## WASTEWATER TREATMENT FACILITY INFORMATION REQUEST FORM

## Please complete this form for each separate wastewater treatment plant:

Wastewater Treatment Facility Owner:				
Wastewater Treatment Facility Name:				
VPDES Permit Number:				
Contact Name/Phone number/email:	J			
Type of treatment				
Permitted Capacity	_MGD			
Average Monthly Discharge for the previous 12 months MGD				
Number of days the facility exceeded 80% capacity during the previous 12 months				
Point of discharge (receiving stream)				
Permitted discharge limit (if different from plant capacity)				
Year the facility was constructed	<del></del>			
Year of the last major upgrade/expansion  How is sludge disposed of?  What is the predominant maintenance issue experienced by your facility?				
What are the most significant facility needs?				
Please list the wastewater collection systems that di	scharge to the facility:			
Collection System	Average daily discharge (GPD) (past 12 months)			

Does the facility receive and treat septage?		
If yes, average number of gallons of septage treated	per month? Gallons	
Is the facility operated by a private contractor?		
If so, name of contract operator		
Number of licensed operators full time	; part time	
Please provide the following information (Operator A, B, C may be substituted for names):		
Operator Name	License Classification	

## Please provide the following additional information:

- 1) List of all permit violations over the past 2 years.
- 2) If available, the Capital Improvements Plan (CIP) for the wastewater facility.
- 3) If a CIP does not exist, please provide a detailed list of facility needs.
- 4) Digital copy of any PER or report completed regarding the existing facility or proposed facility extensions in the past 5 years.
- 5) Digital copy of any Asset Management Plan completed within the past 5 years.
- 6) Digital copy of facility construction or as-built drawings.
- 7) Digital copy of operation and maintenance manual.