



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) 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 caused to reschedule the survey.** If you have any questions regarding this form, please contact the LRWA at 800-256-2591.

PRINT ALL INFORMATION

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

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		
Please use the last six (6) months of electrical/utility bills to get the below figures			
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.