

# COMPLIANCE MAINTENANCE ANNUAL REPORT

**Facility Name:**

**Last Updated:**

**Reporting Year:**

Sanitary Sewer Collection Systems

Questions		Points
1.	Do you have a Capacity, Management, Operation & Maintenance(CMOM) requirement in your WPDES permit?	
	<input type="radio"/> Yes <input type="radio"/> No	
2.	Did you have a <u>documented</u> (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation & maintenance or CMOM program last calendar year?	
	<input type="radio"/> Yes (go to question 3) <input type="radio"/> No (30 points) (go to question 4)	
3.	Check the elements listed below that are included in your Operation and Maintenance (O&M) or CMOM program.:	
	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Goals:</b> specific identification of major goals of your O&amp;M/CMOM program such as I/I reduction, basement backup and SSO reductions, repair and rehabilitation of sewers, system cleaning and monitoring, etc.</li> <li><input type="checkbox"/> <b>Organization:</b> identification of those managers and persons who are responsible for implementing your O&amp;M/CMOM program and reporting sanitary sewer overflows</li> <li><input type="checkbox"/> <b>Legal Authority:</b> sufficient authority, through sewer use ordinances, service agreements or other legally binding documents to control infiltration/inflow sources, proper design, construction, inspection and testing of new and rehabilitated sewers and laterals and address flows from satellite collection systems, if present.</li> <li><input type="checkbox"/> <b>Maintenance Activities:</b> routine preventative O&amp;M activities, including adequate maintenance of facilities and equipment. By the use of: sewer system monitoring; inspections; a system to identify infiltration/inflow sources (including private property); a system for replacement part inventories; control of fat, oil &amp; grease; employee training program; and a management system for the collection and use of information to establish O&amp;M priorities</li> <li><input type="checkbox"/> <b>Design and Performance Standards:</b> establish requirements and standards for design, installation and inspection of new sewers, service laterals, pump stations and sewer rehabilitation projects.</li> <li><input type="checkbox"/> <b>Overflow Emergency Response Plan:</b> documented procedures for responding to SSOs, power outages, lift station failures sewer blockages or any other similar events of an emergency nature.</li> <li><input type="checkbox"/> <b>Capacity Assurance:</b> a program to assess the current capacity of the collection system to identify problems or bottlenecks ; and if required, a System Evaluation and Capacity Assurance Plan (SECAP).</li> <li><input type="checkbox"/> <b>Annual Self-Auditing of your O&amp;M/CMOM Program</b> to ensure above components are being implemented, evaluated, and re-prioritized as needed.</li> <li><input type="checkbox"/> <b>Special Studies (if applicable):</b> any special studies undertaken such as I/I Analysis, Sewer System Evaluation Surveys (SSES),   or sewer pipe studies. Please list the study reports of the last year below:</li> </ul> <div style="border: 1px solid black; height: 20px; margin-top: 10px;"></div>	

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<b>4.</b>	<p>Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained:</p>	
	<p>Cleaning <input style="width: 50px;" type="text"/> % of system/year</p> <p>Root Removal <input style="width: 50px;" type="text"/> % of system/year</p> <p>Flow Monitoring <input style="width: 50px;" type="text"/> % of system/year</p> <p>Smoke Testing <input style="width: 50px;" type="text"/> % of system/year</p> <p>Sewer Line Televising <input style="width: 50px;" type="text"/> % of system/year</p> <p>Manhole Inspections <input style="width: 50px;" type="text"/> % of system/year</p> <p>Lift Station O&amp;M <input style="width: 50px;" type="text"/> # per L.S./year</p> <p>Manhole Rehabilitation <input style="width: 50px;" type="text"/> % of manholes rehabed</p> <p>Mainline Rehabilitation <input style="width: 50px;" type="text"/> % of sewer lines rehabed</p> <p>Private Sewer Inspections <input style="width: 50px;" type="text"/> % of system/year</p> <p>Private Sewer I/I Removal <input style="width: 50px;" type="text"/> % of private services</p> <p>Please include additional comments about your sanitary sewer collection system below:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>5.</b>	<p>Provide the following collection system and flow information for the past year:</p> <p><input style="width: 80px;" type="text"/> Total Actual Amount of Precipitation Last Year</p> <p><input style="width: 80px;" type="text"/> Annual Average Precipitation (for your location)</p> <p><input style="width: 80px;" type="text"/> Miles of Sanitary Sewer</p>	0

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	<input type="text"/>	Number of Lift Stations	
	<input type="text"/>	Number of Lift Station Failure	
	<input type="text"/>	Number of Sewer Pipe Failures	
	<input type="text"/>	Number of Sanitary Sewer OverFlow (SSO) Occurrences:(10 points per occurrence)	
	<input type="text"/>	Number of Basement Backup Occurrences	
	<input type="text"/>	Number of Complaints	
	<input type="text"/>	Average Daily Flow in MGD	
	<input type="text"/>	Peak Monthly Flow in MGD(if available)	
	<input type="text"/>	Peak Hourly Flow in MGD(if available)	
	<b>PERFORMANCE INDICATORS</b>		
	<input type="text"/>	Lift Station Failures(failures/ps/year)	
	<input type="text"/>	Sewer Pipe Failures(pipe failures/sewer mile/yr)	
	<input type="text"/>	Sanitary Sewer Overflows (number/sewer mile/yr)	
	<input type="text"/>	Basement Backups(number/sewer mile)	
	<input type="text"/>	Complaints (number/sewer mile)	
	<input type="text"/>	Peaking Factor Ratio (Peak Monthly:Annual Daily Average)	
	<input type="text"/>	Peaking Factor Ratio(Peak Hourly:Annual daily Average)	
6.	Was infiltration/inflow(I/I) significant in your community last year?		
	<input type="radio"/> Yes <input type="radio"/> No If Yes, please describe: <input style="width: 100%;" type="text"/>		
7.	Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?		

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	<input type="radio"/> Yes <input type="radio"/> No If Yes, please describe: <input style="width: 100%;" type="text"/>	
8.	Explain any infiltration/inflow(I/I) changes this year from previous years?  <input style="width: 100%;" type="text"/>	
9.	What is being done to address infiltration/inflow in your collection system?  <input style="width: 100%;" type="text"/>	

Total Points Generated	
Score (100 - Total Points Generated)	
Section Grade	