



IDAHO PUBLIC WASTEWATER COLLECTION SYSTEM CLASSIFICATION WORKSHEET

**OFFICE USE ONLY
DON'T WRITE HERE**

System Class _____

Approved by: _____

Date: _____

Name of System: _____

Legal Owner of Collection System: _____

System Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Business Phone Number: (____) _____ Email: _____

Collection System Classification Worksheet is (check one):

- Initial System Rating
 System Upgrade
 Standard 5 yr Rating

Date of last system classification rating (if applicable) _____

Collection System - Design Flow/Actual Flow _____ / _____

Item	Points	Your System
<i>System Size (Minimum 3 points)</i>		
Miles of Line	1 point/10 miles or part	
Number of Connections = _____ (Use Connection Equivalencies)	1 point /250 or part	
Number of Manholes	1 point/150 or part	
Lift Stations	1 point/each	
Miles of Force Mains	1 point/mile or part	
<i>Odor Abatement</i>		
Chemical Feed System	2 points	
Air Entrainment System	2 points	
Bio-filter System	2 points	
<i>Maintenance Management System</i>		
Manual Maintenance Management System	3 points	
Manual Mapping System	3 points	
Computerized Maintenance Management System	5 points	
Computerized Mapping System	5 points	
Alarm or SCADA System for Lift Stations	5 points	
TOTAL POINTS FOR YOUR SYSTEM		
System Classification Key		Your Classification
System size subtotal of 6 points or less, 500 or fewer connections, and associated treatment system also meets the definition of a very small wastewater system (VSWWS).		<input type="checkbox"/> VSWWS
0-30 points		<input type="checkbox"/> Class I
31-55 points		<input type="checkbox"/> Class II
56-75 points		<input type="checkbox"/> Class III
76 or greater		<input type="checkbox"/> Class IV

_____/_____
Signature of Legal Owner or Owner's Representative Date

Mail form to: Department of Environmental Quality, 1410 N. Hilton, Boise, Idaho 83706, Attn: Jerimiah Fenton or Jerimiah.Fenton@deq.idaho.gov