



City of Springfield  
Office of Public Works



Springfield Metro  
Sanitary District

# Northeast Area Private Sewer Service Questionnaire

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ email: \_\_\_\_\_

Please indicate preferred contact method:  telephone  email

Please return this questionnaire, either by mail, email, or in person, to:

**John Higginbotham, P.E., PLS**  
Sewer Engineer  
City of Springfield  
Office of Public Works/Sewer Division  
222 North 17th Street  
Springfield, IL 62702  
217-789-2244  
[Public.Works@Springfield.il.us](mailto:Public.Works@Springfield.il.us)

**1. How long have you lived at/owned this address?**

- 1 year or less
- 1-5 years
- 5-10 years
- 10-15 years
- 15-20 years
- More than 20 years

**2. Do you own the home or rent?**

- Own
- Rent

**3. Do you know what year the house was built?** \_\_\_\_\_

**4. Do you have a basement?**

- Yes
- No

**5. Do you have any of the following plumbing fixtures in your basement?**

- None
- Floor Drain
- Toilet
- Shower/Tub
- Sink
- Washing Machine
- Other \_\_\_\_\_
- Don't know

**6. Do you experience basement backups?**

- Yes
- No (skip to Question 9)

**7. If yes, what is the nature of the backup?**

- Sanitary water only
- Storm water only
- Both sanitary and storm water
- Don't know

**8. If yes, how often?**

- 1 per year
- 2 per year
- 3 per year
- 4 per year
- 5 or more per year

**9. Do you have any backup prevention methods?**

- None
- Floor Plug
- Stand Pipe
- Backflow Preventer
- Overhead Sewer
- Don't Know

**10. Are your backup prevention methods effective?**

- Yes
- No
- Sometimes

**11. Do you have a sump pump that pumps groundwater away from your house footing?**

- Yes
- No
- Don't know

**12. Where does your sump pump discharge?**

- Front yard
- Side yard
- Rear yard
- Storm drain
- Sanitary lateral
- Don't know
- Not applicable

**13. Do you have footing drains?**

- Yes
- No
- Don't know

**14. If so, where do your footing drains discharge to?**

- Sump pit
- Storm drain
- Sanitary lateral
- Don't know
- Not applicable

**15. Do you have gutter downspouts?**

- Yes
- No

**16. If so, where do your downspouts discharge to?**

- Front yard
- Rear yard
- Side yard
- Storm drain
- Sanitary lateral
- Don't know
- Not applicable

**17. Have you had any of the following performed on your sanitary sewer lateral?**

- Cleaned
- Televised
- Roots cut
- Cleanout installed
- Repaired
- Replaced
- Don't know
- Other \_\_\_\_\_
- None of the above

**18. Do you have any of the above maintenance performed regularly?**

- Yes. How often?  
\_\_\_\_\_
- No

**19. Does your sewer lateral have a clean-out installed with a cap (piece of pipe protruding out of the ground)?**

- Yes
- No
- Don't know

**20. Do you experience surfacing flooding on your property/**

- Yes
- No
- Don't know

**21. If so, how often do you experience surface flooding?**

- 1 time per year
- 2 time per year
- 3 time per year
- 4 time per year
- 5 time or more per year

**22. What does the cause of the surfacing flooding seem to be? Select all that apply.**

- Street inlet not draining fast enough
- Ditch not draining fast enough
- Low spots in the yard
- Lack of street inlets, drains and/or ditch
- Surface water coming from neighboring property
- Unsure

**23. Would you participate in a city sponsored inspection program for private sewer infrastructure, including allowing personnel into your home to investigate indoor plumbing connections?**

- Yes
- No
- Unsure

**24. Do you experience sewer odors?**

- Yes
- No

**25. If yes, where do you experience sewer odors?**

- Inside of house
- Outside of house
- Both inside and outside

**26. Are there any other sewer-related issues you would like to tell us about? If yes, please describe below.**

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***Please return completed questionnaire as soon as possible.***

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