

ATTN: DOUG SEVERSON  
VISU - SEWER

PRIVATE LATERAL PROGRAM QUESTIONNAIRE – “MAIL-OUT” VERSION  
Draft March 4, 2008

RECEIVED  
APR 11 2008

The Water Environment Federation® (WEF®), through its Collection System Committee (CSC), is interested in successfully operating programs for work performed on the privately-owned portion of the lateral line; e.g., building service connection. We are collecting policy descriptions, enabling resolutions or ordinances, funding details, public education/information materials, standard design or construction details, etc., for programs that have proven to be successful. By participating in this questionnaire, you are agreeing that your information may be added to the Private Property Virtual Library (PPVL), an on-line database on WEF®’s website ([www.wef.org/PrivateProperty](http://www.wef.org/PrivateProperty)). The PPVL is intended to be a resource for other wastewater utilities seeking information or advice about private property programs.

While we are interested in “planned” programs, we want to first concentrate on programs demonstrated to be effectively implemented. Planned programs will be included in the PPVL after the program has been implemented and actual experience with the program is available. Program descriptions of private lateral programs that were previously implemented, but considered “failed” or only “partially successful,” will be included as a “lessons learned” component of the PPVL if the reasons for the problems with the program are identified.

When starting the PPVL program, the initial questionnaire was designed to be an “interview-type” questionnaire. This second version of the PPVL Questionnaire has been revised and re-formatted to serve as a “mail-out” questionnaire. Upon completion of the questionnaire by participating utilities, a CSC representative may, if needed, conduct a follow-up telephone interview to confirm or clarify the information provided.

1. General Information

Utility Name & Address: ROCK RIVER WATER RECLAMATION DISTRICT 3333 KISHWAWKEE ST.  
Utility Name Street Address  
P.O. Box 7480 ROCKFORD, IL. 61126  
Mailing Address City, State and Zip Code  
Contact Name & Details: MICHAEL RIEGER (815) 387-7684  
Contact Name Telephone Number  
MRIEGER@RRWRD.DIST.IL.US RRWRD.DIST.IL.US  
Contact Email Address Agency Website Address

Utility Characteristics: 200,000 Number of Customers (i.e., approximate population served)  
74,579 Number of Taps (i.e., approximate number of connection points)  
1060.2 Total Miles of Public Sanitary Sewers (separated sewers and combined sewers)  
0 Miles of Public Combined Sewers (sanitary only, not including storm sewers)  
(Estimate % of system that is combined if total miles is unavailable or unknown)  
Are basements (thus potential sump pump connections) typical in your area?  Yes \_\_\_ No  
(Check one)  
Utility Type? \_\_\_ Government  Special purpose district \_\_\_ Private utility \_\_\_ Other  
(Check one)

2. Lateral Definition

Private Lateral Definition: \_\_\_ Building to ROW/Easement Line Only  
(Check definition that applies.)  
\_\_\_\_\_  
(Note if (& how) utility treats laterals in easements differently than laterals in ROWs)  
\_\_\_ Building To Tap on Sewer Main Line  
 Other (Specify details) R.O.W / EASEMENT TO SEWER MAIN LINE.  
\_\_\_\_\_  
(Note if (& how) utility treats residential building laterals differently than commercial building laterals – this may affect responses to subsequent questions)

Cleanouts: (Check all that apply.)	Required	Usually Exists	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	At building
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	At ROW
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	At easement

When completing public sewer rehabilitation, does your utility include rehabilitation for the following elements?  
(Check all that apply. If "Yes," define ownership.)

- Lateral tie-in to public sewer (i.e., the sewer connection)  Yes  No  Public  Private
- Lower lateral (i.e., connection to the ROW)  Yes  No  Public  Private
- Upper lateral (i.e., ROW to the house)  Yes  No  Public  Private

**3. Lateral Program Description**

Type of Private Lateral Program (check all that apply and describe program – try to be brief in program description, but add separate sheets/lines as needed). If your utility operates more than one private lateral program, it may be preferable to complete a separate questionnaire form (or Word file) for the remaining questions for each of those private lateral programs. (Note it is **not** necessary to complete each item under Question 3. For example, all utilities have some type of "New Connection Permitting" and "New Connection Enforcement Mechanisms." Only include those programs in this questionnaire if your utility has a unique or particularly successful program that other utilities may want to emulate.)

Private Lateral Maintenance (e.g., cleaning, root control, etc.):

VOUCHER SYSTEM FOR PRIVATE LATERAL CLEANING. IF HOMEOWNER USES A DISTRICT APPROVED / BONDED PLUMBER, THE DISTRICT WILL PROVIDE A \$25.00 VOUCHER ONCE EVERY 2 YEARS FOR CLEANING / ROOT CUTTING.

Lateral Repair (e.g., point repairs, etc.):

DISTRICT CREWS WILL COMPLETE POINT REPAIRS ON ANY STRUCTURAL DEFECTS IDENTIFIED ON DISTRICT OWNED LATERALS (MAIN TO R.O.W. & EASEMENT LINE).

Lateral Replacement:

IN AREAS WHERE SEWER MAINS HAVE BEEN LINED WITH C.I.P.P. THE DISTRICT IS WORKING ON LINING THE DISTRICT OWNED PORTION OF THE SEWER SERVICE (MAIN TO R.O.W.) WITH LATERAL LINES. DISTRICT CREWS TYPICALLY INSTALL A CLEANOUT AT THE PROPERTY LINE. WE THEN CONTRACT OUT LINING OF THE SERVICE INCLUDING A WATER-TIGHT CONNECTION AT THE MAIN.

I/I Control (Specify type; e.g., cleanout caps, sump pump disconnect, downspout/yard drain disconnect, backflow preventer installation, etc. If basements are typical in area, where are building owners directed to connect the foundation or tile drain lines that have to be disconnected?):

DISTRICT / STATE ORDINANCES PROHIBIT DISCHARGE OF CLEAR WATER TO COLLECTION SYSTEM. (SUMPS PUMPS, ROOF / FOUNDATION DRAINS) DISTRICT HAS A PROGRAM IN PLACE THAT REQUIRES INSPECTION OF EXISTING BUILDINGS UPON ACCOUNT TRANSFER BY A LICENSED PLUMBER TO VERIFY COMPLIANCE WITH DISTRICT ORDINANCES. SEE ATTACHED TITLE 4, SECTION 3

Lateral Reconnects (Specify conditions; e.g., when utility relocates main, etc. Specify special situations; e.g., sewers under building(s) requiring building plumbing changes or extensive lateral relocation):

WHEN MAINS ARE REPLACED / RELOCATED EXISTING SERVICES WOULD BE RECONNECTED. DISTRICT PORTION OF SERVICE WOULD ALSO BE REPLACED IF IT IS VCP.

\_\_\_\_ Lateral Inspections (Specify conditions; e.g., point of sale, special utility project, etc.):

N/A

New Connection Permitting (e.g., special coordination with Building Codes, etc.). Be sure to specify type and amount of fees imposed:

Permit required from Dist. for any direct or indirect discharge to the Dist. sewer system. For Commercial and Industrial Users this includes Pre-treatment appurtenances. Requirements are defined in the Dist. Code of Ordinances. Fee structure varies (copy attached) and is reviewed annually. ORDINANCE 07/08 R-03

New Connection Enforcement Mechanisms:

Permit and inspection by the Dist. in addition to City/Co. Plumbing Code requirements. Illegal connections may either be physically disconnected at the ROW/easement line or the water shut-off in cases where the Dist. has such agreement in place with the water provider.

4. Lateral Program Implementation (duplicate [copy and paste] Question 4 for each section completed in Question 3 above)

Implementation Date: 2005 Why implemented? REDUCE SEWER BACK-UPS RELATED TO  
(e.g., consent order/decreed, reduce CSOs/SSOs, obtain capacity to alleviate sewer moratorium, more cost-effective than "old" program, etc.)

ROOT INTRUSION OF LINED SEWER MAINS.

Ongoing Program?  Or End Date: \_\_\_\_\_ Why Ended? \_\_\_\_\_  
BUDGETED \$ 350,000 2005  
\$ 350,000 2008

What Legal Authority was Required to Implement the Lateral Program? \_\_\_\_\_ Resolution  
(Check all that apply. If possible, attach an electronic [pdf] copy for the PPVL. Scan hard copy if necessary.) \_\_\_\_\_ Ordinance  
\_\_\_\_\_ State Enabling Legislation  
 Other (Specify) \_\_\_\_\_

BOARD OF TRUSTEES APPROVAL OF CAPITAL EXPENDITURE  
FOR SEWER LATERAL LINING

5. Lateral Program Funding (duplicate [copy and paste] Question 5 for each section completed in Question 3 above)

Who Pays:  Utility \_\_\_\_\_ Property Owner \_\_\_\_\_ Other (Specify): \_\_\_\_\_  
(Check all that apply. "Other" could include grants, loans, low & moderate income programs, block development grants, etc.)

Funding Description: USER FEES ARE USED TO FUND CAPITAL  
ACCOUNT WHICH IS SOURCE OF FUNDING FOR LATERAL  
LINING.

Describe any special programs to assist customers who may have difficulty paying the required fees.

Eligible Customers: \_\_\_\_\_ Low income \_\_\_\_\_ Senior citizens \_\_\_\_\_ Other (Specify): \_\_\_\_\_  
(Check all that apply.)

Special Funding Description: \_\_\_\_\_  
N/A

**6. Program Construction** (duplicate [copy and paste] Question 6 for each section completed in Question 3 above)

Who Does the Work:  Utility Internal Forces  Utility Selects & Pays Contractor  
 Property Owner  Property Owner But Only From Utility List  
 Other (Specify:)

Construction Description: REFERENCE ATTACHED DETAILED SPECIFICATIONS.

Construction Details: Are standard details/specifications used?  Yes  No  
(If possible, attach electronic [pdf] copies for PPVL.)

Describe/List Details: SEE ATTACHED DETAILED SPECIFICATIONS

**7. Public Education/Information Program**

How is Lateral Program Publicized?  Door hangers  Bill stuffers  
(If possible, attach electronic [pdf] copies for the PPVL.)  Meetings  Brochures  
 Customer Specific (e.g., provide property owner with CCTV still shot of lateral interior, field mark/locate [flag or cone] problem, provide picture of field location in case flag or cone is removed, etc.)  
 Other. Specify

Additional Description of Material(s):

LATERAL LINING IS PROACTIVE. RESIDENTS RECEIVE LETTERS INDICATING THAT THEIR SERVICE (DISTRICT OWNED) WILL BE LINED. LATERAL REPLACEMENT/REHABILITATION IS REACTIVE.

8. Lessons Learned

What Would You Do Differently? \_\_\_\_\_

LINE MORE SERVICES IF FUNDING WAS AVAILABLE

9. Performance Indicators

What Performance Measures Are/Were Used? SERVICE CALLS & BACK-UPS  
(e.g., plant flow reduction, CSO/SSC reduction, basement backup reduction, service call (roots, etc.) reduction, sewer moratorium lifted, etc.) Describe results of Lateral Program on those performance measures:

SERVICE CALLS - REDUCED

SEWER BACK-UPS - REDUCED

PLANT FLOWS HAVE CONTINUED TO GO DOWN AS WE

ELIMINATE I/I

10. General Questions for Possible Future PPVL Inclusion

Do you have private pump stations connected to your system?  
(Check all that apply.)

Private Pump Stations (e.g., apartment complexes, industries, etc.)  Yes  No

Residential Connections (e.g., grinder pumps, low pressure systems, etc.)  Yes  No

Do you install backflow preventers after a Sanitary Sewer Overflow (SSO) or "basement backup" occurs?  
(Check all that apply.)

Required by our insurance company  Yes  No

Only if requested by the customer  Yes  No

Routinely installed as a utility "best management practice"  Yes  No

Do not install any backflow preventer  Yes  No

How do you control I/I at the connection point between the public system and the private system? Describe.

DISTRICT CREWS INSTALL A CLEANOUT @ THE PROPERTY / EASEMENT  
LINE. FERRO WATERTIGHT CONNECTION BETWEEN NEW PVC &  
EXIST C.I.P. PIPE. NOTE: MAJORITY OF PRIVATE LATERALS ARE  
C.I.P. FROM R.O.W. / EASEMENT TO BUILDING.

11. Follow-Up Electronic Submittal

After completing this questionnaire, please email the completed Word file to Laurie Chase, PPVL Chair, at

[laurie.chase@stantec.com](mailto:laurie.chase@stantec.com)

Please be sure to attach electronic files (pdf versions are preferred, but not required) for any materials that other utilities could use as an example or a starting point to implement their own program.

**WEF® CSC Use Only**

PPVL Questionnaire Received:

\_\_\_\_\_ Date

Utility Assigned to:

\_\_\_\_\_ PPVL Committee Member Name

\_\_\_\_\_ Date

Questionnaire Review:

\_\_\_\_\_ Date

List of Attached Materials:  
(Compile from Questionnaire)

_____ Name or Description of Material	_____ Yes	_____ No
_____	_____ File Received	_____
_____	_____ Yes	_____ No
_____	_____ Yes	_____ No
_____	_____ Yes	_____ No
_____	_____ Yes	_____ No

Utility Follow-Up:  
(If required)

\_\_\_\_\_ Utility Contact Name

\_\_\_\_\_ Contact Details (telephone # or email address)

\_\_\_\_\_ Date

\_\_\_\_\_ PPVL Committee Member Name (If different)

Questionnaire Revision:  
(If required)

\_\_\_\_\_ Date

\_\_\_\_\_ Name of Person Revising Questionnaire

List of Attached Materials:  
(If different)

_____	_____ Yes	_____ No
_____	_____ Yes	_____ No
_____	_____ Yes	_____ No
_____	_____ Yes	_____ No
_____	_____ Yes	_____ No

Questionnaire Acceptance:

\_\_\_\_\_ Date

\_\_\_\_\_ PPVL Committee Member Name

\_\_\_\_\_ Yes \_\_\_\_\_ No  
Uploaded to PPVL Website