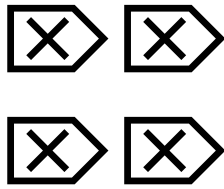


LANSING CSO CONTROL
SEWER SEPARATION QUESTIONNAIRE - COMMERCIAL PROPERTIES

WE NEED
INFORMATION FOR
THIS PROPERTY



PROPERTY IN QUESTION IS
YOUR PRESENT
MAILING ADDRESS

Today's date:
Building supervisor / Contact person:
Contact phone no.:
Best day / Time to call:

1. Type of building:

- State / Institutional
- Church
- Commercial business / Retail
- Office complex
- Apartment complex / Number of apartments:
- Hotel
- Parking structure
- Vacant lot
- Residential
-

2. Number of building occupants*:

- Primary building tenants / Residents
- Employees
- Daily visitors
- Daily customers

3. Building capacity*: (no. persons)

4. Number of:

Toilets

Sinks

Bathtubs / Showers

Other Water Uses (please describe):

5. Major building activities*:

Day(s) of week:

Time(s) of day:

Business hours

Religious services

Daycare

Deliveries

6. Year building was built?

7. Are drawings of this property available for review*? Yes No Not Sure

(Drawings are needed to check how sewage and storm water are conveyed from property to City sewers)

8. Are there any underground structures on the property or within public right-of-way such as old coal storage vaults, private utility vaults on property that are currently in use or abandoned? Yes No Not Sure

9. How many floors does building have?*

10. Does building have a basement? Yes No

11. How many feet below ground level is the basement?

13. Has basement experienced flooding? Yes No Not Sure

How often? (times per year)

Approximate date of last flooding:

Approximate depth of flooded water:

When flooding occurs, where does the water appear to come from?

Floor Drain Window Wall/Floor Not Sure

14. Does building have underground parking?* Yes No

Number of parking spaces

15. Does building have its own surface parking lot?* Yes No

Number of parking spaces

16. Building roof is: Pitched Flat

Rainwater runoff from roof discharges to:

- Internal roof drains (piped internally to existing plumbing) (**IRD**)/ Quantity
- Eaves troughs with downspouts discharging onto ground surface (**DL**)/ Quantity
- Eaves troughs with downspouts disappearing below ground (**DG**)/ Quantity

17. Types of drainage structures on property / quantity:

- Stairwell drain (**S**) / Size of stairwell or window well size in square feet (length x width = sq. ft) sq ft
- Window wells (**W**) /
- Yard drains (**Y**) /
- Driveway drain (**D**) /
- Parking lot drain (**PLD**) /
- Other (**O**): /
- Do not know

18. Has building ever had any sewer backups? Yes No Not Sure

18. Have sewer connections required cleaning to prevent or correct plugging? Yes No Not Sure

How often has sewer pipe been cleaned?

What types of materials have been blamed for causing the plug?

- Roots Hair Grease

19. Does building have any sump pumps? Yes No Not Sure

Sump pump location:

20. Where does sump pump discharge?

- Sanitary sewer service lead
- Onto ground outside
- Other

21. Estimate how often sump pump operates during a medium to heavy rain (times per hour):

not sure

22. Have sanitary and storm flows already been separated on property? Yes No Not Sure

23. How many connections does property have to the City's sewer system? not sure

24. What are the size(s) (in inches) of these pipes connected to the City's sewer system? not sure

25. Are you aware of any surface drainage problems in area, such as ponding, flooding, icing?

- Yes No Not Sure

If yes, please specify location:

- Walkway
 Sidewalk
 Lawn
 Parking Lot
 Street
 Other

26. How many water service connections does your property have?* not sure

Please indicate location on drawing below.

27. What are the size(s) (in inches) of the water connection(s)?* not sure

28. What is the approximate distance (in feet) between the wall where the water service enters the building and the water meter?* not sure

29. Does building have chilled water service for cooling?* Yes No Not Sure Planning to

30. How is building heated?* Steam Gas

Does owner plan to switch from steam to gas within the next 20 years? Yes No Not Sure

31. What is the condition of the sidewalk in front of your property? Good Fair Poor

32. Are there planned construction activities for the property?* Yes No Not Sure

Please summarize proposed work and schedule (attach sheets as needed):

33. Please list any concerns you feel may be pertinent to this project:

