

Roush Insurance Services, Inc.

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Agency _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____

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