

**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:			
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Cost:		Duration:	
Funding Source:		End Date	
Capital Improvement Project Rank:			