 2018 wastewater capital expenditure budget is: $ _____

## IV. AGENCY ROLE/RESPONSIBILITIES

1. Wastewater facilities your agency is responsible for (check all that apply):

☐ Collection ☐ Interceptor ☐ Treatment ☐ Disposal

2. Do you have a pre-treatment program? ☐ Yes ☐ No

3. a. Current average dry weather flow (ADWF) is: _____mgd (million gallons per day)

b. Current design (or contractual) flow capacity is: _____mgd

4. Is your agency responsible for onsite septic system maintenance? ☐ Yes ☐ No

If onsite septic system maintenance is your agency's only responsibility, please skip to Section VI.

5. Is your agency responsible for treatment? ☐ Yes ☐ No

If No, please list the agency that is then skip to Section VI:

_____

## V. WASTEWATER TREATMENT FACILITIES

1. Please list the name(s) and location(s) of the treatment facilities your agency is responsible for:

_____

_____

_____

2. The treatment facilities consist of or include the following components or processes (check all that apply):

☐ Community Septic System ☐ Ponds and/or Lagoon System

☐ Septic Tank Effluent Pump (STEP) System ☐ Extended Aeration

Primary Treatment:

☐ Comminutor/Grinder ☐ Screening ☐ Scum and/or Grit Removal ☐ Sedimentation Tank

☐ Other, please explain: _____

Secondary Treatment:

☐ Suspended Growth/Activated Sludge (e.g., Sequencing Batch Reactor, etc.)

☐ Attached Growth (e.g., Trickling Filter, Biotower, Rotating Biological Contactor, etc.)

☐ Other, please explain: _____

Disinfection:

☐ Chlorine ☐ Ozone ☐ Ultraviolet Light ☐ Other, please explain: _____

Tertiary/ Advanced Treatment:

☐ Filtration, please specify filtration type (e.g., Membrane Bioreactor, Sand Filter, etc.):

_____

☐ Phosphorus Removal ☐ Nitrification ☐ Denitrification ☐ Other, please specify:_____

Sludge Handling:

☐ Anaerobic Digestion ☐ Dewatering ☐ Thickening ☐ Compost ☐ Disposal/Landfill

Other Processes:

☐ Other, please explain:_____

_____

3. Amount of recycled water used: _____ (AFY) Volume of potable water usage offset: _____ (AFY)

4. Is your agency responsible for wastewater discharge? ☐ Yes ☐ No

If your agency is not responsible for wastewater discharge, please list the agency that is then skip to Section VI:

_____

5. Discharge is regulated under (please check all that apply, and write the order number(s) in the blank below):

☐ Waste Discharge Requirements (WDRs) Order No.: _____

☐ National Pollutant Discharge Elimination System (NPDES) Permit NPDES No.: _____

## VI. FUTURE NEEDS

1. Does your agency have an electronic capital improvement plan available on the internet? ☐ Yes ☐ No

   If yes, please provide the website address: _____

## VII. COMMENTS

1. Please provide comments in the space provided below:

_____

_____

_____

_____