



Please complete all applicable form fields.

ACWA MEMBERSHIP AND INFORMATION FORM

AGENCY/ORGANIZATION INFORMATION

Agency/Organization Name: _____

Primary Mailing Address: _____

City: _____

State: _____

ZIP Code: _____

CONTACT INFORMATION

Primary Contact Name: _____

Job Title: _____

Phone: _____

E-mail: _____

City: _____

State: _____

ZIP Code: _____

BILLING/INVOICES CONTACT

Name: _____

Job Title: _____

Phone: _____

E-mail: _____

INFORMATION ABOUT YOUR AGENCY OR BUSINESS—Please check/fill in all that apply:

Public Agency that Provides Wastewater Services

- MGD Total Dry Weather Design Flow Capacity: _____
- Tertiary treatment? (type and volume if applicable): _____
- Natural treatment system(s)? (type and description if applicable): _____
- Disinfection method(s): _____
- Temperature reduction? (yes/no) _____ If yes, list temperature compliance method(s): _____
- Pretreatment Program? (yes/no) _____
- Biosolids Management Program (Please describe):
 - Type of digestion or other treatment/stabilization: _____
 - Annual Volume (Provide applicable units): _____
 - Class A: _____
 - Class B: _____
 - Other: _____
- Recycled Water Program (please describe):
 - On-site usage (type(s) and volume): _____
 - Off-site (type(s) and volume): _____
 - Interested in pursuing in the future (yes/no) _____
- Energy resource recovery:
 - Cogeneration (power/energy generated annually): _____
 - Renewable biogas generation (gas produced annually): _____
 - FOG waste to energy (describe program): _____
 - On-site renewables (describe, including energy generated): _____
 - Other: _____
 - Interested in pursuing in the future: _____

Public Agency that Provides Stormwater Services:

- Agency provides wastewater AND stormwater services (yes/no): _____
- Agency provides ONLY stormwater services (yes/no): _____

- Estimated population served (check range):
 - <10,000 _____
 - 10,000 – 24,999 _____
 - 25,000 – 49,999 _____
 - 50,000 – 74,999 _____
 - 75,000 – 100,000 _____
 - >100,000 _____
- Agency stormwater permit status (check applicable category):
 - Phase I MS4 Permit -- Principal permittee _____
 - Phase I MS4 Permit -- Co-permittee _____
 - Phase II MS4 Permit -- Principal permittee _____
 - Phase II MS4 Permit -- Co-permittee _____
 - Agency has over 50 stormwater UICs _____
 - Not currently a MS4 permittee but will be required to apply for next Phase II MS4 Permit once finalized by DEQ _____
 - Not a MS4 permittee, but participant in ACWA stormwater activities due to local TMDLs or other stormwater water quality concerns _____

Private Business Providing Consulting Services to ACWA Member Agencies:

- Type of services provided to ACWA member agencies (describe): _____
- Size of firm/staff providing water quality-related services in Oregon:
 - Sole proprietor: _____
 - <10 employees: _____
 - 10 to 24 employees: _____
 - 25 to 75 employees: _____
 - >75 _____

WE ARE UPDATING OUR E-MAIL AND COMMITTEE DISTRIBUTION LISTS – PLEASE HELP US ENSURE THAT WE HAVE CURRENT INFORMATION FOR YOUR ORGANIZATION

IN THE TABLE BELOW, PLEASE PROVIDE NAMES AND CONTACT INFORMATION FOR OTHERS IN YOUR ORGANIZATION WHO SHOULD RECEIVE ACWA NEWSLETTERS AND OTHER INFORMATION; INDICATE COMMITTEES/SPECIALTY AREAS* FOR WHICH THEY WOULD LIKE TO BE ADDED DISTRIBUTION LIST

***Note: ACWA Committees include: Biosolids and Recycled Water (BRW); Pretreatment; Education; Legal; Groundwater; Water Quality; Stormwater; Energy; Legislative; Utility Management**

Name:		Job Title:
Phone:	E-mail:	Committees/Interest Areas:
Name:		Job Title:
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