

Utilities Supplemental			
Does the applicant own or operate any of the following utilities:			
1. Water		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If Yes, please answer the following:	i. Source of water supply:		
	ii. Miles of pipe/piping:		
	iii. Does the applicant perform the lab testing for all facilities?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	iv. If no answered in iii above, who does?		
	v.		
	vi. How often is water tested by a regulatory agency?		
	vii. Has system ever been cited by any regulatory agency?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	viii. If yes to vi. above, please give a complete description:		
viii. Does the applicant have an Emergency Action Plan in place?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
vix. Provide the percentage of utility users:	Industrial:		
	Commercial:		
	Residential:		
Provide annual payroll (less clerical/administrative): \$			
Is water provided to any neighboring entities?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Is there a separate board/commission that controls operations?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes to above, please describe the following:	Describe the selection of members:		
	Describe the responsibilities of the board:		
	Describe decisions effected by the board:		
2. Sewer		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If Yes, please answer the following:	Provide the percentage of utility users:	Industrial:	
		Commercial:	
		Residential:	
	i. Number of sewer miles:		
	ii. Provide annual payroll(less clerical/administrative) \$		
	iii. Are all facilities fenced, and secured:		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	iv. Are all facilities patrolled after regular business hours?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	v. Are all systems separate?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
vi.			
vii. What regulatory agency is responsible for monitoring?			

	Provide the percentage of utility users:	Industrial:	
		Commercial:	
		Residential:	
	viii. Age of system:	ix. Year of last upgrade:	
	x. Is regularly scheduled maintenance performed?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	xi. Are records kept for all repairs?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	xii. What is done with residual by-products/sludge?	If fertilizer is produced:	Is it sold to the Public? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Is it sold to other Third Parties? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		Is gas generation produced by sludge? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
		Is gas generation produced by sludge? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
		If yes, how is this gas used or disposed of?	
	Is there a separate board/commission that controls operations?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes to above, please describe the following:	Describe the selection of members:		
	Describe the responsibilities of the board:		
	Describe decisions effected by the board:		
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
3. Gas			
If yes to above, please answer the following:	Is gas produced or purchased and resold (distribution only)?		
	If purchased, where from?		
	Does the entity own or operate a gas wellhead?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Does the entity own or operate a pipeline?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Provide the percentage of utility users:	Industrial:	
		Commercial:	
		Residential:	
	Provide annual payroll (less clerical/administrative): \$		
	Does the applicant provide gas to neighboring entities?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Please describe process and frequency for completing leakage surveys on the system?		
How many gas leaks have occurred in the last 12 months:	Please list the number of leaks by grade/category:	Grade 1:	
		Grade 2:	
		Grade 3:	
Please describe the repair procedure:			

		Please describe the main service replacement program:	
		Who is responsible for odorization?	
		Are records kept for odorization?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		Does the gas system have pressure warning devices?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		If yes to above, are monitoring & records kept?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		Who installs gas main extensions?	
		Who installs services?	
		If gas company installs services, please provide policies and procedures for install, turn-on and turn-off of services.	
		Are there LNG (liquefied natural gas) operations?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		Does gas company participate in a statewide "call before dig" program?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		Is there a separate board/commission that controls operations?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		If yes to above, please describe the following:	Selection of members:
			Responsibilities of the board:
			Decisions effected by the board:
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		4. Electric	
If Yes, please answer the following:	Provide the percentage of utility users:	Industrial:	
		Commercial:	
		Residential:	
Provide annual payroll (less clerical/administrative) \$			
Total number of locations, including substations:			
Protection of locations:	Fenced?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Lighted?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Alarms?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Cameras?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		Are all facilities monitored after regular business hours:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Number of miles of distribution line:		Underground:	
		Overhead:	
Who is responsible for inspecting operations?			
How frequently are inspections performed?			
		Are inspections recorded and properly retained?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maximum annual kilowatts distributed?			



Does the applicant have “back-up” generation?	
Does the applicant generate electricity “other than back-up”?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
What is source of power?	
Is there an alternate source of power?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes to above, please list and describe:	
Total annual revenues: \$	
Is there a separate board/commission that controls operations?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please describe the following:	Selection of members:
	Responsibilities of board:
	Decisions effected by board: