



## Utility Sustainability Assessment Bureau of Water – State Revolving Fund Program

Please return a completed assessment along with 1) a copy of the utility's organizational chart, 2) rate schedule(s), and 3) most recent comprehensive financial audit. *(Note: if the system operates as a combined utility but the drinking water and wastewater programs function separately, fill out an assessment for the program that corresponds to the SRF project for which you are seeking funding.)*

System Name \_\_\_\_\_

Combined Utility?  N  Y - programs combined  Y - programs separate

Drinking Water System # \_\_\_\_\_

Wastewater System # \_\_\_\_\_

Contact Name, Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Facility and operator information. *(Please, attach additional information as needed.)*

Facility Name	Treatment/Distribution or Environmental Classification	Certification Required

Operator Name	Operator Grade			PT/FT/Contract	Years Employed
	Water Treatment	Water Distribution	Biological		

2. Is there an Operations and Maintenance manual(s) for the system?

Yes  No  Don't know

3. Does the system's income exceed operating expenses?

Yes  No  Don't know

4. Does the system produce enough revenue to cover debt service?

Yes  No  Don't know  No Debt

Please fill out the following table of the system's outstanding debt:  
*(Please, attach additional information if necessary.)*

Outstanding Debt	Owed To	Term Remaining
\$		
\$		
\$		

5. Are there written job descriptions/duties for each employee?

Yes  No  Don't know

6. If "yes" for #5, are these signed by the employee?

Yes  No  Don't know

7. Are there written Standard Operating Procedures?  
 Yes    No    Don't know
8. Does the system have an asset management plan?  
 Yes    No    Don't know
9. Is there a written list of all system assets?  
 Yes    No    Don't know
10. Is there a written depreciation schedule for system assets?  
 Yes    No    Don't know
11. Is there a written plan for repair and replacement of assets?  
 Yes    No    Don't know
12. Summarize the most recent compliance inspection and/or sanitary survey and regulatory compliance monitoring results and enforcement orders below. *(Please, attach additional information if necessary.)*

Drinking Water

Sanitary Survey				
Date	Rating	# Unsatisfactory and Needs Improvement	# Significant Deficiencies	# Open Enforcement Orders

Regulatory Compliance Monitoring				
	Date of most recent monitoring	# Violations of MCL	# Enforcement orders	
BacT				
Chemical				
Radiological				
Other				

Wastewater

Most Recent Compliance Inspection			# Open Enforcement Orders Resulting From	
Date	Rating	# Violations	Compliance Inspections	Self-reporting

13. Have all deficiencies from the previous inspection / survey been corrected?  
 Yes    No    Don't know

If no, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Is there a current map of your system, including source, storage, lines (distribution/collection/interceptors), valves, hydrants, and pump stations?  
 Yes    No    Don't know
15. Does the system have a Source Water Protection Plan?  
 Yes    No    Don't know    NA

16. Does the drinking water system have non-revenue water of  
 Less than 10%     Greater than 10%     Don't know     NA

How often is water loss calculated?

- Monthly     Quarterly     Semi-annually     Annually  
 Don't know

17. Has the wastewater system had an infiltration/inflow analysis performed within the last 5 years?  
 Yes     No     Don't know     NA

18. Do system operators have the appropriate tools and equipment (or contracts) to operate, maintain, or repair the system?  
 Yes     No     Don't know

19. Is the board/council informed about results of operations?  
 Yes     No     Don't know

If yes, how often is the board informed of results of operations?

- Monthly     Quarterly     Semi-annually     Annually  
 Other (please specify) \_\_\_\_\_  Don't know

20. Is there a training plan for all levels of staff?  
 Yes     No     Don't know

21. Does the training plan include the board/council?  
 Yes     No     Don't know

22. Are customer complaints tracked?  
 Yes     No     Don't know

If yes, how many customer complaints were there in the past year? \_\_\_\_\_

23. Is the system's annual budget approved by the board/council?  
 Yes     No     Don't know

24. Have the costs for future capital improvements been projected?  
 Yes     No     Don't know

25. Does the board/council review monthly summaries of revenue and expenses?  
 Yes     No     Don't know

26. Is operator input solicited into planning and budgeting?  
 Yes     No     Don't know

27. Is the system's budget compared to actual operating results?  
 Yes     No     Don't know

If yes, how often?

- Weekly     Monthly     Quarterly     Semi-annually  
 Annually     Don't compare     Don't know

28. Does the system fund a depreciation/capital improvement account?  
 Yes     No     Don't know

29. Does the system have financial reserves for emergencies?  
 Yes     No     Don't know

30. Does the system retain all of its revenues for its own operations?

Yes  No  Don't know

If no, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Are all funds for operations of the system generated by the system itself?

Yes  No  Don't know

If no, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. Is the system's rate structure regularly evaluated?

Yes  No  Don't know

If yes, how often?

Monthly  Quarterly  Semi-annually  Annually

Other (please specify) \_\_\_\_\_

When was the rate structure last adjusted? \_\_\_\_\_

Check all that are covered by the rate structure:

Current expenses  Replacement costs  Reserves  
 Contractual obligations  No to all  Don't know

33. Are the system's financial statements prepared and/or audited by a public accountant?

Yes  No  Don't know

34. Are all services metered?

Yes  No  Don't know

35. Is there a regular meter calibration/replacement schedule?

Yes  No  Don't know

36. Did the system's board/council review this survey?

Yes  No  Don't know

Comments/Additional Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person Completing Survey \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_