

**Metropolitan Water Reclamation District of Greater Chicago**

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November 7, 2014

TO: Municipalities, Townships, Sanitary Districts and Utility Company within the Metropolitan Water Reclamation District of Greater Chicago (District) Jurisdiction

SUBJECT: Updated Infiltration/Inflow Control Program – Effective July 10, 2014

This letter is to provide an update regarding the subject matter and to notify you that the District will provide technical guidance and training for interested agencies in January 2015.

Excessive infiltration and inflow (I/I) into our sanitary sewer systems is a serious problem that contributes to sanitary sewer overflows (SSOs) and basement backups (BBs). The Illinois Environmental Protection Agency (IEPA) has imposed a special condition in the recently issued National Pollutant Discharge Elimination System (NPDES) permits for the District's Water Reclamation Plants that requires tributary local separate sanitary sewer agencies to implement measures in addition to those required under the 1985 Sewer Summit Agreement if excessive I/I in the system causes or contributes to SSOs or basement BBs. Due to this mandate, the District incorporated an updated Infiltration/Inflow Control Program (IICP) that was developed with the help of an Advisory Technical Panel (ATP) into the Watershed Management Ordinance (WMO). The new ordinance language was adopted by the District's Board of Commissioners on July 10, 2014 and is currently effective. The ordinance information related to I/I can be found at [ii.mwrdd.org](http://ii.mwrdd.org).

The IICP is applicable to all satellite entities that are located within a separate sewer area that is directly and/or indirectly tributary to the District's facilities. The purpose of the IICP is to reduce SSOs and BBs, comply with the District's NPDES permit requirements, and to eliminate extraneous flows to the District's facilities. This will be accomplished through Short Term Requirements, a Private Sector Program and a Long Term Operation and Maintenance Program. Satellite entities are required to submit annual reports to the District detailing activities planned and performed to meet the IICP requirements. A SSO and BB summary form is enclosed for your agency's internal use to assist with establishing baseline conditions. The current annual summary report will be used to document all maintenance and rehabilitation work completed for 2014. A new IICP form will be utilized in 2016 to report work completed in 2015.

The District is working with the ATP in preparing an update to the Technical Guidance Manual (TGM), to provide satellite entities assistance with developing a program to comply with IICP requirements. We will notify you by the end of this year when the final TGM and accompanying IICP forms are available. Workshops will be held in January 2015 to provide training and guidance on IICP compliance and reporting requirements.

We look forward to working with you to reduce I/I and welcome any feedback regarding this program. Please contact Ms. Justine Skawski at (312) 751-3261, if you have any questions or would like further information.

Very truly yours,



Catherine A. O'Connor  
Director of Engineering

WSS/JPM/JBS/ci

Enclosure

cc: Mr. Ronald M. Hill  
Councils of Government  
Members of the ATP

**SANITARY SEWER OVERFLOW and/or BASEMENT BACKUP  
SATELLITE ENTITY INTERNAL SUMMARY**

Instructions: Use this form to document all sanitary sewer overflows and/or basement backup discharge occurrences. The following definitions apply:

**Sanitary Sewer Overflow:** the discharge of untreated sewage from the sanitary sewer collection system to a surface water, storm sewer or ditch, or the ground, due to the circumstances identified below.

**Basement Backup:** the discharge of untreated sewage into the lower level of a building due to the circumstances identified below.

Use one form per occurrence. A single occurrence may be longer than one day if the circumstance(s) causing the overflow and/or basement backup results in a discharge duration longer than 24 hours. If there is a start and restart of the overflow and/or basement backup within 24 hours and it is caused by the same circumstance(s), report it as a single occurrence. If discharge occurrences are separated by more than 24 hours, they should be reported as separate occurrences. If multiple overflows and/or basement backups occur resulting from the same circumstance, report it as a single occurrence.

The satellite entity must maintain all documentation and/or supporting information pertaining to information provided in this form on record and provide it to the MWRD if/when requested.

Satellite Entity: \_\_\_\_\_

**Sanitary Sewer Overflow and/or Basement Backup Details:**

- |  |   |                                      |  |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> Sanitary Sewer Overflow | → | <input type="checkbox"/> Dry Weather | <input type="checkbox"/> Wet Weather (provide information below) |
| <input type="checkbox"/> Basement Backup         | → | <input type="checkbox"/> Dry Weather | <input type="checkbox"/> Wet Weather (provide information below) |

Start Date (mm/dd/yy): \_\_\_\_\_ Time:    AM    PM    Duration (hours and minutes):  
   \_\_\_\_\_            \_\_\_\_\_

Estimated Volume (gallons): \_\_\_\_\_ Location (manhole number, address/major intersection, attach spreadsheet for multiple locations):  
 \_\_\_\_\_

Pump Used: No  Yes  Pump Capacity: \_\_\_\_\_ GPM

**Circumstances Causing the Sanitary Sewer Overflow and/or Basement Backup (check all that apply):**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Rain                | <input type="checkbox"/> Power Outage       | <input type="checkbox"/> Collapsed Sewer | <input type="checkbox"/> Lift Station Failure  |
| <input type="checkbox"/> Snow melt           | <input type="checkbox"/> Equipment failure  | <input type="checkbox"/> Blocked Sewer   | <input type="checkbox"/> Forcemain Break       |
| <input type="checkbox"/> Widespread Flooding | <input type="checkbox"/> Fats, Oils, Grease | <input type="checkbox"/> Roots           | <input type="checkbox"/> Other (explain below) |

Explain why the sanitary sewer overflow and/or basement backup occurred. For example, describe what equipment failed, what caused the power outage, or what caused the basement backup. Flooding should only be indicated as a cause if there is significant flooding caused by high river, stream or lake water levels, not just localized high water in the street.

**Wet Weather Event Information (if applicable):**

Start Date: \_\_\_\_\_ Time :    AM    PM    End Date:    Time :    AM    PM  
   \_\_\_\_\_            \_\_\_\_\_    \_\_\_\_\_       

Amount of Rainfall (inches): \_\_\_\_\_ Amount of Snow Melt (Inches): \_\_\_\_\_ Contributing Soil Conditions (saturated, frozen, soil type):  
 \_\_\_\_\_

Peak 1-Hour Intensity (inches): \_\_\_\_\_ Rain Gauge Location:  
 \_\_\_\_\_

**Where Did the Discharge from the Overflow and/or Basement Backup Go? (check all that apply)**

- On the ground and absorbed into the soil
- Ditch: Name of surface water it drains into: \_\_\_\_\_
- Storm Sewer: Name of surface water it drains into: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Basement Backup (number and use, i.e. residential, commercial, of buildings affected): \_\_\_\_\_
- Other (explain): \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows and/or Basement Backups:**

1. Describe what actions were taken to minimize the volume of wastewater discharged from the overflow and/or basement backup reported on this form.

2. Describe if the occurrence reported on this form is part of an area subject to frequent and/or patterns of occurrences and if investigations have been or are planned to be conducted to determine the cause of the frequent and/or patterns of occurrences.

3. Describe what corrective actions are planned to prevent or minimize future sanitary sewer overflows and/or basement backups.

**Final Determination for the Cause of the Overflow(s) and/or Basement Backup(s): (check one)**

- Private Property Sewer → Explain: \_\_\_\_\_  
\_\_\_\_\_
- Municipal Sewer → Explain: \_\_\_\_\_  
\_\_\_\_\_

**Report Completed By:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Authorized Satellite Entity Representative:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Authorized Satellite Entity Signature

\_\_\_\_\_  
Date