

Smoke/Camera Survey Form

Date: \_\_\_\_\_

LRWA Energy Technician's Name: \_\_\_\_\_

**Dear Decision Maker :**

Below in the necessary information for LRWA to provided the requested Infiltration (Smoke) Survey or Sewer Video Camera Survey on the system. Please complete this form in its entirety and have it available for me when I arrive to conduct this survey. This information **is necessary** for me to conduct the survey; I need this information **before** I can perform the survey. If the information is unavailable upon my arrival this will be just cause to reschedule the survey. If you have any questions regarding this form, please contact me through the LRWA office at 800-256-2591.

**PRINT ALL INFORMATION**

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Parish \_\_\_\_\_ Phone #:( \_\_\_\_\_ ) \_\_\_\_\_ Or \_\_\_\_\_

Total system population: \_\_\_\_\_

Master Meter (Yes or No): \_\_\_\_\_ Number of taps/connections: \_\_\_\_\_

Approximately how many gallons are:

(A) Pumped per month during dry weather months: \_\_\_\_\_

(B) Pumped per month during rainy weather months: \_\_\_\_\_

What is the average utility bill for the wastewater system per month: \$ \_\_\_\_\_ (Please use at least six months of electrical bills to figure the average; this includes all motors in the collection and treatment system.)

Average Kwh's per month: \_\_\_\_\_ (Please use at least six months of electrical bills to figure the average.)

Approximate energy cost per 1,000 Gallons: \$ \_\_\_\_\_

Approximate treatment cost per month: \$ \_\_\_\_\_

Total numbers of motors: \_\_\_\_\_

Total horsepower: \_\_\_\_\_

Total hours per day pumps run (Average): \_\_\_\_\_

Total gallons per minute pumped: \_\_\_\_\_

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