



# LOUISIANA RURAL WATER ASSOCIATION

## Smoke/Camera Survey Form

LRWA Energy Technician's Name

Date

**Dear Decision Maker,**

Please complete **ALL** information below then fax (337-738-5620) or email ([ahargrave@lrwa.org](mailto:ahargrave@lrwa.org)) so the LRWA Energy Technician can provide the requested **Infiltration (smoke)** or **Sewer Video Camera Survey**. This information **is necessary** for the technician to conduct the survey; LRWA requires this information **before** the survey will be performed. **If the information is not provided prior to the technician's arrival; this will be just cause to reschedule the survey.** If you have any questions regarding this form, please contact the LRWA at 800-256-2591.

**PRINT ALL INFORMATION**

<b>System Name</b>				
<b>Contact Person</b>				
<b>Mailing Address</b>				
<b>City/State/Zip</b>		<b>State</b>		<b>Zip</b>
<b>Parish</b>				
<b>Phone #</b>		<b>Cell</b>		
<b>Email Address</b>				

Total system population		Number of taps/connections	
Do you have Master Meter (Yes or No)			
Approximately how many gallons are pumped per month	Dry weather months		
	Rainy weather months		
<b><u>Please use the last six (6) months of electrical/utility bills to get the below figures</u></b>			
What is the average electric/utility bill that the system pays for the wastewater system/plant's operation. <i>(include all motors in the collection and treatment system); add the six amounts together then divided by six.</i>			
Average KWH per month		Approximate treatment cost per month	
Total numbers of motors		Total gallons per minute pumped	
Total hours per day pumps run (Average)		Total horsepower	

**Note:** Please use additional paper to describe your treatment process, plant, pond, include sizes, approximate age of system, and number of lift stations, etc.