

**CONDITION ASSESSMENT PRIORITIZATION FORM
INFILTRATION & INFLOW CONTROL PROGRAM**

Satellite entities must use this form to explain the criteria used to define which portions of their sanitary sewer system are “high risk”. Once the MWRDGC has reviewed and approved a satellite entity’s Condition Assessment Prioritization, this form does not need to be resubmitted, unless the satellite entity wishes to modify the criteria it uses to define “high risk” sewers.

Type of Area	Present In System (yes/no)	Prioritization Criteria	Linear Feet of High Priority Sanitary Sewer to be Assessed in Short Term⁽¹⁾
Areas with SSOs and/or BBs	Yes	High risk areas have had SSOs and/or BBs reported during 1-year rain events and/or dry weather.	50,000
Areas upstream of SSO/BB areas	Yes	Not high risk. All have been lined in last 15 years. All manholes have been inspected and those allowing I/I have been rehabilitated in last 15 years.	0
Sub-basins known to surcharge	Yes	High risk areas have surcharged in 1-year rain event.	50,000 ⁽¹⁾
Areas with excessive wet weather flows, other than those listed above	No	Same as areas with SSOs and BBs. No flow metering has been performed to identify other areas with excessive wet weather flows.	0
Areas with excessive lift station pumpage	Yes	Not high risk. Public sewer in area tributary to pump station has been lined over past 10 years. Excessive lift station flows due to private sector I/I.	0
Areas with deficiencies that could result in system failures	Yes	H2S corrosion evident in 15” main along Cambridge Street between First Ave. and Eighth Ave. This is high priority.	4,400
Other (describe) ⁽²⁾	Yes	Odor complaints submitted every week in dry weather along Gardner Street	2,000
Total length of public sanitary sewers (feet):			500,000
Total length of High Priority sanitary sewer to be assessed in short term (feet):			106,400
Percentage of public sanitary sewer system to be assessed in short term:			21.28%

¹Include sewers inspected under pre-IICP condition assessment, if applicable.

²Attach additional sheets if necessary to describe other types of areas and prioritization criteria

Attachment:

- Map of High Risk Sewers
- Sanitary Sewer System Description and Inventory

Prepared by:

Signature: _____ **Date:** February 17, 2016

Printed Name: _____ **Title:** _____

Telephone: _____ **Email:** _____