



State of Oregon
Department of
Environmental
Quality

Inflow and Infiltration Reduction Annual Report

(Submit a separate form for each satellite collection system)

Year:.....

Facility Name:.....

DEQ File #:.....

Facility Location:.....

Permit #:.....

Miles of Common Sewer:.....

EPA ID#:.....

Number of Pump Stations:.....

Date of most recent I and I Study:.....

Number of storm caused SSOs last year:.....

Flow	Design Values	Observed Last Year
Average Dry Weather Flow		
Average Wet Weather Flow		
Maximum Month Wet Weather Flow		
Peak Day Flow		

Inspection, Maintenance, and Construction Activities

Enter activities completed in prior 5 years, completed last year, planned for upcoming year

Activity	Last 5 Years	Last Year	Planned
Smoke Testing* (miles & percent of total)			
Cleaning & TV inspection* (miles & percent of total)			
Cleaning w/o TV inspection* (miles & percent of total)			
Main line repaired (miles & percent of total)			
Main line replaced (miles & percent of total)			
Manholes repaired (number & percent of total)			
Manholes replaced (number & percent of total)			
Cross-connections** (number discovered & eliminated)			

* - Do not double report activities done in the same section during the same time period.

** - Include storm drains, area drains, and roof drains.

ATTACHMENTS: Please attach additional information regarding collection system repair and replacement work done last year and planned for the current year.

Signature Requirement

I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature of Responsible Official:_____

Name and Title (Please Print):_____

Date of Signature:_____ Telephone:_____