

**LONG TERM OPERATION & MAINTENANCE PROGRAM ANNUAL SUMMARY REPORT
INFILTRATION & INFLOW CONTROL PROGRAM**

Do not leave any blank spaces on this form, except where indicated. Use "X" for checking applicable information. Submit any supporting documentation when/where required. Submit a Sanitary Sewer System Description and Inventory Form upon completion of condition assessment and for any substantial sewer system improvement.

Reporting Period: January 1st to December 31st, _____

Latest version of the sanitary sewer atlas is dated: _____ **Format:** Paper GIS CAD

Satellite Entity Information: (to be completed by Public Works Director, or similar)

Satellite Entity: _____
Address: _____ **City:** _____ **Zip:** _____
Representative: _____ **Title:** _____
Telephone: _____ **Fax:** _____ **Email:** _____

Certification:
I hereby certify that the information provided in the Annual Report is true and correct.

Signature: _____ **Date:** _____

I. Event Reporting

A. Basement Backups (BBs): (reportable events only)

	BBs for Current Year	BBs for Previous Year
Number of Occurrences		

- Were BBs addressed by installing overhead sewers (OHS), backflow prevention devices (BPD), local storage facilities (LSF), or other measures? (indicate number addressed)
 - No
 - Yes # of OHS: _____ #of BPD: _____ # of LSF: _____
 - Other Explain: _____
- Describe reason(s) if cause(s) could not be identified and/or addressed:
- Describe how many of the BBs reported above are recurring (i.e. more than one occurrence during the reporting year) and action taken for investigation and their elimination:

Number of recurring events: _____
 Action taken: _____

B. Sanitary Sewer Overflows (SSOs):

1. SSO Reporting:

	Dry Weather for Current Year	Dry Weather for Previous Year	Wet Weather for Current Year	Wet Weather for Previous Year
Main Line				
Lift Station				

2. Describe how many of the SSOs were identified and/or eliminated or if the cause could not be identified and/or eliminated:

3. Describe how many of the SSOs reported above are recurring (i.e. more than one occurrence during the reporting year) and action taken for investigation and their elimination:

Number of recurring events: _____

Action taken: _____

II. Sanitary Sewer System Inspection & Maintenance:

A. Inspection of Sanitary Sewer System

	Main Line (Ft)	Force main (Ft)	% of Total	Manholes (Nos)	% of Total
CCTV					
Smoke Testing					
Dye Testing					
Visual ¹					
Acoustic Emissions Testing					
Pole Camera Inspection					
Other:					

(1) Visual inspection of manholes includes surface inspections and full descent inspections of manholes. Such inspections shall be performed in accordance with NASSCO standards.

B. Lift Station Inspection

	Inspected and Serviced (Nos)	% of Total in System
Lift Stations		

C. Maintenance of Sanitary Sewer System

	Sewer (ft)			Appurtenances (Nos)	
	Main Line	Force Main	% of Total	Manholes	% of Total
Cleaning					
Root Cutting					
Chemical Root Control					
FOG treatment					
Other:					
Other:					

D. High Priority Deficiencies: (submit a status of High Priority Deficiencies Form and CIP for deficiencies identified but not corrected during the reporting year)

Type	Identified (length or number)	Corrected (length or number)
Main Line		
Manholes		
Lift Stations		

E. Estimated Annual Expenditure

Budget for Reporting Year: _____
 Expenditures for Reporting Year: _____

III. Sanitary Sewer System Rehabilitation

A. Public Sector Rehabilitation:

1. Main Line Sewer:

	Length or Number	% of System
Replacement		
CIPP Lining		
Point Repairs		
Grouting		
Cross-Connections		
Other:		

2. Manholes:

Complete Rehabilitation	Partial Rehabilitation	Replacement	Grouting

3. Lift Stations:

Number	Type of Rehabilitation

B. Private Sector Rehabilitation:

1. I/I Sources Identified: (submit a list of property addresses for those not corrected and a schedule for correcting them)

	Number of Properties Identified	Removed/Corrected
Downspout		
Area Drains/Driveway Drains		
Open Cleanout		
Storm Sump to Sanitary		
Storm Sump w/divert valve		
Combination Sump		
Unsealed Sanitary Sump		
Window Well Drains		
Foundation Drains		
Lateral		

IV. Sanitary Sewer System Flow Monitoring

Was flow monitoring of the sanitary sewer conducted during the reporting year?

- No (skip remaining questions in Section IV)
- Yes (provide information requested below)

A. Flow Monitoring Equipment:

Number of Flow Meters: _____

Start Date of Flow Monitoring: _____ End Date of Flow Monitoring: _____

Were rain gauges used? No Yes

If used, provide rain gauge location(s): _____

B. Flow Monitoring Service Area & Results:

1. Service Area Information & Results:

Service Area Number	Service Area Size (acres)	Service Area PE ¹	Average Dry Weather Flow (gpcpd)	Peak Wet weather Flow (gpcpd)	Peak Wet : Average Dry Weather Ratio

¹PE = 100 gal/person/day

2. For service areas with Peak Wet : Average Dry Weather ratios above 4:1, describe how areas will be prioritized for I/I investigation and removal/rehabilitation: _____

