

**CERTIFICATION FORM
 LONG TERM OPERATION & MAINTENANCE PROGRAM
 INFILTRATION / INFLOW CONTROL PROGRAM**

SATELLITE ENTITY: _____

REPORTING PERIOD: JANUARY 1 TO DECEMBER 31, _____

DATE OF CURRENT SYSTEM MAP: _____

ANNUAL SUMMARY REPORT INSTRUCTIONS:

Check the appropriate boxes to indicate the items that are submitted for the annual reporting period. Provide appropriate information on the forms and exhibits. Do not enter dates on this form. Once the report is reviewed and determined to be in compliance, the received date of the forms and exhibits will be entered on this page.

FORMS:

- ANNUAL SUMMARY REPORT (Required)
- STATUS OF HIGH PRIORITY DEFICIENCIES FORM (Required for deficiencies not corrected)
- CAPITAL IMPROVEMENT PLAN (CIP) (If applicable)
- SYSTEM DESCRIPTION AND INVENTORY FORM (If applicable)

Date
Date
Date
Date
DISTRICT USE ONLY

EXHIBITS:

- SEWER SYSTEM ATLAS (If update is available)

Date
DISTRICT USE ONLY

DOCUMENTATION:

- SUPPORTING DOCUMENTATION (If required or requested)
- OTHER: _____

Date
Date
DISTRICT USE ONLY

CERTIFICATION:

INFORMATION PROVIDED AS PART OF THIS ANNUAL SUMMARY REPORT COMPLIES WITH THE IICP

NAME: _____ **ADDRESS:** _____

TITLE: _____ **CITY:** _____ **ZIP:** _____

SIGNATURE: _____ **EMAIL:** _____

DATE: _____ **PHONE:** (____) ____ - ____

ANNUAL SUMMARY REPORT (YEAR: _____)
LONG TERM OPERATION & MAINTENANCE PROGRAM
INFILTRATION / INFLOW CONTROL PROGRAM

SATELLITE ENTITY: _____

1. SANITARY SEWER SYSTEM INSPECTION: (CURRENT REPORTING YEAR ONLY)

TABLE 1.1: PUBLIC SECTOR INSPECTION

Inspection Activity	Linear Feet or Number	% of Total System
CCTV		
Smoke Testing		
Dye Testing		
Manholes		
Lift Stations		

TABLE 1.2: PUBLIC SECTOR HIGH PRIORITY DEFICIENCIES

Deficiency Location	Identified	Corrected	Not Corrected ^{1,2}
Main Line			
Manholes			
Cross-Connections			
Appurtenances			

TABLE 1.3: PRIVATE SECTOR INVESTIGATION

External	Internal	Internal & External	Total Properties Inspected

TABLE 1.4: PRIVATE SECTOR I/I SOURCES

I/I Source	Identified	Corrected	Not Corrected
Downspout ¹			
Cleanout ¹			
Area Drain			
Storm Sump w/ Divert Valve			
Storm Sump to Sanitary			
Combination Sump			
Unsealed Sanitary Sump			
Window Well Drain			
Foundation Drain			
Lateral			
Other:			

¹ Submit a Status of High Priority Deficiencies Form for deficiencies not corrected; refer to TGM 8-26 and 8-27.

² Submit a Capital Improvement Plan (CIP); refer to TGM 8-27

2. SANITARY SEWER SYSTEM FLOW MONITORING: (IF CONDUCTED, SUBMIT A COPY OF THE REPORT)

ITEM 2.A: Indicate the Peak Wet-Weather to Average Dry-Weather Flow Ratio: _____

ITEM 2.B: If Flow Ratio > 4:1, describe how the area will be prioritized for I/I investigation/correction:

ANNUAL SUMMARY REPORT (YEAR: _____)
LONG TERM OPERATION & MAINTENANCE PROGRAM
INFILTRATION / INFLOW CONTROL PROGRAM

SATELLITE ENTITY: _____

3. SANITARY SEWER SYSTEM MAINTENANCE & REHABILITATION: (CURRENT REPORTING YEAR ONLY)

TABLE 3.1: PUBLIC SECTOR MAINTENANCE

Maintenance Activity	Sewer (LF)	Manholes	Lift Station
Cleaning			
Root cutting / chemical			
FOG treatment			
Other:			

TABLE 3.2: PUBLIC SECTOR REHABILITATION

Rehabilitation Activity	Sewer (LF)	Manholes	Lift Station
Replacement			
CIPP Lining			
Point Repair			
Grouting			
Cross-Connections			
Other:			

4. SANITARY SEWER OVERFLOW (SSO) AND BASEMENT BACKUP (BB) SUMMARY: (TGM 8-75)

“Occurrence” defined in Sanitary Sewer Overflow/Basement Backup Satellite Entity Internal Summary.

“Recurring” defined as more than one occurrence during the reporting year.

TABLE 4.1: NUMBER OF REPORTABLE EVENTS

SSO / BB Information	Sanitary Sewer Overflows		Basement Backups	
	Dry-Weather	Wet-Weather	Dry-Weather	Wet-Weather
Total Occurrences				
Cause Determined				
Cause Eliminated				
Recurring? (Yes/No)				

ITEM 4.A: If the cause for the SSOs/BBs have **not been determined**; provide an explanation:

ITEM 4.B: If the cause for the SSOs/BBs have **not been eliminated**; provide an explanation:

ITEM 4.C: If the SSOs/BBs are **recurring** describe action taken for their investigation and elimination:

STATUS OF HIGH PRIORITY DEFICIENCIES FORM
INFILTRATION / INFLOW CONTROL PROGRAM

SATELLITE ENTITY: _____

Use this form to report and track all High Priority Deficiencies identified and not corrected during the reporting year. If more space is required, attach additional copies of this form. Projects on the Capital Improvement Plan (CIP) should correlate to projects listed under CIP Project. High Priority Deficiencies can be removed only when they are corrected and the Actual Correction Date is reported.

TABLE 1.1: ONE YEAR HIGH PRIORITY DEFICIENCIES: Include cross-connections, downspout connections, open/defective cleanout caps. (TGM 8-21, 8-24)

Deficiency Information			Date Information			CIP Project	District Permit
ID	Type	Total	Identified	Anticipated Correction	Actual Correction		

TABLE 2.1: THREE YEAR HIGH PRIORITY DEFICIENCIES: Include public main line and manholes. (TGM 8-21 TO 8-23)

Deficiency Information			Date Information			CIP Project	District Permit
ID	Type	Total	Identified	Anticipated Correction	Actual Correction		

CAPITAL IMPROVEMENT PLAN (CIP)
INFILTRATION / INFLOW CONTROL PROGRAM

SATELLITE ENTITY: _____

Use this form to detail the plan and schedule to correct High Priority Deficiencies. If more space is required, attach additional copies of this form. The projects listed below should correlate to the CIP Project on the Status of High Priority Deficiencies Form. (TGM 8-27)

CAPITAL IMPROVEMENT PROJECTS: (Dates, duration and costs are estimated.)

Project Number:		Project Description:	
Project Name:			
Project Location:			
Planned Fiscal Year:		Start Date:	
Cost:		Duration:	
Funding Source:		End Date	
Capital Improvement Project Rank:			

Project Number:		Project Description:	
Project Name:			
Project Location:			
Planned Fiscal Year:		Start Date:	
Cost:		Duration:	
Funding Source:		End Date	
Capital Improvement Project Rank:			

Project Number:		Project Description:	
Project Name:			
Project Location:			
Planned Fiscal Year:		Start Date:	
Cost:		Duration:	
Funding Source:		End Date	
Capital Improvement Project Rank:			