CERTIFICATION FORM

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)	Date
□ STATUS OF HIGH PRIORITY DEFICIENCIES FORM (Required for deficiencies not corrected)	Date
□ CAPITAL IMPROVEMENT PLAN (CIP) (If applicable)	Date
□ SYSTEM DESCRIPTION AND INVENTORY FORM (If applicable)	Date
□ CONDITION ASSESSMENT PRIORITIZATION FORM (If applicable)	Date
	DISTRICT USE ONLY

EXHIBITS:

□ MAP OF COMPLETED CONDITION ASSESSMENT (Required)	Date
□ SEWER SYSTEM ATLAS (If update is available)	Date
□ MAP OF HIGH RISK SEWERS (If applicable)	Date
	DISTRICT USE ONLY

DOCUMENTATION:

□ SUPPORTING DOCUMENTATION (If required or requested)	Date
□ OTHER:_____	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
SHORT TERM REQUIREMENTS
INFILTRATION / INFLOW CONTROL PROGRAM

SATELLITE ENTITY: _____

1. COMPLETED CONDITION ASSESSMENT & REHABILITATION OF HIGH RISK SEWERS:
Current reporting year only, except when "all STR reporting years" is noted. Refer to TGM 8-11 to 8-28.

TABLE 1.1: PUBLIC SECTOR CONDITION ASSESSMENT

Inspection Activity	Linear Feet or Number (current reporting year)	Total Linear Feet or Number (all STR reporting years)
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	Properties Inspected (current reporting year)	Total Properties Inspected (all STR reporting years)

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. PRIVATE SECTOR PROGRAM DEVELOPMENT NARRATIVE: (TGM 8-29)

3. LONG TERM OPERATION & MAINTENANCE PROGRAM DEVELOPMENT NARRATIVE: (TGM 8-34)

4. SANITARY SEWER OVERFLOW (SSO) AND BASEMENT BACKUP (BB) SUMMARY: (TGM 8-75)
Current year only. "Occurrence" defined in Sanitary Sewer Overflow/Basement Backup Satellite Entity Internal Summary.

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				
Inside High Priority Area				

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 occurrences are located **outside the High Priority Area**; provide an explanation:

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:			

SYSTEM DESCRIPTION AND INVENTORY FORM
INFILTRATION / INFLOW CONTROL PROGRAM **SATELLITE ENTITY:** _____

Submit this form during the initial reporting year, when system information has been updated, and/or when substantial sewer system improvements are complete. (TGM 8-74 to 8-75)

REASON FOR SUBMITTAL:

- □ Initial reporting year
- □ Information update
- □ Substantial improvement → Describe: _____

1. SEWER SYSTEM DESCRIPTION:

ITEM 1.A: INDICATE IF THE SEWER SYSTEM CONTAINS ANY COMBINED SEWERS

- □ NO
- □ YES → Provide information for the Combined Sewer Area (recommended)

ITEM 1.B: INDICATE SATELLITE ENTITY SEWER SYSTEM OWNERSHIP:

- □ Main Line Sewer
- □ Main Line Sewer and Lateral Connection
- □ Main Line Sewer and Portion of Service Lateral within/to the ROW, property line or cleanout
- □ Main Line Sewer and Entire Service Lateral
- □ Other: _____

TABLE 1.1: SEWER SERVICE AREA:

Area	Separate Sewer Area	Combined Sewer Area	Total
Acres			

TABLE 1.2 NUMBER OF SERVICE CONNECTIONS:

	Separate Sewer Area	Combined Sewer Area	Total
Residential			
Non-Residential			
Total			

TABLE 1.3: SERVICE AREA POPULATION EQUIVALENT (PE [1]):

	Separate Sewer Area	Combined Sewer Area	Total
Residential			
Non-Residential			
Total			

[1] PE = 100 gallons/capita/day

2. SEWER SYSTEM INVENTORY:

TABLE 2.1 SEWER SYSTEM INVENTORY: (LINEAR FEET OR NUMBER)

	Separate Sewer Area	Combined Sewer Area
Gravity Sewer		
Force Main		
Manholes		
Lift Stations		
Siphons		
District Connections		

TABLE 2.2 SIZE DISTRIBUTION: (LINEAR FEET)

	Separate Sewer Area		Combined Sewer Area	
	Gravity Sewer	Force Main	Gravity Sewer	Force Main
< 8 inches				
9 – 18 inches				
19 – 36 inches				
> 36 inches				

TABLE 2.3 AGE DISTRIBUTION: INDICATE TOTAL GRAVITY SEWER AND LENGTH LINED. (LINEAR FEET)

	Separate Sewer Area			Combined Sewer Area		
	Gravity Sewer	Lined Sewer	Force Main	Gravity Sewer	Lined Sewer	Force Main
0 – 25 years						
26 – 50 years						
> 51 years						

TABLE 2.4 MATERIAL DISTRIBUTION: INDICATE TOTAL GRAVITY SEWER AND LENGTH LINED. (LINEAR FEET)

	Separate Sewer Area			Combined Sewer Area		
	Gravity Sewer	Lined Sewer	Force Main	Gravity Sewer	Lined Sewer	Force Main
PVC						
RCP						
DIP						
VCP						
HDPE						
ACP (Asbestos Cement)						
CP (Concrete Pipe)						
CIP (Cast Iron)						
CCCP (Pretressed Concrete)						
FRP (Fiberglass Reinforced)						
RPMP (Techite)						
Steel						
Other/Unknown:						

CONDITION ASSESSMENT PRIORITIZATION FORM
SHORT TERM REQUIREMENTS
INFILTRATION / INFLOW CONTROL PROGRAM

SATELLITE ENTITY: _____

Use this form to explain the criteria used to define the High Risk Sewers for Condition Assessment during the Short Term Requirements. Once the District approves this form, do not resubmit unless the Satellite Entity proposes to re-define the High Risk Sewers in their system. (TGM 8-6 to 8-21)

1. PRIORITIZATION CRITERIA:

TABLE 1.1: PRIORITIZATION OF HIGH RISK SEWERS

Type of High Priority Area	Present in System	Prioritization Criteria	Length of High Risk Sewer
Areas with SSOs/BBs			
Areas upstream of SSO/BB areas			
Subbasins known to surcharge			
Areas with excessive wet-weather flows			
Areas with excessive lift station pumpage			
Areas with deficiencies that can cause system failure			
Other:			
Other:			

2. CONDITION ASSESSMENT

TABLE 2.1: LENGTH OF HIGH RISK SEWER FOR CONDITION ASSESSMENT

Total length of High Risk Sewers	Total length of Public Sewer System	Percent of High Risk Sewers within System
		0.0%

TABLE 2.2: ITEMS ASSOCIATED WITH HIGH RISK SEWERS FOR CONDITION ASSESSMENT

Total number of Manholes	Total number of Lift Stations	Total number of Properties