
APPENDIX I

Rest Areas: Maintenance Division Questionnaire

Name of Facility: GREYCLIFF
 Maintenance Chief: RANDY ROTH

Division: BILLINGS
 Date: 7/8/2008

Facilities - Indoor

- | | | | | | | | | | | |
|---|-------------------------------------|-----------|--------------------------|------------|--------------------------|-----------------|-------------------------------------|-----------|--------------------------|--------|
| 1. How many times/week are your rest area facilities cleaned? | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input checked="" type="checkbox"/> | every day | <input type="checkbox"/> | seldom |
| 2. How many times/week are you re-stocking consumables (toilet paper, paper towels, etc.) | <input checked="" type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | seldom |
| 3. How many times/week are you re-stocking cleaning supplies | <input checked="" type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | seldom |
| 4. How many times/week are you dealing with vandalism | <input checked="" type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | seldom |
| 5. How many times/week are you called in to perform minor repairs | <input checked="" type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | seldom |

Facilities - Landscaping & Structures (picnic tables, benches, etc.)

- | | | | | | | | | | | |
|---|--------------------------|-----------|--------------------------|------------|--------------------------|-----------------|--------------------------|-----------|-------------------------------------|--------|
| 1. How many times/week are you dealing with vandalism | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 2. How many times/week are you called in to perform minor repairs | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 3. When was your last major repair? What was | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | other |
- NEW ROOF 2004

Facilities - Lighting, Sidewalks & Parking

- | | | | | | | | | | | |
|---|--------------------------|-----------|--------------------------|------------|--------------------------|-----------------|--------------------------|-----------|-------------------------------------|--------|
| 1. How many times/week are you dealing with vandalism | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 2. How many times/week are you called in to perform minor repairs | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 3. When was your last major repair? What was it? | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | other |

Septic System

- | | | | | | | | | | | |
|---|-------------------------------------|---------------|--------------------------|-------------|--------------------------|--------------|--------------------------|--------------|-------------------------------------|-------|
| 1. When was the last time you had the septic system pumped | <input checked="" type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input type="checkbox"/> | other |
| 2. When was the last time you had to do minor repairs to septic system, including pipes to tank | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |
| 3. When was the last time you had to do drainfield repair | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |
| 4. When was the last time the septic system, including drain field, was replaced | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |

Well or Water System

- | | | | | | | | | | | |
|--|--------------------------|---------------|--------------------------|-------------|--------------------------|--------------|--------------------------|--------------|-------------------------------------|-------|
| 1. When was the last time you had to perform well repair, including pump | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |
| 2. When was the last time you had the water flow rate tested | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |
| 3. When was the last time you had the water quality tested | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input type="checkbox"/> | other |
- MONTHLY
- | | | | | | | | | | | |
|---|--------------------------|---------------|--------------------------|-------------|--------------------------|--------------|--------------------------|--------------|-------------------------------------|-------|
| 4. When was the last time the water supply was replaced (new well, new connect to city serv.) | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |
|---|--------------------------|---------------|--------------------------|-------------|--------------------------|--------------|--------------------------|--------------|-------------------------------------|-------|

Major Repairs Needed (please list known issues that you feel must be resolved and please include estimated timeframe for resolution)

1. REST AREA NEEDS MAJOR REPAIRS TO UPDATE EVERYTHING
- 2.
- 3.
- 4.

Minor Repairs Needed (please list known issues that you feel must be resolved and please include estimated timeframe for resolution)

- 1.
- 2.
- 3.
- 4.

Other Comments or Issues

Rest Areas: Maintenance Division Questionnaire

Name of Facility: CUSTER
 Maintenance Chief: RANDY ROTH

Division: BILLINGS
 Date: 7/8/2008

Facilities - Indoor

- | | | | | | | | | | | |
|---|-------------------------------------|-----------|--------------------------|------------|--------------------------|-----------------|-------------------------------------|-----------|-------------------------------------|--------|
| 1. How many times/week are your rest area facilities cleaned? | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input checked="" type="checkbox"/> | every day | <input type="checkbox"/> | seldom |
| 2. How many times/week are you re-stocking consumables (toilet paper, paper towels, etc.) | <input checked="" type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | seldom |
| 3. How many times/week are you re-stocking cleaning supplies | <input checked="" type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | seldom |
| 4. How many times/week are you dealing with vandalism | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 5. How many times/week are you called in to perform minor repairs | <input checked="" type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | seldom |

Facilities - Landscaping & Structures (picnic tables, benches, etc.)

- | | | | | | | | | | | |
|---|-------------------------------------|-----------|--------------------------|------------|--------------------------|-----------------|--------------------------|-----------|--------------------------|--------|
| 1. How many times/week are you dealing with vandalism | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | seldom |
| 2. How many times/week are you called in to perform minor repairs | <input checked="" type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | seldom |
| 3. When was your last major repair? What was it? | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | other |

Facilities - Lighting, Sidewalks & Parking

- | | | | | | | | | | | |
|---|--------------------------|-----------|--------------------------|------------|--------------------------|-----------------|--------------------------|-----------|-------------------------------------|--------|
| 1. How many times/week are you dealing with vandalism | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 2. How many times/week are you called in to perform minor repairs | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 3. When was your last major repair? What was it? | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | other |

Septic System

- | | | | | | | | | | | |
|---|-------------------------------------|---------------|--------------------------|-------------|--------------------------|--------------|--------------------------|--------------|-------------------------------------|-------|
| 1. When was the last time you had the septic system pumped | <input checked="" type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input type="checkbox"/> | other |
| 2. When was the last time you had to do minor repairs to septic system, including pipes to tank | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |
| 3. When was the last time you had to do drainfield repair | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |
| 4. When was the last time the septic system, including drain field, was replaced | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |

Well or Water System

- | | | | | | | | | | | |
|---|--------------------------|---------------|--------------------------|-------------|--------------------------|--------------|--------------------------|--------------|-------------------------------------|-------|
| 1. When was the last time you had to perform well repair, includ WB 2006 NEW PUMP | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input type="checkbox"/> | other |
| 2. When was the last time you had the water flow rate tested | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |
| 3. When was the last time you had the water quality tested MONTHLY | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input type="checkbox"/> | other |
| 4. When was the last time the water supply was replaced (new well, new connect to city serv.) | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |

Major Repairs Needed (please list known issues that you feel must be resolved and please include estimated timeframe for resolution)

1. ALL STRUCTURE NEED NEW ROOFS AND FACILITY NEEDS TO BE UPDATED
- 2.
- 3.
- 4.

Minor Repairs Needed (please list known issues that you feel must be resolved and please include estimated timeframe for resolution)

- 1.
- 2.
- 3.
- 4.

Other Comments or Issues

Rest Areas: Maintenance Division Questionnaire

Name of Facility: HYSHAM
 Maintenance Chief: RANDY ROTH

Division: BILLINGS
 Date: 7/8/2008

Facilities - Indoor

- | | | | | | | | | | | |
|---|-------------------------------------|-----------|--------------------------|------------|--------------------------|-----------------|-------------------------------------|-----------|-------------------------------------|--------|
| 1. How many times/week are your rest area facilities cleaned? | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input checked="" type="checkbox"/> | every day | <input type="checkbox"/> | seldom |
| 2. How many times/week are you re-stocking consumables (toilet paper, paper towels, etc.) | <input checked="" type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | seldom |
| 3. How many times/week are you re-stocking cleaning supplies | <input checked="" type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | seldom |
| 4. How many times/week are you dealing with vandalism | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 5. How many times/week are you called in to perform minor repairs | <input checked="" type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | seldom |

Facilities - Landscaping & Structures (picnic tables, benches, etc.)

- | | | | | | | | | | | |
|--|--------------------------|-----------|--------------------------|------------|--------------------------|-----------------|--------------------------|-----------|-------------------------------------|--------|
| 1. How many times/week are you dealing with vandalism | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 2. How many times/week are you called in to perform minor repairs | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 3. When was your last major repair? What was NEW SPRINKLERS AND LANDSCAPING WB | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | other |

Facilities - Lighting, Sidewalks & Parking

- | | | | | | | | | | | |
|---|--------------------------|-----------|--------------------------|------------|--------------------------|-----------------|--------------------------|-----------|-------------------------------------|--------|
| 1. How many times/week are you dealing with vandalism | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 2. How many times/week are you called in to perform minor repairs | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 3. When was your last major repair? What was it? | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | other |

Septic System

- | | | | | | | | | | | |
|---|-------------------------------------|---------------|--------------------------|-------------|--------------------------|--------------|--------------------------|--------------|-------------------------------------|-------|
| 1. When was the last time you had the septic system pumped | <input checked="" type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input type="checkbox"/> | other |
| 2. When was the last time you had to do minor repairs to septic system, including pipes to tank | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |
| 3. When was the last time you had to do drainfie NEW IN 2007 WB | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input type="checkbox"/> | other |
| 4. When was the last time the septic system, including drain fiel 2007 WB | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input type="checkbox"/> | other |

Well or Water System

- | | | | | | | | | | | |
|---|--------------------------|---------------|--------------------------|-------------|--------------------------|--------------|--------------------------|--------------|-------------------------------------|-------|
| 1. When was the last time you had to perform well repair, including pump | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |
| 2. When was the last time you had the water flow rate tested | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |
| 3. When was the last time you had the water quality tested MONTHLY | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input type="checkbox"/> | other |
| 4. When was the last time the water supply was replaced (new well, new connect to city serv.) | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |

Major Repairs Needed (please list known issues that you feel must be resolved and please include estimated timeframe for resolution)

1. REHAB AND UPDATE INSIDE OF BUILDINGS
2. WE ARE LANDSCAPING AND PUTTING IN NEW SPRINKLERS ON THE EB THIS YEAR
- 3.
- 4.

Minor Repairs Needed (please list known issues that you feel must be resolved and please include estimated timeframe for resolution)

- 1.
- 2.
- 3.
- 4.

Other Comments or Issues

Rest Areas: Maintenance Division Questionnaire

Name of Facility: Hathaway E & W
 Maintenance Chief: J. Peaslee

Division: Miles City
 Date: 6/25/2008

Facilities - Indoor

- | | | | | | | | | | | |
|---|--------------------------|-----------|--------------------------|------------|--------------------------|-----------------|-------------------------------------|-----------|-------------------------------------|--------|
| 1. How many times/week are your rest area facilities cleaned? | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input checked="" type="checkbox"/> | every day | <input type="checkbox"/> | seldom |
| 2. How many times/week are you re-stocking consumables (toilet paper, paper towels, etc.) | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input checked="" type="checkbox"/> | every day | <input type="checkbox"/> | seldom |
| 3. How many times/week are you re-stocking cleaning supplies | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input checked="" type="checkbox"/> | every day | <input type="checkbox"/> | seldom |
| 4. How many times/week are you dealing with vandalism | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 5. How many times/week are you called in to perform minor repairs | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |

Facilities - Landscaping & Structures (picnic tables, benches, etc.)

- | | | | | | | | | | | |
|---|--------------------------|-----------|--------------------------|------------|--------------------------|-----------------|--------------------------|-----------|-------------------------------------|--------|
| 1. How many times/week are you dealing with vandalism | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 2. How many times/week are you called in to perform minor repairs | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 3. When was your last major repair? What was: 6/18/08 - PUMP | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | other |

Facilities - Lighting, Sidewalks & Parking

- | | | | | | | | | | | |
|---|--------------------------|-----------|--------------------------|------------|--------------------------|-----------------|--------------------------|-----------|-------------------------------------|--------|
| 1. How many times/week are you dealing with vandalism | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 2. How many times/week are you called in to perform minor repairs | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input checked="" type="checkbox"/> | seldom |
| 3. When was your last major repair? What was: Long time ago | <input type="checkbox"/> | once/week | <input type="checkbox"/> | twice/week | <input type="checkbox"/> | every-other day | <input type="checkbox"/> | every day | <input type="checkbox"/> | other |

Septic System

- | | | | | | | | | | | |
|---|--------------------------|---------------|--------------------------|-------------|-------------------------------------|--------------|--------------------------|--------------|-------------------------------------|-------|
| 1. When was the last time you had the septic system pumped | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input checked="" type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input type="checkbox"/> | other |
| 2. When was the last time you had to do minor repairs to septic system, including pipes to tank | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |
| 3. When was the last time you had to do drainfield repair | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |
| 4. When was the last time the septic system, including drain field, was replaced | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |

Well or Water System

- | | | | | | | | | | | |
|---|-------------------------------------|---------------|--------------------------|-------------|--------------------------|--------------|-------------------------------------|--------------|-------------------------------------|-------|
| 1. When was the last time you had to perform well repair, including pump | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |
| 2. When was the last time you had the water flow rate tested | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input checked="" type="checkbox"/> | w/in 5 years | <input type="checkbox"/> | other |
| 3. When was the last time you had the water quality tested | <input checked="" type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input type="checkbox"/> | other |
| 4. When was the last time the water supply was replaced (new well, new connect to city serv.) | <input type="checkbox"/> | w/in 6 months | <input type="checkbox"/> | w/in 1 year | <input type="checkbox"/> | w/in 2 years | <input type="checkbox"/> | w/in 5 years | <input checked="" type="checkbox"/> | other |

Major Repairs Needed (please list known issues that you feel must be resolved and please include estimated timeframe for resolution)

1. Replace existing plumbing fixtures with motion detection units
2. Replace hand dryer units with more energy efficient motion detection units.
3. Upgrade lighting in parking area and at facility.
- 4.

Minor Repairs Needed (please list known issues that you feel must be resolved and please include estimated timeframe for resolution)

1. Check sidewalk for ADA compliance and areas of possible replacement.
- 2.
- 3.
- 4.

Other Comments or Issues

This report includes both EB & WB rest areas