



2135 South Ammon Road, Ammon, Idaho 83406

SEWER SURVEY

The City of Ammon is currently using a system that is based on Equivalent Residential Units (ERU's). These ERU's are calculated on the average amount of wastewater produced per residential connection in the City, which has been determined to be 320 gallons per day (peak usage). Please note that the amount charged per ERU is not changing because of the new method, only how many ERU's are assigned to individual commercial and industrial uses.

This system is in place, and each residential connection will be charged for one (1) ERU. Since commercial and industrial connections differ from residential connections, the number of ERU's allocated for these accounts will be based on the type of business/institution and tied to a chart adopted by the Eastern Idaho Regional Wastewater Authority (EIRWWA). This chart will also determine the amount of sewer connections that are due upon connection to the system.

In order for the City to properly assign ERU's to your commercial or industrial connection,

Please fill out the following questionnaire and return it to:

2135 South Ammon Road, Ammon, ID 83406.

Your input will ensure that the ERU's assigned to your connection are accurate. If your input is not received, ERU's will be assigned based on assumptions using the best available information. If you cannot find a type of business that you feel represents your operation, please call and talk with the City Engineer (612-4028) to discuss. Marking the entire survey with negative answers will just slow the process down.

Business Name: _____

Business Address: _____

Contact Name: _____

Contact Phone Number: _____

Please read and answer all questions on this survey, as more than one question may apply.

If your connection is for more than one business entity, please answer for all that apply and write the individual business name under the question that applies (i.e. a strip mall or professional plaza with multiple businesses and one sewer connection).

Thank you in advance for your time and cooperation – we realize how valuable they are.
Rachael Sanders – Deputy City Clerk

1. Please list the number of full-time employee equivalents (FTE's). Each salaried employee is one FTE; for hourly employees, please list the number of hours paid per week divided by 40. For example, if a business has five (5) salaried employees and five (5) hourly employees with 140 hours paid on *average* per week, the FTE's would be 5 FTE's for salaried employees and 3.5 FTE's for the hourly employees (140 hours per week/40 = 3.5). Volunteers should be counted similar to hourly employees if at the place of business over 1 hour per day.

FTE's (Full Time or Salaried Employees) _____

FTE's (Hourly Employees) total hours per week _____/40 = _____

Total FTE's _____

2. Is your business a medical clinic, doctor's office, emergency clinic, or **similar**?

**Note that extended care facilities under question 13

YES, please state which type of business (from above) _____

Please remember to fill in the FTE's under question 1 for accuracy.

NO

3. Is your business a massage therapy facility, spa or **similar**?

YES, please state which type of business (from above) _____

Please remember to fill in the FTE's under question 1 for accuracy.

NO

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4. Is your business a fitness center/ fitness club or **similar**?

YES, which type of business (from above) are you _____

If yes, do you have a shower(s)? YES No

If YES, how many showers are within the structure? _____

.....

Please also list (whether showers or not above) the number(s) of the following:

.....

Urinals _____
Toilets _____
Sinks _____
Floor Sinks _____
Other plumbing fixtures _____ list type(s) _____

NO

5. Is your business a retail store, shopping center, mall or similar?

YES

NO

If YES, does your facility have a public Restroom?

YES, list the number(s) of the following:

.....
Urinals _____
Toilets _____
Sinks _____
Floor Sinks _____
Other Plumbing fixtures _____ list type _____

NO

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6. Is your business a grocery store? YES NO

Please remember to fill in the FTE's under question 1 for accuracy.

A) If yes, do you have a butcher shop or meat preparation area? YES NO

..... Also, please list the number(s) of the following:

..... Urinals _____
..... Toilets _____
..... Sinks _____
..... Floor Sinks _____
..... Other Plumbing fixtures _____ list type _____

7. Is your business a warehouse or a contracted service type i.e. plumbing/electrical contractor/etc.?

YES, which type of business (from above) are you _____

If yes, do you have a shower(s) for employees? Yes No

NO

8. Is this business a factory, dry goods manufacturer, or similar?

YES, which type of business (from above) are you _____

If yes, do you have a shower(s) for employees? Yes No

Do you have a cafeteria for employees? Yes No

NO

9. Is this a church, assembly hall, or meeting house?

YES, please state which type (from above) _____

If yes, please list the number of seats (use occupancy rating for main congregation meeting area for the church/assembly hall/meeting house. If no occupancy rating, use 1 seat/18" of pew length).

Do you have a kitchen/food serving area? Yes No

NO

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10. Is this a restaurant, dining hall or drive thru food services?

YES, please state which type (from above) _____

If yes, please list the number of seats for customers. _____

Do you wash any customers plates, silverware, or glassware? Yes No

NO

11. Is this a beauty or barber shop?

YES, please state which type (from above) _____

If yes, please list the number customer seats/chairs with a sink. _____

NO

12. Is this a theatre or drive-in movie theatre (spaces for cars in Drive-in)?

YES

If yes, please list the total number of seats/spaces for customers. _____

NO

13. Is your business an extended care center, nursing home, rest home, boarding home, rooming house, bed and breakfast, or similar?

YES, please state which type (from above) _____

If yes, please list the total number of bed spaces. _____

NO

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14. Is this business a service station, convenience store, fuel retail, or similar?

YES, please list the number of urinals _____

Toilets _____

Sinks _____

Floor Sinks _____

Other _____

If yes, do you have food preparation facilities? Yes No

NO

15. Is this business a car wash, garage, vehicle repair, or maintenance shop?

YES, which type of business (from above) are you _____

If yes, please list the total number of service/wash bays. _____

NO

16. Is this business a hotel or motel?

YES, please list the number of rooms. _____

How many of these rooms have a kitchenette? _____

Does this facility have a swimming pool? Yes No

YES, please list pool occupancy load _____

NO

17. Is this a school, private school, or Montessori school?

YES, please list the number of students. _____

..... Please list the number of staff and teachers. _____

..... Do you have any on-site resident staff/teachers? Yes No

Do you have a cafeteria/kitchen/serving area? Yes No

Do you have a gym, recreation hall, or indoor activity area? Yes No

NO

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18. Is this a daycare or preschool?

YES, please list the number of children. _____

If yes, is this a commercial or residential daycare or preschool? _____

NO

If you do not see the type of business that you have, please describe below what your business is below.

This completes the survey – THANK YOU.